Prevalence Of Temporomandibular Joint Disorders Among | bb78805547e1d3520b816d0a99ac137


Temporomandibular disorders (TMDs), are a set of more than 30 health disorders associated with both the temporomandibular joints and the muscles and tissues of the jaw. TMDs have a range of causes and often co-occur with a number of overlapping medical conditions, including headaches, fibromyalgia, back pain and irritable bowel syndrome. TMDs can be transient or long-lasting and may be associated with problems that range from an occasional click of the jaw to severe chronic pain involving the entire orofacial region. Everyday activities, including eating and talking, are often difficult for people with TMDs, and many of them suffer with severe chronic pain due to this condition. Common social activities that most people take for granted, such as smiling, laughing, and kissing, can become unbearable. This dysfunction and pain, and its associated suffering, take a terrible toll on affected individuals, their families, and their friends. Individuals with TMDs often feel stigmatized and invalidated in their experiences by their family, friends, and, often, the health care community. Misjudgments and a failure to understand the nature and depths of TMDs can have severe consequences - more pain and more suffering - for individuals, their families and our society. Temporomandibular Disorders: Priorities for Research and Care calls on a number of stakeholders - across medicine, dentistry, and other fields - to improve the health and well-being of individuals with a TMD. This report addresses the current state of knowledge regarding TMD research, education and training, safety and efficacy of clinical treatments of TMDs, and burden and costs associated with TMDs. The recommendations of Temporomandibular Disorders focus on the actions that many organizations and agencies should take to improve TMD research and care and improve the overall health and well-being of individuals with a TMD.

In this study, a measurable index was developed using cone beam computed tomography (CBCT) images of the temporomandibular joint (TMJ) in patients with unilateral/bilateral anterior disc displacement (ADD) with/without reduction to better understand the etiology of this temporomandibular joint disorder (TMD). The index utilizes an interdependent mathematical strategy to assess the morphology of the articular eminence, glenoid fossa, and mandibular condyle in relationship to each other. Critical components of the TMJ are visualized from CBCT images of the joint and precisely measured using features available in the Dolphin 3D Imaging software. It was hypothesized that the steepness of the posterior slope of the articular eminence in conjunction with flattened-like morphology of the mandibular condyle are anatomical characteristics present in higher prevalence in TMD patients with ADD. The results suggest gender differences based on the different morphological patterns of the TMJ for males and females. The contour of the condylar neck, the dimensions of the condylar head, and the posterior slope of the articular eminence are important morphological considerations in ADD.

Chapter I: Literature review on the Temporomandibular joint (TMJ) and Temporomandibular disorders (TMD) Chapter II: Systematic review of TMD in orthognathic patients This review was conducted to investigate the prevalence of temporomandibular joint dysfunction (TMD) in orthognathic patients and to determine the effect of the surgical intervention on the status of the temporomandibular joint (TMJ). A methodological process was applied for study selection, data management and quality assessment and meta-analyses were conducted where appropriate. This review identified 53 papers for inclusion and there was heterogeneity in the diagnosis and classification of TMD between the studies. Patients undergoing orthognathic treatment for the correction of dentofacial deformity and suffering from TMD appeared more likely to see an improvement in their signs and symptoms than deterioration, particularly with respect to pain related symptoms. This information should be given to prospective patients during the consent process, but it should be stressed that no guarantees can be made. Chapter III: TMD in orthognathic patients and a control group with no skeletal discrepancies Sixty eight orthognathic patients and 72 control subjects (with no anterior-posterior, vertical or transverse discrepancies) were recruited for this section of the PhD. Self-reported symptoms and clinical signs of TMD were recorded and compared between the two groups. A significant difference in TMD prevalence was observed between the controls (27.8%) and patients (44.1%), with the patients being more susceptible to TMD. However, although orthognathic patients appear more likely to suffer from TMD, whether treatment improves their TMJ condition is highly questionable. This issue should be highlighted in any informed consent process. Chapter IV: A longitudinal study of TMD in orthognathic patients Twenty orthognathic patients were followed longitudinally throughout treatment to establish whether TMD signs and symptoms altered during the course of treatment. Although no significant differences were found when comparing the pre-treatment (T1) findings with those prior to surgery (T2), sufficient individual changes in TMD signs and symptoms were observed to question the suitability of the "prior to surgery" time point as a baseline for comparisons in future studies. When comparing pre (T1) and post-treatment (T3) TMD changes, no significant differences were observed. This study supports the theory that TMD is a dynamic condition and signs and symptoms are likely to fluctuate throughout treatment. However, the small sample size in this study was clearly a limiting factor. Chapter V: TMJ information course: Comparison of
the instructional efficacy of an internet-based TMJ tutorial with a traditional face-to-face seminar. A TMJ tutorial was developed on a virtual learning environment (VLE) to enable students to enhance their examination and diagnostic skills and a randomised cross-over trial was then conducted. Thirty postgraduate students were recruited as participants and the success of this mode of teaching was compared with a conventional face-to-face seminar. This study found that both modes of teaching were equally effective in delivering information to students but teaching the topic twice enhanced the retention of knowledge. In addition the students reported positive perceptions of VLE learning and the feedback for this mode of teaching was comparable with traditional methods of teaching.

Describes facial appearance/range of jaw motion/swallowing/ bone scintigraphy/rationale for surgery/litigation/records.

Introduction: The purpose of this study was to subclassify the types of facial asymmetries present in a pre-surgical dentofacial deformity patient population to determine the prevalence of each subcategory. Associations between the craniofacial characteristics of each asymmetry and pre-surgical Jaw Pain and Function Questionnaire (JPFQ) scores, diagnosis of temporomandibular disorders (TMD), and posterior facial asymmetry (PFA) as determined by nasal septum deviation were analyzed. In addition, the data will aid in the development of a phenomics database to allow for subsequent genotyping and gene expression evaluation from patient saliva and masseter muscle samples that were obtained at the time of corrective orthognathic surgery. Methods: Pre-surgical posterior-anterior (PA) cephalograms, submentovertex (SMV) and panoramic (PAN) radiographs from 92 pre-surgical dentofacial deformity patients at the Department of Oral and Maxillofacial Surgery, University of Lille, France were collected to evaluate facial asymmetry. PANs were traced digitally and analyzed according to the Grummons Simplified Frontal analysis and Ramal Height clinical system of the Ritzucci and Burstone analysis proposed by Arnold et al along with original angular measurements for maxillary, mandibular, and nasal septum deviations (ImageJ). PFA was determined by a nasal septum deviation greater than 15 degrees. Lastely, PANs were evaluated visually for condylar pathologies. A comprehensive diagnostic decision tree for facial asymmetry was formulated based upon the current literature for normal variation of landmarks and the study design. Patient diagnosis via the decision tree was compared to visual examination of the appropriate x-rays to verify accuracy. Using this decision tree, patients were classified into subtypes and prevalence of each was calculated to form a phenomics database for future research on genotyping and gene expression. Associations between the subclassifications, mean pre-surgical JPFQ scores, temporomandibular joint (TMJ) clinical examination results (TMJ+ or TMJ-), and the diagnosis of posterior facial asymmetry (PFA+ or PFA-) were completed. Results: Sixty-two patients were able to fulfill all radiographic requirements to arrive at a diagnosis. Eighteen patients demonstrated facial asymmetry that fell within normal biological variation while the other 44 were diagnosed as having a form of facial asymmetry: - Cranial Base Asymmetry: 11 female, 6 male; Non-Condylar Mandibular Asymmetry: 5 female, 3 male; Hemimandibular Elongation: 2 female, 3 male; Maxillary Asymmetry: 3 female, 1 male; Idiopathic Condylar Resorption: 3 female, 1 male; Atypical Asymmetry: 1 female, 1 male; Mandibular asymmetry Hyperplasia: 1 female, 0 male; and Mandibular & Mandibular Body Asymmetry: 0 female, 1 male. JPFQ scores for symmetric patients (x̅ = 5.33) and asymmetric patients (x̅ = 4.57) were non-significant overall, however, differences between gender were noted (female symmetric (x̅ = 6.13, male symmetric (x̅ = 1.33, female asymmetric (x̅ = 5.36, male asymmetric (x̅ = 3.19). TMD was diagnosed by pre-surgical TMJ examinations and MRIIs. Four symmetric patients (3 female, 1 male) were positively diagnosed with TMD while 14 asymmetric patients (11 female, 1 male) also were diagnosed. PFA was diagnosed when nasal septum deviation was greater than 15 degrees - 25° to ≤35°: 9 patients; >35° to ≤45°: 3 patients; >45°: 1 patient. Twenty patients with a positive PFA were asymmetric while the other 8 were symmetric. Twenty-one patients with PFA were female while the other 7 were male. Conclusion: A comprehensive diagnostic decision tree for facial asymmetry classification was formulated and validated. With it, it was found that: Females have increased JPFQ scores and clinical diagnosis of TMD versus males. Asymmetric females have decreased JPFQ scores, but increased prevalence of TMD. Presence of PFA does not appear to be a strong influence on development of facial asymmetry but is significantly linked to the presence of TMD. PFA is present in nearly half of all dentofacial deformity subjects. Mandibular asymmetry is most commonly associated with increased JPFQ scores and presence of TMD. However, Hemimandibular Hyperplasia, a particular and less common form of mandibular asymmetry, never associated with TMD. One form of mandibular and mid-facial asymmetry, Atypical Asymmetry, had a relatively high prevalence of TMD. Future directions for this research include continuation of genotypic description of IGF1 and Nodal biologic pathways to determine how gene expression levels in masseter muscle and patient genotypes differ in the eight subclassifications of craniofacial asymmetry compared to the symmetric population.

This proceedings volume discloses the various and, at times, conflicting views regarding temporomandibular disorders (TMD) as presented at the Craniofacial Institute's 10th Annual Squaw Valley Winter Seminar held in January 1991. The field of TMD has been long on testimonials and clinical opinion but short on scientific documentation. As a result, there is presently a growing concern in the field that scientific foundation is needed to support the various belief systems and to improve credibility. This seminar encouraged participants to openly discuss and expose the controversial issues plaguing the field and to provide clinical and basic research to support or to question those issues. To this end, 14 internationally renowned experts assembled to discuss the current status of terminology, epidemiology, etiology, diagnoses, and management for TMD. This book is divided into four main parts, each of which helps to provide the reader with a better understanding of the complexity of TMD. A wide variety of scientific evidence, clinical experience, and informed opinions is presented. This variety will ensure that the volume will serve as the foundation for future discoveries in the study of TMD. As such, this book will be of interest to all who work within the field.

Provides 917 citations from the journal literature related to Temporomandibular Disorders (TMD), a group of conditions related to functional problems associated with the temporomandibular joints (TMJ) &/or the muscles that move the jaw (masticatory muscles). Covers: history; diagnosis, classification, assessment & etiology; health services & costs of care; psychosocial & behavioral studies; epidemiology; management approaches (orthodontics, physical therapy, pharmacology, behavior & education, surgery, TMJ devices, & treating failures).

This book on the local and systemic manifestations and correlates of temporomandibular joint disorders (TMDs) encompasses the two intertwined facets of translational science – translational research and translational effectiveness – as they relate specifically to TMDs. The first part of the book, on recent translational research, focuses on topics such as the neuroanatomy and neuropathology of the trigeminal nerve and trigeminal network system, the manifestations of neuroinflammation in TMDs, and the molecular mechanisms underlying TMDs. The second part discusses the clinical effectiveness of treatment approaches from the perspective of evidence-based dentistry, with careful attention to the critical relationships between dental malocclusions, the signs and symptoms of TMDs, and airway/breathing disorders. Interventions to correct for malocclusal conditions that lead to TMDs are examined, with explanation of the ways in which they can ameliorate a variety of local and systemic symptoms. This will be an excellent reference book for
established practitioners, residents, interns, and students as well as a powerful cutting-edge document for researchers in the field.

This book is designed to provide a crisp and necessary information for all the undergraduate and post-graduate medical students, Oral and Maxillofacial Surgeons, ENT Surgeons, General Surgeons, General Dentists and other health care workers who deal with TMDs in their practice. It includes contributions from eminent surgeons across the world who treat TMJ disorders and diseases using various conventional to modern state-of-the-art techniques.

Temporomandibular joint disorders (TMDs) are familiar yet difficult to diagnose in routine practice due to the complexity of the joint and its surrounding structures. The symptoms associated with TMDs present with pain, joint sounds such as click or crepitus, difficulty during mastication, reduced mouth opening are some of the many presentations. Definite diagnosis of the TMDs can be challenging as the patients present with varying symptoms. These disorders of the joint can vary from a simple disc displacement to complex pathologies. Management of the TMDs can be tricky and hence need a thorough evaluation of the joint and surrounding structures. There has been a tremendous leap in managing these disorders from simple conservative management to several advanced surgeries to salvage the joint. This compilation highlights all the relevant details regarding TMDs and its management which will offer utmost details to practising surgeons who often deal with TMDs. This book will be a delight to read for all the clinicians and surgeons who are interested in treating the small yet complex jaw joint in the facial region.

Here in one concise volume is a complete review of localized and generalized musculoskeletal disorders. Musculoskeletal Pain, Myofascial Pain Syndrome, and the Fibromyalgia Syndrome includes the latest research findings on these disorders from medical leaders around the world. This broad-based symposium updates both researcher and clinician on the most recent advances and pioneering approaches to musculoskeletal pain, with special emphasis on the myofascial pain and fibromyalgia syndromes. Chapters represent important thinking and clinical approaches from authorities in nine countries. Myofascial pain and fibromyalgia syndromes are covered extensively by the contributors to this book. The coverage they provide on issues related to these two syndromes is multidimensional and includes epidemiology clinical features pathophysiology treatment The review chapters featured in the book span epidemiology, pathophysiology, and treatment, on both myofascial pain and fibromyalgia. These report-like chapters provide brief insight of musculoskeletal pain disorders which is ideal for beginners in the field. Advanced readers will benefit from the more specific research chapters which report on fibromyalgia and myofascial pain. All readers will particularly benefit from “Consensus Document on Fibromyalgia: The Copenhagen Declaration,” a report which releases the latest definitions, research, and treatment findings for musculoskeletal disorders from the world’s leading experts. The Consensus also sets down the challenge for intensified future research. Physicians, dentists, chiropractors at all levels of practice, and expert physiotherapists will gain much insight on these disorders from this compendium of information. While dentists are probably most interested in myofascial pain, all the subjects covered are of equal interest to these medical practitioners. MORE COPYMany of the contributing authors or groups of authors have included tables, figures or illustrations, and charts to accurately and succinctly complement their research findings and presentations. A selection of only a few tables and charts reveals multidimensional topics such as these: Problems Associated Diagnosis in Fibromyalgia Comparison of Sensitivity, Specificity, and Accuracy of the 1990 Criteria for the Classification of Fibromyalgia With Previous Criteria Set Population Surveys of Fibromyalgia Prevalence Content Validity for Diagnostic Criteria for Masticatory Myofascial Pain Medications Tested in Controlled Therapeutic Trials in Fibromyalgia Pathobiology of Classical Diseases Versus Dynamics of Dysfunctional Syndromes Exercise and Pain Characteristics of Women With Fibromyalgia Neck Muscle Function in Cervicobrachial Syndrome Compared to Healthy Subjects The figures are no less revealing; they highlight exciting discoveries and diagram vital discoveries which expand current understanding of musculoskeletal disorders. Here is a sample of the types of figures included: Pain Diagrams From Four Patients With Fibromyalgia Genetic Predisposition to Muscle Microtrauma Calcium Activated Muscle Damage Classification and Subsetting of Fibromyalgia Cross-Sections of a Capillary From a Tender Point of the Trapezius Muscle in a Fibromyalgia Patient General Pain on Visual Analog Scale

This issue of Oral and Maxillofacial Surgery Clinics of North America focuses on Pediatric Temporomandibular Joint Disorders, and is edited by Dr. Shelly Abramowicz. Articles will include: Development of the Temporomandibular Joint; Non-surgical Management of Pediatric Temporomandibular Joint Dysfunction; Treatment of the TMJ in a Child with Juvenile Idiopathic Arthritis; Tumors of the Pediatric TMJ; Trauma to the Pediatric TMJ; Congenital abnormalities of the TMJ; Acquired abnormalities of the TMJ; TMJ reconstruction in the growing child; Evaluation of Pediatric Patient with Temporomandibular Joint Complaints; Management of Juvenile Idiopathic Arthritis; Pediatric TMJ Radiology; and more!

This dissertation, "Diagnostic Subtypes, Psychological Distress and Psychosocial Dysfunction in Southern Chinese Patients With Temporomandibular Disorders" by Tse-kwan, Louisa, Lee, 李芷筠, was obtained from The University of Hong Kong (Pokfulam, Hong Kong) and is being sold pursuant to Creative Commons: Attribution 3.0 Hong Kong License. The content of this dissertation has not been altered in any way. We have altered the formatting in order to facilitate the ease of printing and reading of the dissertation. All rights not granted by the above license are retained by the author. Abstract: Abstract Abstract Temporomandibular disorders (TMD) is a collective term that embraces a number of clinical problems that involve the masticatory musculature, the temporomandibular joints (TMJ) and associated structures, or both. It can be clustered into musculoskeletal disorders, intracapsular derangements of the TMJ, and degenerative (e.g., arthritic) changes to the bony components of the joint itself. Since the etiology of TMD is still unknown, TMD is usually classified by means of signs and symptoms. The diagnosis and treatments of TMD require that reliable and valid diagnostic criteria to be available. Many diagnostic systems for TMD have been used over the years. However, diagnostic schemes were generally unreliable until the development of the Research Diagnostic Criteria for Temporomandibular Disorders (RDC/TMD) in 1992. The RDC/TMD is now considered the gold standard in the diagnosis and assessment of TMD. It consists of a dual-axis approach that places physical diagnosis based on pathophysiology on one axis (Axis I) and psychological assessment on the other (Axis II). Axis I is further subdivided into Group I myofascial disorders; Group II disc derangements; and Group III joint disorders. Axis II assesses jaw disability, depression, presence of nonspecific physical symptoms, and the level of psychosocial functioning measured as graded chronic pain. There is presently a lack of information regarding the diagnostic subtypes of depressive symptoms in Chinese people in Hong Kong. In order to understand the prevalence of subtypes, to investigate the association of depressive symptoms with non-specific pain symptoms, and to make a cross-cultural comparison, the RDC/TMD was used in this study to evaluate patients seeking treatment for TMD in Hong Kong. i Abstract Eighty-seven consecutive patients (10 males and 77 females; mean age 39.3 year [SD 12.8]) referred to the specialist TMD clinic in the discipline of Oral and Maxillofacial Surgery at the Prince Philip Dental Hospital, Hong Kong were recruited over a 19 month period. RDC/TMD Axis I Group I muscle disorder diagnosis was found in 57.5% of the patients. Group II disc displacement disorder was found in 42.5% and 47.1% of the right and left joint, respectively. Group III joint disorder (arthralgia, arthritis, and arthrosis) was found in 19.5% and 23% of the right and left joints, respectively. RDC/TMD Axis II psychological assessment revealed that 16.1% of the patients had severe depression scores and 26.7% had severe somatization scores. Psychosocial dysfunction was observed in 14.4% of the patients based on graded chronic pain scores. A strong, positive correlation was observed between depression and nonspecific physical symptoms scores with and without pain items. In a cross-
cultural comparison involving Hong Kong Chinese, Singaporean, Swedish, and North American cohorts, the majority of patients in all four studies were women of child-bearing age. Pain duration was much shorter before treatment was sought in the Hong Kong Chinese group. Group I muscle disorders were the most common problem among all four groups. However, a lower prevalence of myofascial pain (9.2%) and a much higher prevalence of myofascial pain with limited opening (48.3%) were found in the Hong Kong Chinese group. Group II disc displacement disorders were slightly higher in the Hong Kong Chinese group compared to the other groups.

Temporomandibular joint (TMJ) disorders, or TMD, refers to a group of clinical disorders that affect the TMJ and its associated structures. TMJ Osteoarthritis (TMJ OA) is a major subtype of TMDs, which affects 10-16% of the population exhibiting TMD and is secondary to disc displacement, trauma, developmental abnormalities and overload on the joint. Degeneration of mandibular condyle cartilage is a major hallmark of TMJ OA and degradation of its extracellular matrix (ECM) has been identified as a key feature of TMJ OA. Therefore, it is critical to understand the changes in the ECM and identify the molecular mechanisms governing TMJ OA progression, which can provide a foundation for developing early detection and repair strategies. In the first part of the dissertation, we define the biomechanical and structural properties of murine TMJ articular disc and condyle cartilage in the normal joint (wild-type, WT), and delineate the role of type V collagen (collagen V) in 3-month-old collagen V heterozygous (Col5a1+/−) mice using atomic force microscopy (AFM)-based nanomechanical tools and electron microscopy. By evaluating 3-month-old WT mice, we reported that the condyle fibrocartilage exhibits significantly higher modulus compared to all five regions of both superior and inferior disc. We further quantified the regional specific micromoduli on both sides of the disc. This knowledge will serve as a benchmark for understanding TMJ biomechanical function and documenting disease pathogenesis in various murine models. Indeed, we reported compromised biomechanical properties and significantly thicker collagen I fibrils on the fibrocartilage layer of the Col5a1+/− condyle. Collagen V is a regulatory fibril-forming collagen, that is involved in the collagen I fibril assembly. In addition to its expected role in regulating the fibrocartilage layer, this dissertation uncovered a new role of collagen V in secondary hyaline cartilage of TMJ condyle, where we identified similar phenotype in this collagen II-dominated region. Collagen V is clinically important as its mutation causes classical Ehlers-Danlos Syndrome (cEDS), a connective tissue disorder. Thus, this study will provide further insights into higher prevalence of TMJ OA in patients suffering from cEDS. The second part of the dissertation investigates susceptibility of Col5a1+/− mice to TMJ OA. To demarcate the roles of collagen V in TMJ OA, we applied the unilateral anterior crossbite prosthesis (UAC) procedure to induce aberrant TMJ loading to Col5a1+/− mice. Three weeks after UAC, Col5a1+/− mice exhibited reduction in the modulus of the condyle fibrocartilage layer and an increase in aggrecan staining in the underlying hyaline cartilage, in addition to significant changes to cell arrangement in comparison to WT. These signs together led to higher Mankin OA scores, signifying increased susceptibility to condyle degradation. In the final section, we further investigate the age-specific impact of collagen V deletion in post-natal joint development using collagen V inducible knockout mice (Col5a1iKO). By deleting the collagen V expression at 1 week and 1 month of age, we revealed different developmental roles for collagen V in both articular disc and mandibular condyle. These results highlight the importance of collagen V in serving as an indispensable constituent to the structural and functional integrity of TMJ condyle ECM, and provides a basis for developing collagen V-based TMJ condyle regeneration and repair strategies to ameliorate TMJ OA.

The purpose of this study was to assess the prevalence of tinnitus within a TMD population and to determine an association between the presence of tinnitus and type of TMD diagnoses. METHODS: A secondary data analysis was performed using data from ‘Research Diagnostic Criteria for Temporomandibular Disorders (RDC/TMD) baseline (Validation project) study and follow up (Impact project) study. Self-reported questionnaires for reporting tinnitus and medical history and gold standard diagnoses after clinical examination were used. Log-binomial regression was used to compute risk ratios for tinnitus by TMD subtype and adjusted for patient characteristics. All statistical analysis was performed using SAS 9.3 software (SAS Institute), and a two-sided significance level of 0.05 to determined statistical significance (p

Groundbreaking, comprehensive, and a panel of leading international experts in the field, Textbook of Tinnitus provides a multidisciplinary overview of the diagnosis and management of this widespread and troubling disorder. Importantly, the book emphasizes that tinnitus is not one disease but a group of rather diverse disorders with different pathophysiology, different causes and, consequently, different treatments. This comprehensive title is written for clinicians and researchers by clinicians and researchers who are active in the field. It is logically organized in six sections and will be of interest to otorhinolaryngologists, neurologists, psychiatrists, neurosurgeons, primary care clinicians, audiologists and psychologists. Textbook of Tinnitus describes both the theoretical background of the different forms of tinnitus and it provides detailed knowledge of the state-of-the-art of its treatment. Because of its organization and its extensive subject index, Textbook of Tinnitus can also serve as a reference for clinicians who do not treat tinnitus patients routinely.

Measure joint range of motion with the manual that set the standard. Here is all of the guidance you need to identify impairments successfully and assess rehabilitation status effectively. Thoroughly updated and revised to reflect today’s most current and complete research, the 5th Edition of this classic book retains the unique features that have set this manual apart as the reference of choice. For each measurable joint in the body, you’ll find a consistent, easy-to-follow format and exceptional photographs that depict range of motion and alignment, making it easy for you to visualize the examination and technique for each joint motion and muscle length test.

Background: Temporomandibular disorder (TMD) is a common pain condition experienced mainly by young and middle-aged women. Depression, multiple pain conditions, and gender, along with bruxism, exogenous hormones, trauma, and hypermobility, appear to be associated with risk factors. The change in the proportion of persons complaining of TMD pain and seeking care over the last few decades is not known. TMD diagnostic systems that are reliable, accurate, and predictive are currently available, but the uncoordinated use of four or five different systems may have stymied research efforts. The TMD prevalence at the population level is still a matter of debate, owing to the heterogeneity in the diagnostic criteria adopted in different investigations. Therefore, this review aims to summarize relevant findings and trends related to TMD pain according to different diagnostic systems and provide a summary of the global prevalence and incidence of TMD pain. This project will be the first step towards calculating the global burden for TMD pain, which, in turn, would be helpful in preventing policies for the future. This has not been performed in a systematic way to date, but insights from recent rounds of the Global Burden of Disease study in relation to other common pain conditions such as low back pain and neck pain provide pointers to the steps that need to be taken to achieve this goal. Aim: To summarize and systematically review the peer-reviewed literature on the TMD pain prevalence and incidence reported in studies adopting different diagnostic systems. Methods: Papers were identified through a systematic search and review process. RDC/TMD Axis I criteria were considered as the reference definition for TMD pain. Studies that used other standards or interpretations that reported and verified pain in the muscles of mastication and/or jaw pain were included. The studies included those in which TMD was diagnosed by a trained examiner or identified through questionnaires (either self-administered or by research staff). One senior graduate student in oral medicine (Ishraq Alshanqiti) was trained to assess the data and do the screening of articles based on inclusion criteria after reaching interrater reliability of kappa=0.8 (between R.M. and I.A.). Differences among the two reviewers were resolved.
Prevalence Of Temporomandibular Joint Disorders Among

by discussion, rereading, and consultation with the orofacial pain expert (M.D.) when necessary. The following data/information was recorded from each of the selected papers by R.M., with input from M.D., for analysis and discussion: sample size and demographic features (age, sex, population); prevalence of TMD pain, incidence of TMD pain, the diagnostic system utilized. Results: Seventy-five (n = 75) papers were included in the review, 67 dealing with prevalence on TMD pain and eight on the incidence of TMD pain. The most common diagnostic system used was RDC/TMD. Prevalence reports were highly variable across studies, even among those using the same diagnostic system. For children, the range of prevalence of TMD pain was 0.2% to 26%. In general, pain in the temporomandibular joint (TMJ) varied from 0.7% to 4%, depending upon the age. For adults, general prevalence estimates ranged from 2% to 9% for males and 4% to 15% for females. Myofascial pain was the most frequent diagnosis in TMD pain. The incidence of TMD pain was reported in a narrow range from 2.0% to 4.5% per year. Conclusions: Although the range of prevalence was wide, TMD pain was shown to be a common pain condition in both children and adults. Descriptive epidemiologic studies of TMD pain can be enhanced by following the usual methods in epidemiologic research, such as reporting age and gender-specific prevalence and establishing standardized self-report definitions.

Focuses on the biological basis for the clinical management of complex temporomandibular joint (TMJ) diseases, based on papers from the title conference held in Groningen, the Netherlands. Reviews the current treatment modalities and their rationale, biological background, drawbacks, and the scientific basis of their outcome, in sections on treatment planning, surgical procedures, post-operative care and rehabilitation, and management of treatment failure. Of interest to oral and maxillofacial surgeons, dentists, TMJ specialists, radiologists, and physiologists. Annotation copyright by Book News, Inc., Portland, OR

This book covers some biostatistical methods and several case studies useful to interpret and analyze dental research in the areas of orofacial pain and temporomandibular disorders. It will guide practitioners in these fields who would like to interpret research findings or find examples on the design of clinical investigations. After an introduction dealing with the basic issues, the central sections of the textbook are dedicated to the different types of investigations in sight of specific goals researchers may have. The final section contains a recent approach based on nonparametric permutation tests which can be adopted in many practical situations. The field of orofacial pain and temporomandibular disorders is emerging as one of the most critical areas of clinical research in dentistry. Due to the complexity of clinical pictures, the multifactorial etiology, and the importance of psychosocial factors in all aspects of the TMD practice, clinicians often find it hard to appraise their modus operandi, and researchers must constantly increase their knowledge in epidemiology and medical statistics. Indeed, proper methodological designs are fundamental to reaching high levels of internal and external validity of findings in this specific area.

This book explains the genetic basis of a wide range of dental disorders, including dental caries, periodontitis, congenital anomalies, malocclusions, orofacial pain, dental implant failure, and cancer. Such conditions are typically multifactorial or complex, with involvement of more than one gene as well as environmental influences. A sound grasp of this framework is ever more important, given the emergence of consumer genomics, including direct-to-consumer genetic testing. Dental professionals now need to understand why one person is susceptible to a particular oral health condition while a first-degree relative either does not develop the condition or does so in a less severe form. Knowledge of how genes operate in the susceptible host is essential if patients are to be offered accurate advice about their risks. The information provided in this book will assist in the delivery of effective personalized dental care through optimization of preventive strategies. It will enable the practitioner to explain the extent to which a patient’s condition is pure “bad luck”, whether that bad luck can be changed by behavioral choices, and how many of our behaviors are influenced by genes.

Covering both emerging and proven techniques in this dynamic area of oral health, Management of Temporomandibular Disorders and Occlusion, 8th Edition is the only textbook that guides you from basic anatomy and function to providing solutions to many common occlusal and TMD problems. Clear descriptions and a new full-color design promote a complete understanding of normal, abnormal, and dysfunctional occlusal relationships and masticatory function and dysfunction. A recognized industry-standard, this book’s conservative, cost-effective approach, helps you learn how to achieve treatment goals while keeping the best interests of your patients in mind. Globally recognize TMD expert author Jeff Okeson details the most current and effective solutions around. Evidence-Based Practice focus helps you to put the information and techniques in this book into practice to better the lives and relieve the suffering of your patients. Logical organization of content includes functional anatomy, etiology and identification of disturbances, treatment of disturbances, and occlusal therapy. Full-color design provides more vivid clinical photos and illustrations. Robust Art Program allows you to fully understand normal occlusion and masticatory function and learn to recognize and help manage abnormalities in these areas. Clinical Comment boxes give you critical thinking points and instructions on how to apply these to everyday clinical practice. NEW! Updated content includes enhanced research evidence. NEW! Clinical Photo Updates in Examination Chapter differentiate and strengthen images from the current edition. NEW! Addition of Expert Consult Site furthers your understanding of treatment goals and outcomes.

Temporomandibular joint dysfunction is a very common problem, estimated to affect 20-40% of the population. The author guides the reader through the wide range of signs and symptoms of joint dysfunction and their causes in both adults and children. Over 650 colour photographs and diagrams demonstrate investigative procedures and clinical findings, as well as the principles of the latest treatments. An essential reference for general dentists and orthodontists, oral and maxillofacial surgeons, and radiologists, this book will also be of interest to many neurologists and otolaryngologists.

Surgery for the Internal Derangement of the TMJ is explored in this important issue in the Oral and Maxillofacial Surgery Clinics. Articles will include: Condylectomies in condylar hyperplasia of the TMJ: Are they...
necessary?; Acute and chronic dislocation of the temporomandibular joint: What options do we have?; Ankylosis of the temporomandibular joint: How do we treat it?; Adjunct medical management for temporomandibular joint disorders: Where are we going?; Orthognathic surgery in the TMD patient: What happens later?; Missing temporomandibular joint congenital conditions: when do we operate?; Articular disc repositioning of the TMJ: does it really work?; Idiopathic condylar resorption of the temporomandibular joint: How do we stop it?; TMJ surgical complications; Connective tissue autoimmune disease: How does it affect the TMJ and where are we going?; and more.

When a stimulus is applied to one part of the body, pain sometimes occurs in a distant site. This distant pain is called referred pain. The aims of this project were: To describe the prevalence of referred pain in subjects with temporomandibular disorders (TMD) at baseline and 8-year follow-up and the prevalence of persistence of referred pain at follow-up. Another aim was to identify risk factors for having referred pain at baseline and for predicting its persistence at follow-up. Finally, we wanted to determine whether referred pain affects the prognosis of patients with a TMD diagnosis. For each objective, we explored demographics such as gender, age, income, education level, and race. Other factors investigated included facial pain duration, somatization, somatization without pain, depression, anxiety, characteristic pain intensity (CPI), graded chronic pain scale (GCPS), number of other pains (headache, chest, back or stomach), and TMD diagnosis (myofascial pain, disk displacement, arthralgia or degenerative joint disease DJD). Methods: This secondary analysis included the data sets from the Research Diagnostic Criteria for Temporomandibular Disorders (RDC/TMD) Validation (baseline) and IMPACT (follow-up) studies. It focused on a subclassification pain diagnosis termed "myofascial pain with referral". Subjects included in our analysis were TMD cases at baseline (n = 614) and TMD cases at follow-up (n = 286). Results. 26.4% of TMD cases had pain with referral at baseline and 36.4% at follow-up. The sites most likely to refer pain were extraoral sites (temporalis, masseter and mandible) at both baseline and follow-up. Female gender was associated with a higher prevalence of referred pain at baseline (p=.025). Other factors associated with referred pain included somatization (p

Chronic pain seldom presents alone. Pain patients frequently have comorbid psychiatric conditions and those suffering from mental illness often experience pain. Nonetheless, pain conditions and psychiatric disorders have customarily been understood and treated as different and separate clinical entities, to the detriment of patients' wellbeing. This book will describe the complex and striking relationships between pain and psychiatric disorders, offering the first comprehensive review of the challenging and neglected intersection between pain medicine and psychiatry. Written by world-renowned experts in the fields of pain and psychiatry, chapters contribute a valuable array of clinical and theoretical perspectives and include illustrative case examples throughout.

Temporomandibular disorders (TMDs) have been recognized by the American Association of Dental Research (AADR) as a group of musculoskeletal conditions which involve the temporomandibular joint or joints, the masticatory muscles, or both. It can lead to difficulties in chewing or other oral functions, acute and/or chronic pain, absence from and impairment of work or social interactions, and overall reduction in the quality of life. Chewing ability is considered a patient's subjective response about chewing and his or her objective capacity to chew so it can be evaluated by questionnaires or personal interviews. Many epidemiological studies have been reported on signs and symptoms of masticatory dysfunction regarding: their prevalence, their frequency and severity. However, the influence of prosthetic appliances on the prevalence of TMD and on chewing efficiency is still unclear. Therefore, it would appear worthwhile to conduct this cross-sectional study to investigate these conditions and other relevant variables among Jordanian Subpopulation.

Copyright code : bb78055476c1d3520b816d0a99ac137