

# Temporomandibular disorders

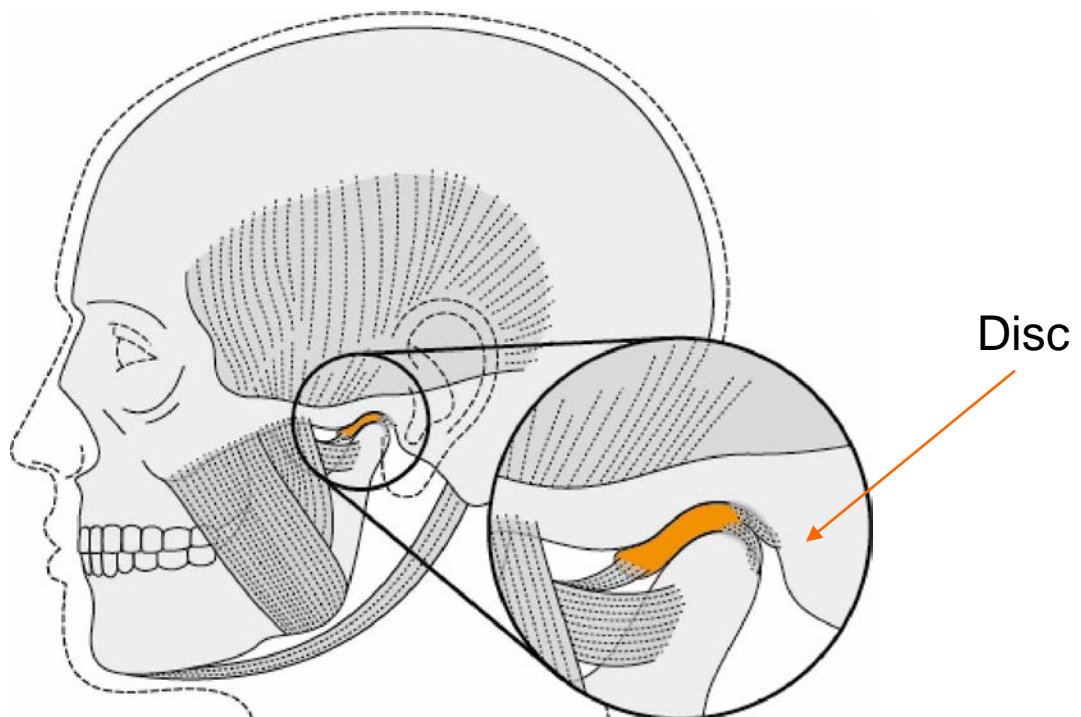
This leaflet has been written by a European team who belong to EFIC, a multidisciplinary professional organisation who are involved in pain management and pain research.

It is intended for use by patients (or their family and carers) in discussion with their local specialists. It is not intended to replace discussion with your specialist.

The aim of the leaflet is to provide information about temporomandibular joint disorders and their treatment.

## What are the temporomandibular joints (TMJs)?

TMJs are the joints that open and close the jaw. They are located on either side of the head between the lower jaw and the skull and are moved by strong muscles that are attached to facial or skull bones. TMJ's are essential for chewing and are the most frequently used joints in the body.



*Diagram of temporomandibular joint and muscles*

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## What is Temporomandibular Disorder (TMD)?

TMD is a common, painful condition which frequently gets better on its own. However, a small number of people may have pain for longer, sometimes lasting several months or years. When pain lasts longer than three months it is called chronic pain.

Although it is a benign musculoskeletal pain (not harmful), like any other chronic pain it may cause significant discomfort and can affect your quality of life. It can affect eating and chewing, mood and sleep.

- TMD causes pain affecting the temporomandibular joint (TMJ) or the surrounding muscles or both.
- TMD is rarely a sign of serious disease.
- TMD is sometimes called facial arthromyalgia (FAM) or temporomandibular joint dysfunction (TMJD).
- TMD is sometimes associated with tension-type headache or other chronic pains such as fibromyalgia, lower back pain or irritable bowel syndrome.

## Who gets TMD?

TMD most commonly affects young adults, but can occur in children and older people. Women may be slightly more likely to suffer from it than men.

It may occur when people are stressed or anxious – for example when studying for exams, moving house, or starting a new job.

It may also affect those in jobs, where it is necessary to talk frequently or hold the jaw in an awkward position – for example musicians.

Sometimes more than one member of the family can have TMD.

## What might I experience if I have TMD?

- Clicking or grinding noises coming from one or both of their jaw joints when they open or close their mouth. This is not always painful.
- Pain, discomfort or tenderness of the jaw joints and surrounding muscles. The pain is usually a dull ache, but may be sharp and occur suddenly.
- Locking of the jaw when opening the mouth.
- Reduced opening of the mouth.

- Earache, buzzing or a feeling of 'fullness' in the ear.
- Headache or dizziness.
- Neck ache and other bodily pains such as backache.
- Problems sleeping.

## What causes TMD?

Many causes have been suggested and may include previous injury of the joint or muscles. Stress does not cause TMD, but can increase levels of pain.

Clicking noises suggest altered movement of the disc (see diagram). Clicking is not due to damage of the jaw bone and can be a normal sign. Sometimes the cause of TMD cannot be found.

## Does TMD get better?

TMD sometimes improves when aggravating activities are stopped and most people find the pain from TMD improves without complex treatment.

However like other types of chronic pain, TMD pain may not get better completely.

## Managing an increase in pain (a flare up)

Some people may experience a few days or weeks of increased pain and limited mouth opening. During this time try to:

- Eat a soft diet and use both sides of the mouth at the same time or alternate sides. It is important not to stay on a soft diet for a long time but to gradually return to a normal diet when the pain begins to reduce to its normal level.
- Chew with your back teeth rather than biting with your front teeth. Return to your normal biting when the pain begins to reduce to its normal level.
- Avoid activities that involve wide opening of the jaw, such as yawning or prolonged dental treatments, until the pain has reduced.
- Avoid habits that put a strain on jaw muscles and joints, such as chewing objects or jaw clenching.
- Apply moist heat or cold (whichever feels better) on your cheek over the jaw area. Try a warm, damp towel or wrap ice in a thin face towel and apply for no more than

five minutes at a time.

- Keep your tongue up in the roof of your mouth and your teeth apart. This helps keep your jaw muscles in a relaxed position.
- Pain medication may help for a short period of time (providing there is no medical reason why you cannot take these).
- Learn and practise relaxation including abdominal breathing as this may help during times of increased pain.
- Get a good night's sleep.

### **What treatment may be considered at the specialist centre?**

Chronic pain may not be helped by pain relieving medicines, however small doses of antidepressants can help as they can reduce the pain messages going to the brain.

Previously, splints have been used to treat TMD pain, however there is no evidence that these help. They are used sometimes to protect your teeth if you have a habit of clenching. If there are signs of possible joint damage, the doctor may refer you for further investigations.

People suffering from TMD may benefit from pain management psychology and physiotherapy to help with the effects of living with chronic pain. This can affect people and their lives in many ways.

Symptoms of TMD, such as pain and stiffness, can be for some people worrying and create anxiety and tension. These symptoms may stop you doing the things you enjoy for example going out to eat. Therefore, you may find it helpful to learn more about TMD, how to manage the condition and how to reduce the effects on you and your life. A physiotherapist and clinical psychologist help people to do this.

### **For further information**

The Cochrane Library has a consumer section on this topic: <http://www.cochrane.org>  
[www.patient.co.uk](http://www.patient.co.uk) has information regarding TMD.

Based on material produced by facial pain team University College Hospitals NHS Foundation Trust