Patient information from BMJ

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Temporomandibular disorders

Temporomandibular disorders (TMDs) are conditions that can affect the jaw joint and the muscles that you use to chew.

TMDs usually get better on their own. But you may need treatment if your symptoms are severe or not improving.

What are temporomandibular disorders (TMDs)?

TMDs is the name for a group of conditions that affect the jaw. Some TMDs can cause pain, whilst others are not painful but can cause symptoms such as jaw clicking or popping.

TMDs are more common in women, and in people aged between 20 and 40 years.

What causes TMD?

The exact cause of TMDs is unknown. You may be more likely to develop a TMD if you have:

- Trauma (to the jaw joint or nearby structures)
- Arthritis, especially inflammatory arthritis (this is the name for a group of conditions that make your joints swollen and stiff)
- Grinding or clenching your teeth at night
- Depression, anxiety, or stress
- Other conditions that cause pain (for example, chronic back or stomach pain).

What are the symptoms of TMDs?

The symptoms you experience will depend on which part of the jaw is affected.

The main symptoms of TMDs are:

- Pain in your jaw joint (especially when using your jaw)
- Tenderness in the muscles you use to chew
- Noise, like clicking or popping, from your jaw
- Not being able to move your jaw easily, or finding that your jaw locks

- Not being able to open your mouth properly.

If you have pain, you might find that it's worse at different times of the day. For example, your jaw pain may be worse in the morning. But it's common for TMD pain to be constant throughout the day too.

Some people with TMD also get other symptoms like ear pain, headaches, backache, or neck pain. But these are uncommon.

Most people won't need any tests to diagnose TMD. Your doctor will usually diagnose you based on your symptoms and a physical examination.

What are the treatment options for TMDs?

In most cases, TMDs get better on their own. But treatment can help to manage your symptoms.

If you're experiencing joint noises, but don't have pain, then you won't need any treatment.

Things you can do for yourself

Simple ways to help your symptoms include **resting your jaw**. This allows the muscles you use for chewing to relax. You should also avoid chewing gum, biting your nails, and talking too much. Eating softer food can also help you rest your jaw.

You should try to avoid stressful situations. Stress may lead you to clench your jaw or grind your teeth, which can make your jaw problems worse. If you get painful spasms in your jaw, try **massaging** the area for 1 minute, 4 times a day.

Relaxation techniques may help if you are dealing with stress. For example, 'diaphragmatic' or 'belly' breathing involves taking slow, deep breaths and can help you to relax.

It can be useful to learn and understand more about TMD as part of your treatment. Knowing that TMD is not serious and likely to get better on its own may reassure you. Your doctor should explain TMD to you. But it's important that you also discuss any questions or concerns that you have with them.

Physiotherapy

Physiotherapy can help with mouth opening and reducing pain. Your doctor may recommend that you work with a specialist physiotherapist who can show you exercises designed to help your jaw.

Dental appliances

Your doctor may recommend you try an oral **splint** if your symptoms don't improve after 2 weeks of jaw rest. This can sometimes help reduce the pain in your jaw. You'll need to see a dentist to get this fitted.

Cognitive behavioural therapy (CBT)

CBT is a type of talking therapy. It involves speaking to a therapist and learning about ways to cope with your pain. This may be an option if your TMD is causing you a lot of pain.

Medicines

If simple measures don't help, your doctor will recommend taking medicines for your TMD. To start with you may be given:

- **Muscle relaxants**. These stop your jaw muscles from being hyperactive. They may be used when you start getting symptoms of TMD for up to 2 weeks.
- **Non-steroidal anti-inflammatory drugs (NSAIDS)**. If resting your jaw doesn't improve your pain, your doctor may suggest painkillers known as NSAIDS. These help to reduce pain and inflammation (swelling). Usually, this is with a gel applied over the jaw joint.

In some people, the symptoms of TMD may continue for longer. When it lasts for more than 3 months, this is known as **chronic** TMD.

Tricyclic antidepressants (TCAs) or **anticonvulsants** may help if you have chronic symptoms. You may have heard of these medicines being used to treat other conditions too. For example, TCAs are normally used to treat people with depression, and anticonvulsants are used in people with seizures (fits). But these medicines can also help TMDs by reducing jaw pain.

If these medicines don't help with chronic pain, your doctor may recommend stronger painkillers known as **opioids**.

It's important that you speak to your doctor if you're concerned about any side effects from any medicines.

Surgery

You may be referred for surgery in severe cases of TMD. For example, if you:

- suddenly can't open your mouth
- your symptoms haven't got better with other treatments, or
- your TMD is affecting your quality of life (i.e., it's severely affecting your ability to do things like chew and talk).

There are different types of surgery for TMD. Your doctor will discuss these with you if surgery is an option.

What happens next?

Most people find their TMD gets better on its own, or with simple measures like jaw rest and medicines. But in some people, TMD can persist and become chronic (i.e., last more than 3 months).

You may be referred to a specialist for your TMD. This will be the case if:

- you have inflammatory arthritis
- your symptoms don't get better after 6 weeks
- it's slowly getting harder to open your mouth (or it's suddenly getting harder)
- you can't eat a normal diet

- your jaw joint keeps dislocating.

The symptoms of TMD, like pain and jaw clicking, can make it difficult to cope with everyday life. Speak to your doctor if your TMD isn't improving or you're struggling with your symptoms. Your doctor will discuss the different treatment options available with you.

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