NHS
Cambridgeshire & Peterborough

Surgical Threshold Policy

Management of Temporomandibular Disorders

Scope

This policy covers the management of patients with temporomandibular disorders (TMD). **It does not apply to the management of patients with acute jaw injury, septic arthritis, rheumatoid arthritis, recurrent dislocation of the temporomandibular joint (TMJ), for example in patients with associated syndromes such as Ehlers-Danlos or suspected malignancy.** Referral to rheumatology should only be considered if there is clinical suspicion that the TMD is secondary to an underlying inflammatory arthritis.

Policy

It is the responsibility of referring and treating clinicians to ensure compliance with this policy.

Botulinum toxin injections for TMD require NHS Cambridgeshire & Peterborough (ICB) Exceptional Cases Panel approval – please complete the **funding request form.**

Secondary care referral may be considered if the following criteria are met:

- TM dysfunction has failed to respond to conservative management (see below) tried for at least 6 months; **And** there is:
  - limitation or progressive difficulty in mouth opening; **Or**
  - persistent inability to manage a normal diet; **Or**
  - persistent pain or discomfort.

Conservative management
Patients with pain and/or dysfunction due to temporomandibular joint disorders should be treated conservatively (see references 1 & 2). Patients may be signposted to **patient information on temporomandibular joint disorders.**

GPs*:* GP consultation should include reassurance and advice on resting the jaw (avoiding yawning and clenching or grinding teeth and having a soft diet), anti-inflammatory painkillers, local heat and massage. Antidepressants may be effective for the treatment of TMD due to their muscle relaxing and pain-relieving effects.

Dentists*:* Patients should be referred to a dental practitioner where possible for any further advice and, where necessary, the provision of bite raising appliances, replacement of missing teeth or replacement of worn-out dentures.

Smoking:
Patients who smoke should be advised to attempt to stop smoking – see **stop smoking policy**.

Rationale and Evidence

Temporomandibular disorders (TMDs) refer to a number of clinical pain conditions that involve the craniofacial muscles, the temporomandibular joint and associated structures (see reference 3). TMDs are common and it has been estimated that 30% of people exhibit clinical signs of temporomandibular disorder at some time in life (see reference 1). In many cases, symptoms reduce and resolve within months (see reference 5).

Conservative management can be used and randomised controlled trials have shown improved pain and function with for self-management education and musculoskeletal interventions/facial exercises (see references 5 to 10). For behavioural therapies, the evidence is less clear, but trials suggest possible benefit from interventions such as CBT (see references 11 to 13). Conservative management is recommended (see reference 1).

Arthrocentesis (removal of fluid from the joint with a syringe) has not been shown to give better outcome compared with conservative management (see reference 14 & 15). In the only RCT conducted, surgery showed no advantage over conservative management (see references 11 & 12) and the benefits of surgery are currently unproven. Botulinum toxin injections have not, overall, been shown to give improved outcome compared to control/placebo injections (see reference 18 to 20).

Estimated Number of People Affected

It has been estimated that 30% (see reference 1) of people experience a temporomandibular disorder at some time in life.

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