

Temporomandibular Joint (TMJ) Dysfunction

Patient information leaflet from Refine Specialist Dental Care Ltd

This is a name used for the collection of problems linked with the JAW JOINT (especially the disc within the joint) and/or the surrounding MUSCLES. Another name used is 'Myofascial Pain'.

Common Symptoms

Symptom:	Clicking joint
Explanation:	Displaced Cartilage Disc in jaw joint 'snapping' back into position (not bone rubbing together)
Symptom:	Limitation of jaw opening 'locking'
Explanation:	Deformed Disc and inflammation in jaw joint obstructing full forward opening movement.
Symptom:	Pain around the jaw joint
Explanation:	Inflammation and stretching of the nerves in joint
Symptom:	Pain of the face/neck muscles
Explanation:	Muscle tension/spasm
Symptom:	Headache
Explanation:	Muscle tension/spasm

TMJ Dysfunction is very common and affects up to a third of people. Some of these are not troubled by their condition and of the rest, most only need advice and simple treatment. Clicking or cracking by itself is not a significant problem. Usually, the disorder settles down and does not progress to arthritis or anything serious. Surgery is rarely required.

It is caused by several factors, which can:

- Increase the load and strain on the joint, disc and muscles
- Impair the function of these tissues or
- Reduce the person's pain threshold

Initially the body can adapt and cope with some of these factors but, after a point, the mechanism is overloaded and symptoms appear.

What can be the causes?

Habitual 'extra' jaw movements: Clenching, Grinding, Nail biting, 'Posturing' lower jaw forwards, Lip/Gum/Pen chewing.

Inadequate/Overclosed bite: Missing back teeth, inadequate denture

Trauma: Treatment at dentist, wide yawn, dislocation, whiplash, fracture...

Stress/anxiety/depression:

Chronic pain conditions: Fibromyalgia, ME, Back pain, Spondylosis

The aims of TREATMENT are to reduce inflammation and muscle spasm by:

1) Reducing excessive strain of the joint and muscles

- Try to stop any habitual 'extra' jaw movements
- Keep to a soft diet, avoiding any chewy foods (e.g., gum, steak, crusty bread.)
- Chew on both sides of the mouth equally
- Avoid opening your mouth wide (e.g., cut up apples, stifle yawns...)
- Wear a well-fitting denture to replace lost back teeth

2) Use Ibuprofen (non-steroidal anti-inflammatory)

- 2 x (200mg) Ibuprofen tablets can be taken 4-6 hourly (with food) and are most effective when taken regularly. (Discontinue if this causes indigestion or aggravates your asthma).
- Alternatively, Ibuprofen gel can be massaged in to the muscles and jaw joints (it does not enter your system significantly, so can be used even if you cannot take anti-inflammatory tablets).

NB Paracetamol can be taken as a painkiller instead of, or as well as either of the above 2 medications. (Do not exceed 8 tablets containing Paracetamol in 24 hours).

3) Bite Raising Appliance/Splint

This is usually made of flexible plastic and fits over your lower teeth. It is to be worn as much as possible, but for practical reasons this usually means evenings and nights. The splint may make your jaw feel slightly uncomfortable at first and you may even spit it out during the night but this should pass as you get used to it. You should keep wearing it, as it can take up to six weeks to benefit from its effects, i.e.:

- Cushioning and redirecting the force of the bite, reducing the load on the joint
- Keeping the joint in a slightly open position, which avoids crushing the sensitive tissue behind the disc
- Increasing the gap between the teeth allowing the muscles to stretch (reducing spasm)
- Possibly lessening the clenching habit

Physiotherapy can be helpful and complementary therapies may also have their place.

The overall aim with TMJ Dysfunction is to allow the patient to understand the nature of the condition, so that they are able to manage their own symptoms and prevent them from recurring. The clinician will explain further treatments as necessary.

Review: April 2024

Next review: April 2025