Surgical Threshold Policy

NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

Management of Temporomandibular Disorders

Scope

This policy covers the management of patients with temporomandibular disorders. **It does not apply to the management of patients with acute jaw injury, septic arthritis, rheumatoid arthritis, recurrent dislocation of 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. Referral proforma should be attached to the patient notes to aid the clinical audit process and provide evidence of compliance with the policy: for patients not meeting the policy criteria, clinicians can apply for funding to the Exceptional Cases Panel by completing the exceptional funding section of the referral proforma: *Click **here** to access the CCG clinical policies web page: select the Orthopaedic Surgery Policies drop down option and select the Temporomandibular Disorders Policy to access the referral proforma.*

Where patients do not fulfil the criteria, and for Botulinum toxin injections, clinicians need to apply to the Exceptional Cases Panel for approval of funding.

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

- Referrals are made by a dental practitioner; AND
- 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[1, 2]. Patients may be signposted to: https://patient.info/health/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 for any further advice and, where necessary, the provision of bite raising appliances, replacement of missing teeth or replacement of worn out dentures.

Note:
Patients who smoke should be advised to attempt to stop smoking and referred to stop-smoking services – 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[3]. TMDs are common and it has been estimated that 44% of people exhibit clinical signs of temporomandibular disorder at some time in life[4]. In many cases, symptoms reduce and resolve within months[5].

Conservative management can be used and randomised controlled trials have shown improved pain and function with for self-management education, musculoskeletal interventions/facial exercises[6, 7] and dental splints[8]. For behavioural therapies, the evidence is less clear, but trials suggest possible benefit from interventions such as CBT[9, 10]. Conservative management is recommended[1].

Arthrocentesis (removal of fluid from the joint with a syringe) has not been shown to give better outcome compared with conservative management[11]. In the only RCT conducted, surgery showed no advantage over conservative management[12, 13] 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[14].

Numbers of People Affected

It has been estimated that 20-30% of people experience a temporomandibular disorder at some time in life.

References

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Policy effective from	New policy ratified by CCG GB on 6 March 2018 New policy approved by CEC on 13 February 2018 New policy approved by CPF on 9 January 2018 March 2018
Policy to be reviewed:	March 2020
Reference:	*R:\onedrive\CPF pols & working area\surg threshold pols - draft and agreed\ccg policies\temporomandibular disorder\agreed\TMD MANAGEMENT MARCH 2018 V1*