

Part 2: Evidence and References

[\(Policy Part 1\)](#) Management of Temporomandibular Disorders – GP Advice Surgical Threshold Policy

Rational and Evidence

Temporomandibular disorders (TMDs) refer to a number of clinical pain conditions that involve the craniofacial muscles, the temporomandibular joint and associated structures³. TMDs are common and it has been estimated that 30% of people exhibit clinical signs of temporomandibular disorder at some time in life¹. In many cases, symptoms reduce and resolve within months⁵.

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^{6,7}. For behavioural therapies, the evidence is less clear, but trials suggest possible benefit from interventions such as CBT^{8,9}. Conservative management is recommended¹.

Arthrocentesis (removal of fluid from the joint with a syringe) has not been shown to give better outcome compared with conservative management¹⁰. In the only RCT conducted, surgery showed no advantage over conservative management^{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 injections¹³.

Estimated Number of People Affected

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

References

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