A New Science Information Statement on TMDs Approved by the American Association for Dental Research—March 2010

Management of Patients with TMDs: A New "Standard of Care"

The field of temporomandibular disorders (TMDs) is well known for being controversial in the field of dentistry. Literature produced during the past 25 to 30 years has been pointing the profession in the direction of a medically based model for diagnosis and treatment. In addition, it has become widely accepted that these types of pain patients must be managed within a biopsychosocial framework in which conservative medical care is supplemented by behavioral approaches. Finally, it has become clear that a minority segment of TMD patients will prove resistant to therapy and become chronic pain patients; as a result, much research has been directed at unraveling the complexities of such outcomes.

These conclusions are widely accepted in the clinical research community, but arguments persist within the practitioner community, leading to an unacceptable gap between science and practice in many instances. Obviously, the main victims of this situation are the TMD patients themselves because their fate is largely determined by who they consult about their problems. In an attempt to provide some guidance for proper conduct in this arena, various practitioner groups have attempted to develop and present guidelines for diagnosis and treatment of TMDs. However, even the most widely recognized guideline reference, published by the American Academy of Orofacial Pain, is criticized for being parochial or political. In some countries, the dental establishment has produced guidelines for practitioners who treat TMD and orofacial pain patients, but unfortunately, the United States is not one of those.

The first attempt to fill in this void in the United States was made in 1996, when the American Association of Dental Research (AADR) approved a Science Information Statement about the diagnosis and treatment of TMDs. This relatively weak statement did not have much impact, so over the past several years, a committee from the Neuroscience Group of the AADR has been working on improving and updating the original statement. As of March 3, 2010, the AADR Council gave its final approval to the revised statement, which is reproduced here. This revision is based on a careful review of the literature on diagnostic modalities and treatment approaches, and was vetted through all levels of the Neuroscience Group, Science Information Committee, AADR Board, and finally, the AADR Council. This process took almost 3 years.

Therefore, the publication of this new TMD Statement should be regarded as the closest thing to date to a true "standard of care" in this contentious field. It is presented here for readers to look at it and incorporate it into their clinical practices. To the extent that this does occur, future TMD patients will be at a lower risk for inappropriate treatment, and thus at a higher probability of receiving the kinds of professional care they actually need.

This announcement was prepared by Dr Charles S. Greene, who is a clinical professor in the Department of Orthodontics at UIC College of Dentistry, Chicago, Illinois. Dr Greene was chair of a committee of the Neuroscience Group, IADR, which developed the new TMD Science Information Statement for submission to the AADR. Other committee members were Prof Iven Klineberg, Sydney, Australia, and Prof Merete Bakke, Copenhagen, Denmark. The statement was reviewed by the Science Information Committee of the AADR; it was approved by that committee, reviewed by the AADR Board, and ultimately accepted by the AADR Council.