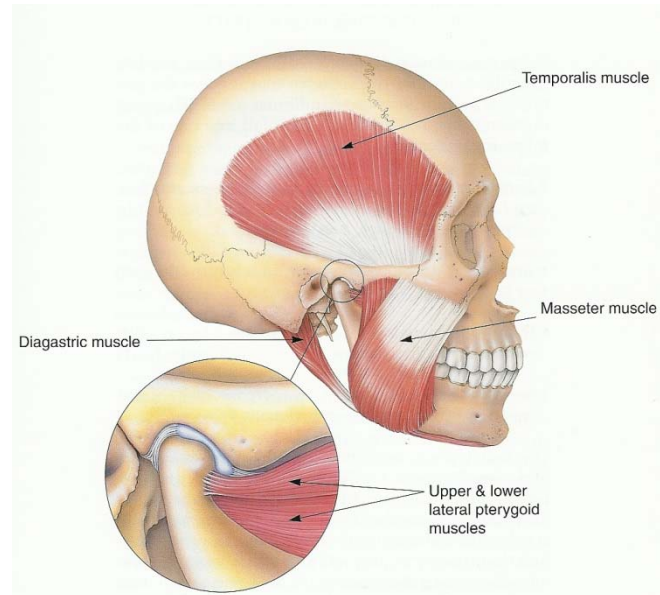


Temporomandibular Joint Disorders

Temporomandibular joint disorders (TJDs) are problems that affect the joint between the lower jaw and the base of the skull.



A (Temporomandibular joint disorder) TJD is not usually a serious condition, but symptoms can impact significantly on quality of life. The condition may also be known as myofascial pain disorder.

It has been estimated that approximately 20-30% of the adult population will experience a TJD at some point. Symptoms usually last for a few months before getting better.

What are the symptoms?

TJDs can cause:

- clicking, popping or grating noises as you chew or move your mouth
- muscle spasms around the jaw
- pain in front of the ear that may spread to the cheek, ear and temple
- difficulty opening the mouth – the jaw may feel tight, as if it is stuck, making eating difficult
- pain: headache or earache

What are the causes?

The main causes of TJD are:

- clenching your jaw or grinding your teeth during sleep, which overworks the jaw muscles and puts pressure on the joint (often caused by stress)
- wear and tear of the inside of the jaw joint, usually caused by osteoarthritis

- a disease causing inflammation of the jaw joint, such as rheumatoid arthritis or gout
- injury to the jaw joint, for example after a blow to the face or surgery



Tight Muscles

The muscles surrounding the TMJ can go into **spasm** (tighten) and cause pain.



Inflamed Joints

Inflammation may include pain, redness, heat, swelling, or loss of function.



Damaged Joints

Many people hear clicking when their jaw moves. If you feel pain along with the noise, the joint may be damaged.

How are TJDs treated?

Generally, non-surgical treatments such as lifestyle changes are tried first. The vast majority of cases resolve with stress reduction, jaw stretches, anti-inflammatories and splints worn at night.

If your TJD is severe, you may need to see more than one medical professional, such as a dentist, physiotherapist, oral and maxillofacial surgeon, GP, or ear, nose and throat (ENT) specialist.

Lifestyle changes

There are a number of self-help measures that can help improve TJD, including:

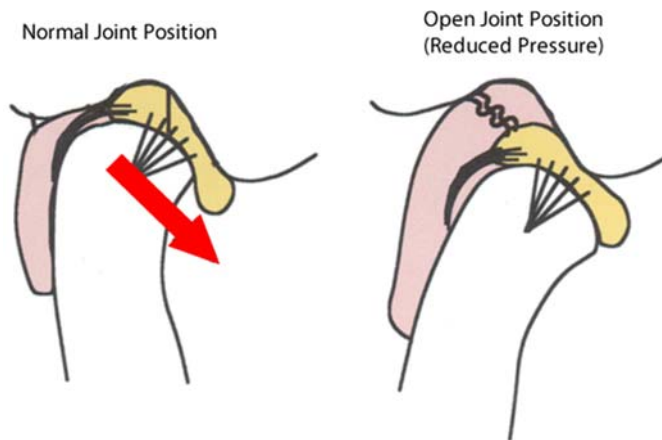
- resting the joint by eating soft food and avoiding chewing gum
- placing heat packs to the jaw after doing a few gentle jaw-stretching exercises
- avoiding opening the joint too wide
- massaging the muscles around the joint
- relaxation exercises to relieve stress (people tend to clench their jaw when stressed)
- not resting your chin on your hand

Night Splints

Splints (plastic mouthpieces that fit over your teeth) may be helpful if you grind your teeth. These cover the teeth at night

to reduce jaw clenching and teeth grinding, and can be made to measure by your dentist.

Splints act as crutch for the temporomandibular joint, reducing pressure on the joint and allowing it to relax/repair itself while you are sleeping. They also protect your teeth from destructive wear if grinding is a presenting issue.



At Burpengary Dental we provide 2 main types of splint:

Flat plane splints

These splints are fabricated from acrylic and cover all the top teeth. They are recommended in cases where teeth are compromised by gum disease.

A flat splint may cause excessive salivation may require 1-2 weeks to adjust to.



NTI splints

The NTI-TSS is a small transparent plastic device which is, in its most widely used form, worn over the two front teeth at night, and intended to prevent contact of the canines and molars. They are smaller than flat plane splint, but may cause minor movement of the back teeth if worn for periods other than sleeping.



Medication

Paracetamol, ibuprofen or codeine can help relieve pain. If these are not strong enough, a muscle relaxant may be more effective at relieving the pain.

Steroid injections

If your TJD is caused by a disease such as arthritis, you may benefit from a steroid injection into the jaw joint.

A steroid injection can help reduce pain and swelling in a joint or the surrounding soft tissue. Most people report feeling less pain within the first 24 hours to one week. You may find that your pain improves for a period of a few weeks to several months, and in some cases the injection resolves the pain completely.

Surgery

If the above measures do not help, you may require surgical treatment. Persistent or non resolving cases of TMD may require a referral to an oral and maxillofacial surgeon as a final treatment options.