



# TMD News

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Temporomandibular Disorders/Orofacial Pain  
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Headaches

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**We are pleased to feature in this newsletter edition an article by Daniel M. Laskin, DDS, MS. Dr. Laskin conducted much of the clinical TMD research funded by the original NIH 1969 grant.**

## TMJ-Another Cause of Headache and Facial Pain

Although the relationship between such conditions as stomach ulcers or high blood pressure and life stress situations has been recognized for many years, it has only been recently that we have come to understand that one of the more common types of facial pain is also stress related. Originally called temporomandibular joint or TMJ syndrome, because it was thought that the problem was an arthritic involvement of the lower jaw joint, current research has established that the problem actually originates in the muscles that move the jaw. While the term now used to describe the condition, myofascial pain dysfunction (MPD) syndrome, is no simpler than the previous designation, a better understanding of both the source and cause of the problem has led to simpler and more effective forms of therapy.

How does one recognize MPD syndrome? Dull, aching pain in and around the ear is the most common symptom. The pain may radiate to the side of the scalp (temporal headache), back of the head or down into the neck; it is often made worse by chewing, excessive talking or yawning. Accompanying the pain may be difficulty in opening the mouth or clicking and popping sounds in the jaw joint. Tender areas in the jaw muscles is another common finding.

Originally thought to be due to problems with the bite, we now know that in most cases the painful muscle spasm is related to psychological stress. This does not mean that the pain is imaginary. Rather, just as with an ulcer, stressful situations can lead to changes in body function and produce physical illness.

One of the interesting things about this disease is that it tends to affect women more than men. To a certain extent this may be due to the fact that the changing role of women in our society has greatly increased the stress to which they are exposed. Although it can occur at any age, most patients are in the 20- to 40-year-old age group.

Certain types of individuals seem to be more prone to develop MPD syndrome than others. Those who find difficulty in coping with stressful life situations or who are unable to successfully vent their emotions tend to build up inner tensions, which are then expressed in altered body activity. For some, this alteration involves an increase in muscle tension. This can affect muscles in many areas, but for those with MPD syndrome the muscles with which they chew are mainly affected. Simply expressed, people with this syndrome are "uptight" in their jaw muscles. In some, the condition is further aggravated by tension-relieving habits such as clenching or grinding the teeth (bruxism). Those individuals who grit their teeth mainly in the daytime find that their symptoms get worse as the day progresses. Others do this at night and find that the pain and limitation of jaw movement are then worse in the morning. Although the significance of such habits was not always appreciated, these tendencies have been recognized for thousands of years.

Better understanding of the factors leading to MPD syndrome, as well as to the sites involved, has led to considerable refinement in the treatment of this condition. Initial therapy is directed at relief of the painful muscle spasm and involves use of heat, massage, a soft non-chewy diet, and muscle relaxing and pain reducing medications. For many patients, one or two weeks of such treatment is sufficient to eliminate the symptoms. For those with tooth grinding or clenching habits, the dentist may sometimes construct a plastic appliance that separates the teeth and makes such activity more difficult, if not impossible. This appliance is particularly helpful for individuals who gnash their teeth while sleeping and therefore cannot consciously control the habit.

Equally important in the management of MPD syndrome is an understanding by patients of the relationship between psychological factors and their physical ailment, and their attempting to recognize and deal with these factors. In some instances, psychological counseling may be helpful. It is also important for the individual to learn to relax and various relaxation techniques, including biofeedback, have been found to be effective. Treatment with drugs that prevent chronic tension-type headache is often effective, particularly the tricyclic antidepressants.

Despite extensive investigation of the problem, unfortunately there is presently no way to predict in advance who will develop MPD syndrome. However, once the symptoms are recognized, they can be successfully treated. Early treatment is important because long-standing muscle spasm can lead to shifting of the jaw and produce arthritic changes in the jaw joint. When this occurs, more complex forms of treatment, including surgery, may be necessary. For this reason, patients with symptoms should see their dentist as soon as possible. With our current knowledge about MPD syndrome, it is no longer necessary for anyone with this problem to simply grit and bear it.

*Article from National Headache Foundation by Daniel M. Laskin, DDS, MS, Director*