NHS Grampian Temporomandibular Disorders Treatment Protocol and Referral Guidance

This guidance is intended to be used by primary care dentists and GPs in the management of temporomandibular disorders (TMDs). The majority of TMD patients can be effectively treated in primary care.

Our treatment protocol aligns closely with the 2024 RCS guidance on management of painful TMDs, available at:
https://www.rcseng.ac.uk/dental-faculties/fds/publications-guidelines/clinical-guidelines/

The RCS website provides several excellent resources to support practitioners in managing TMDs. In particular, the *Professional Ultra-Brief Guide* can help in establishing a specific TMD diagnosis.

In the absence of red flag features, Supported Self-Management (SSM) should be initiated for all TMDs. We have produced an accessible version of the RCS SSM patient information leaflet, which can be shared with patients electronically or in a printed format. Making a specific TMD diagnosis ensures that any relevant *Additional techniques for use in specific circumstances* can be highlighted for the patient.

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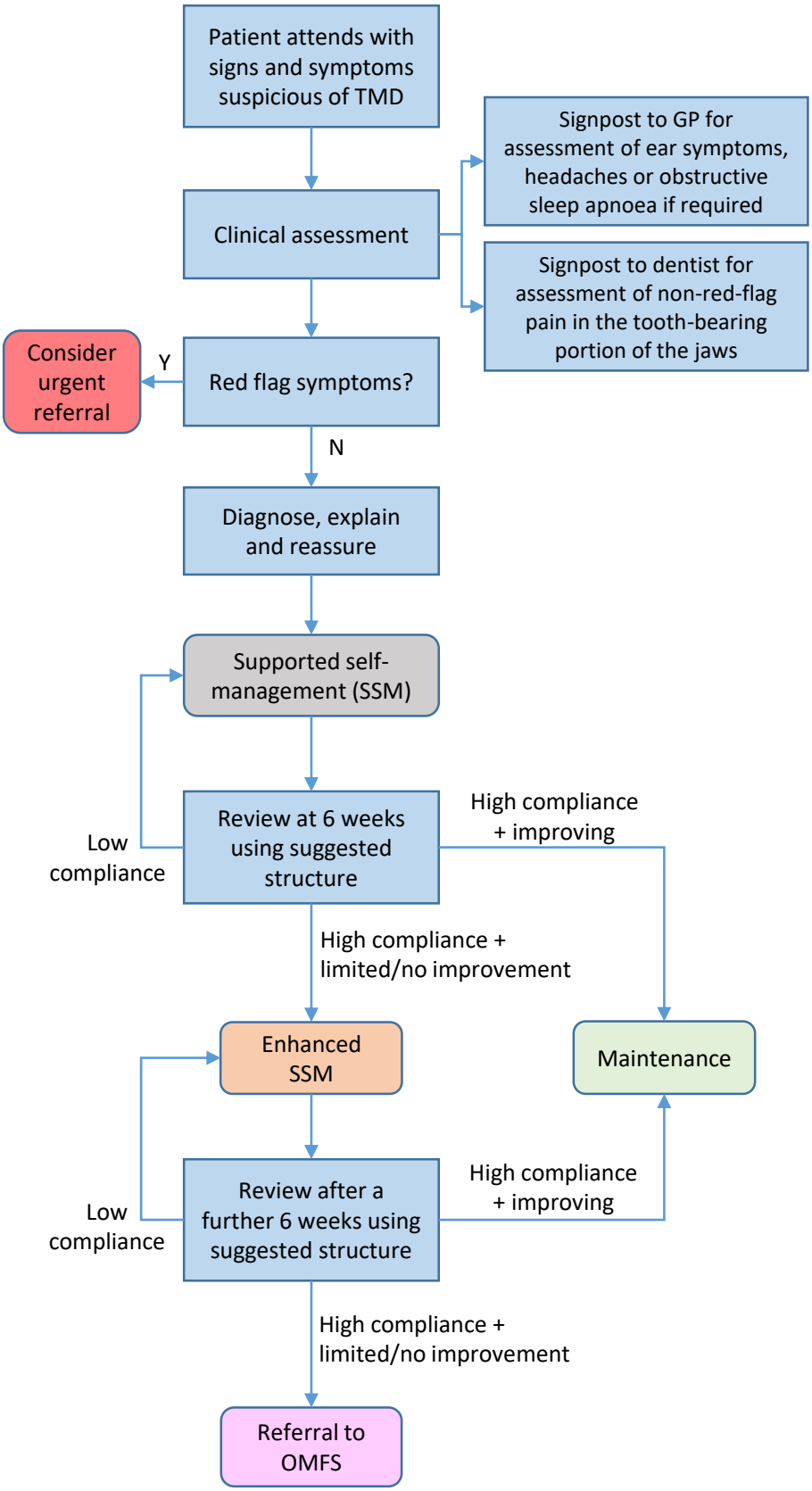

<u>Red flag symptoms (see appendix 1)</u>

- History of cancer with new facial pain or headache
- Lymphadenopathy, face or neck mass/swelling
- Jaw claudication
- Unplanned weight loss
- Pyrexia +/- swelling and trismus
- Neurological signs /symptoms
- Pain with exertion, coughing or sneezing
- Nasal symptoms
- Acute onset profound or worsening trismus
- Persistent hoarse voice >3 weeks
- Persistent mouth ulcer >3 weeks
- Occlusal changes
- New onset jaw pain in those taking bisphosphonates or related medication

<u>Supported Self-Management (SSM)</u>

As per RCS TMD guidance (Link):

- Simple analgesia/ topical NSAIDs
- Soft diet
- Thermal modalities
- Physiotherapy/ stretches from RCS document
- Massage
- Avoid caffeine and chewing gum
- Mindfulness-based stress reduction and apps such as Daylight, Sleepio, Headpsace

<u>Strict adherence</u> to SSM is <u>essential</u> to successful treatment

<u>6 Week Review Structure</u>

- Assess compliance
  - High: SSM at least 5 out of 7 days
  - Low: irregular/limited SSM
- Red flags symptoms checked
- Change in pain score
- Improvement in function
- Mandibular opening measurement
- Effects on day-to-day activities assessed
- Psychosocial factors reviewed
- Patient's understanding of condition assessed
- Compliance barriers identified

<u>Enhanced SSM</u>

- Reinforcement of SSM
- Referral of muscular TMD to dentist for consideration of occlusal splint
- Referral to GP for management of psychological comorbidities as required

<u>Maintenance</u>

- Continue SSM
- Review as required or at check-up appointments

Appendix 1: Red flag signs of conditions which can mimic some symptoms of TMD

Note that dentists should directly refer relevant red flag symptoms to OMFS (shown in **bold**), rather than routing these via the GP, to prevent duplication and delay.

Sign	Possible cause or origin
History of previous malignant tumour with facial pain or headache	Potential for new primary, recurrence or metastases
Lymphadenopathy, face or neck mass/swelling	Neoplastic, infective or autoimmune
Jaw claudication (Cramp like pain in tongue or jaw). Commonly presents with: Unilateral headache, flu-like symptoms, vision disturbances, inflammation of temporal artery, trismus	Giant cell arteritis
Unplanned weight loss	Neoplastic, systemic illness
Pyrexia (+/-) swelling and trismus	Infective
Neurological signs/symptoms: • Acute onset loss of smell or hearing; • Acute onset visual problems; • Neurosensory change; • Motor function changes	Neoplastic, infective or autoimmune cause
Pain with exertion, coughing or sneezing (suggests raised intracranial pressure)	Neoplastic or infective cause
Nasal symptoms (persistent and profuse bleeding or purulent discharge)	Neoplastic (nasopharyngeal) or infective
Acute onset of profound, or worsening, trismus	Neoplastic, infective, severe arthrogenous or traumatic cause
Persistent hoarseness of the voice (≥3 weeks)	Neoplastic
Persistent mouth ulcer(s) (≥3 weeks)	Neoplastic, autoimmune
Occlusal changes	Neoplastic, traumatic, growth disturbance
New onset jaw pain in those taking bisphosphonates or related medication	Medication related osteonecrosis of the jaws

Source: RCS. Management of painful Temporomandibular disorder in adults.