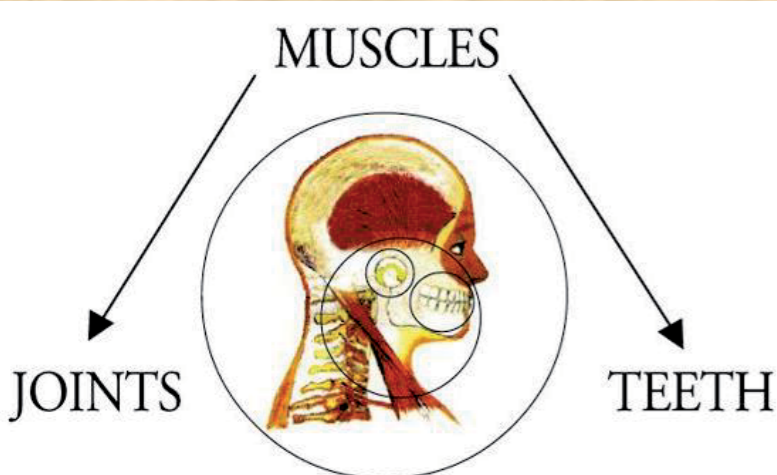


Neuromuscular Dentistry - A Better Solution for Temporomandibular Disorders: A Narrative Review

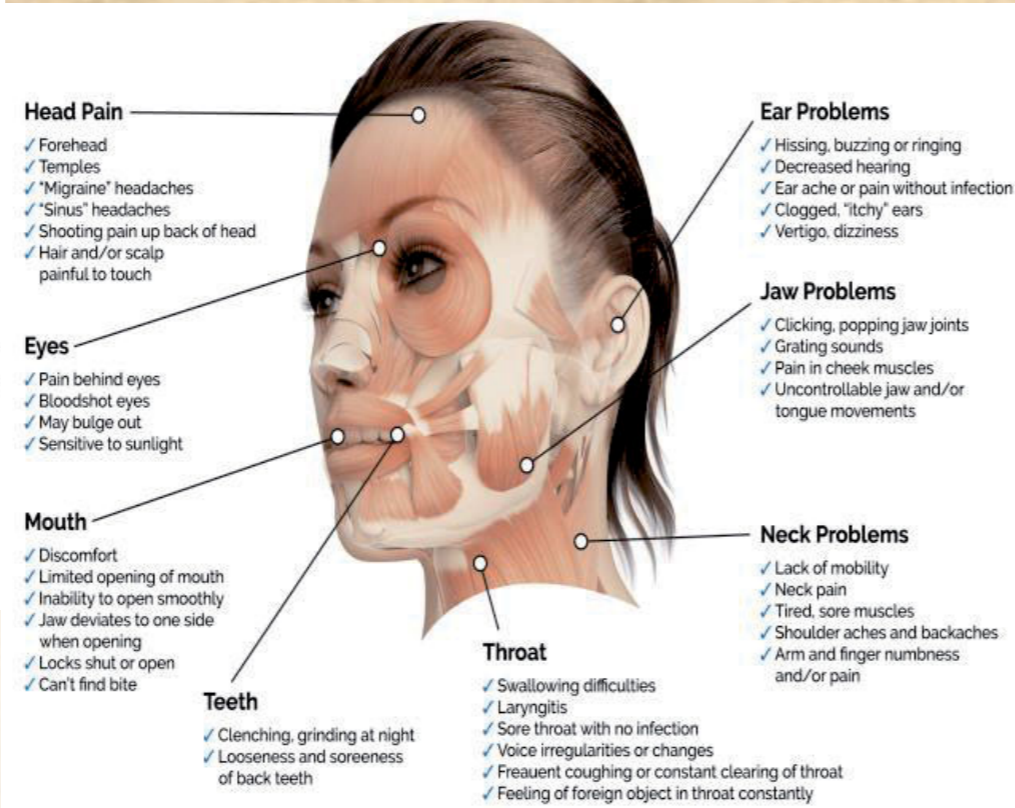
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Introduction



Muscles + Joints + Teeth = Neuromuscular Dentistry

Neuromuscular dentistry aims to ensure optimal efficacy in function of the stomatognathic system.



Aim

To review the newer perspectives/concepts in the diagnosis and clinical management of temporomandibular disorders (TMD).

Methods

Computerised search of databases:
PubMed: 606 references
Cochrane Library: 19 references

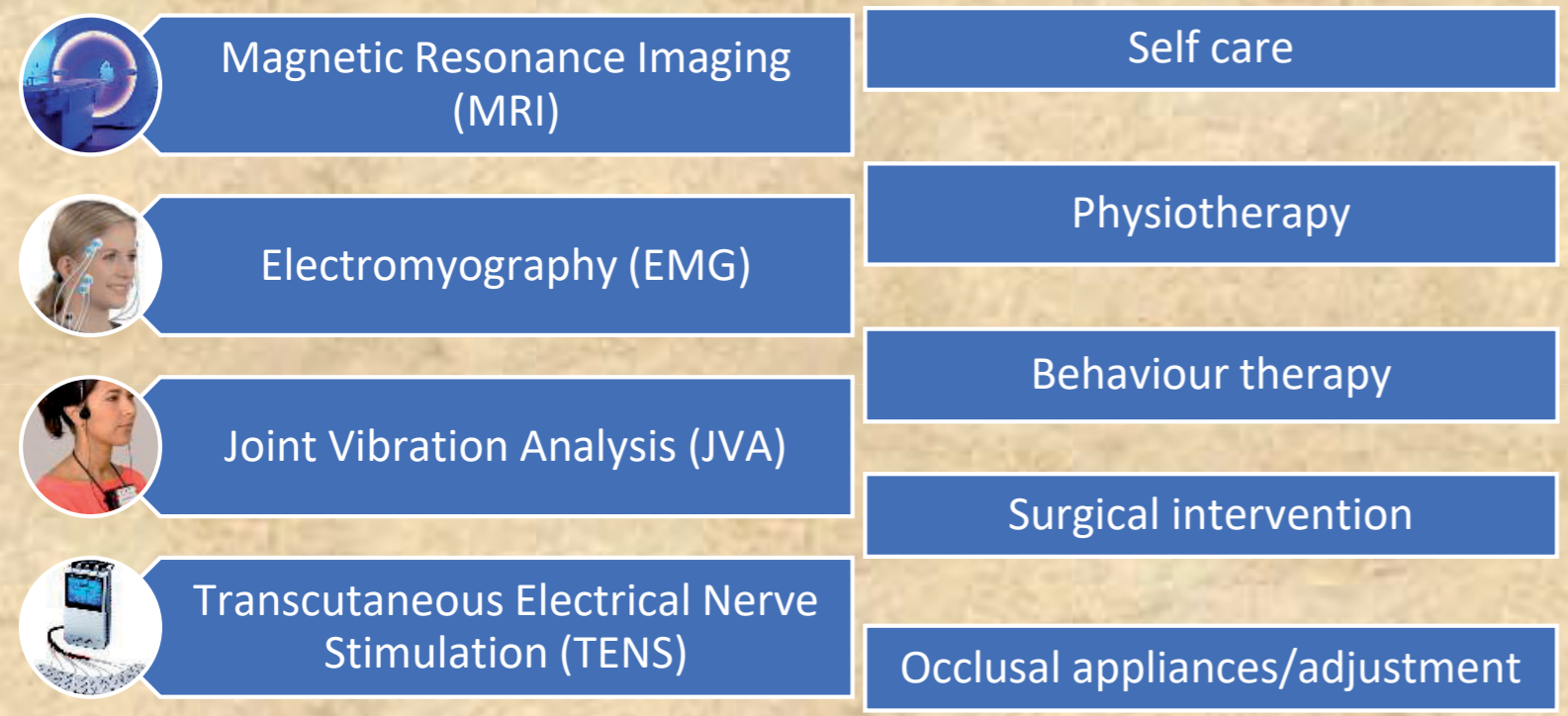
Search terms: Craniomandibular disorders/drug therapy/surgery AND Review AND Meta analysis AND Systematic Review

Inclusion criteria: 1. Open access articles in English language in PubMed & Cochrane Library
2. Be a Systematic Review 3. Focus on TMD management
Articles screened after applying inclusion criteria: 30 references

Abstracts excluded: 590 references

23 Systematic Reviews
7 Meta-analyses

Available Diagnostic and Treatment Tools



Conclusion

The spectrum of different interventions and outcome measures means the clinical implications should be cautiously considered. Hence consensus on the understanding of TMD, its diagnosis and treatment measures would yield more rigorous research. NMD is a good base on which the understanding and management of TMD continues to be developed.

References

1. Alajbeg I. Temporomandibular disorders – the role of neuromuscular dentistry. Rad 507. Medical ScieSrivastava B.Knces, 34(2010):33-41.
2. List T., Axelsson S. Management of TMD: evidence from systematic reviews and meta-analyses. Journal of Oral Rehabilitation 2010 37; 430–451

Results

Major outcome – Pain & clinical measures
Minor outcome – Psychological status & quality of life.
10 SR & 3 MA– occlusal appliance has similar effect to other therapies.
7 SR & 2 MA- pharmacological treatment, pain reduction for short duration.
4 SR & @ MA – surgical treatment is similar to arthroscopy, discectomy.
2 SR – Physical and behavioural treatment reduces the outcome and better when compared to no treatment.

Discussion

Good evidence – repositioning splint, occlusal appliance, devices – to manage pain.
Limited evidence – Surgical correction, electrophysical methods.
No evidence – occlusal adjustments.
Physical therapy, acupuncture, and behavioural therapy can be considered as conservative approaches.