Editorial Commentary

Guideline of primary treatment of temporomandibular disorders using GRADE approach

Preparation of the clinical guidelines of temporomandibular disorders was started through a project study by the Japanese Association for Dental Science (JJDS) in 2007. Four societies—Japanese Society for Temporomandibular Joint (Jpn Soc TMJ), Japanese Society of Oral Therapeutics and Pharmacology (JSOTP), Japan Prosthodontic Society (JPS), and Japanese Society for Oral and Maxillofacial Radiology (JSOMFR)—were in charge of the project study. Each society reported 4 guidelines in 2010 [1–5]. Thereafter, Jpn Soc TMJ, JSOTP, and JPS reported each guideline on the homepage of Japanese Association for Dental Science.

Jpn Soc TMJ continued reporting guidelines sequentially in response to clinical questions, and in this article, 3 guidelines for 3 clinical questions have been completed and reported. This paper presents guidelines for primary treatment of temporomandibular disorders (TMDs), and is acceptable as secondary publication. The purpose of the guidelines was to provide information about primary care for TMD patients, and the target audience includes general dental practitioners who diagnose TMDs on the basis of signs and symptoms alone, without using magnetic resonance imaging (MRI) studies. In addition, the guidelines suggest that general practitioners need to refer a patient to a TMD specialist if no symptom relief has been achieved with primary care within 2 weeks. These guidelines are meant to be used along with the C Handbook for Systematic Reviews of Interventions GRADE approach. The primary sources were electronic databases, including MED-LINE, the Cochrane Library, the Japan Medical Abstracts Society (ICHUSHI), and hand searching. The search results showed the following 3 recommendations [2].

Splint therapy: the use of a maxillary stabilization splint for patients with masticatory muscle pain. Informed consent should be obtained from the patients after informing them about the indications, purpose, possible harm, burden, and alternative treatments (Grade 2C: weak recommendation, low-quality evidence) [3]. Physical therapy: for TMD patients with difficulty in opening the mouth because of disk displacement. Optimal use of manually assisted and self mouth-opening exercises with/without NSAIDs administration is recommended after the patient is provided with sufficient information on the disease including disk position (Grade 2B: weak recommendation, moderate-quality evidence) [4]. Occlusal adjustment: for patients with TMD symptoms. The authors recommended against occlusal adjustment for primary treatment (Grade 1D: strong recommendation, very low-quality evidence).

The 3 recommendations were adequate, but a guideline for new clinical questions is warranted in the future.

References


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