



TMJA

The TMJ Association, Ltd.

Issue 4 - April 2016

DO Show! DO Tell!

There is nothing new about temporomandibular disorders (TMD), conditions of pain and dysfunction affecting the jaw joint and/or its associated muscles and tissues. Headaches, trigeminal neuralgia, and other orofacial pain (OFP) conditions have been around forever. What IS new is that over the past decade investigators have found that patients with more severe and chronic TMD are likely to experience other persistent pain conditions in other parts of the body, seemingly unrelated to problems in the jaw or face. Yet patients often do not mention these "overlapping" or "comorbid" pain conditions when they see a dentist or other health care provider about their TMD. This is unfortunate, because the additional information can guide treatment options, which include referrals that can result in better prognosis and management--not only to relieve the TMD problem but the other pain conditions, as well.

How often do these other pain conditions go unreported by orofacial pain (OFP) patients? To find out, James M. Hawkins, DDS, and colleagues at the Uniformed Services University of the Health Sciences, Bethesda, MD, studied 423 consecutive new patients (238 female, 185 male) being evaluated for OFP symptoms at the University OFP clinic. Before seeing a provider, the patients filled out a questionnaire concerning their medical, dental and mental health history. Included was a drawing of a full body map outlining 9 anatomical areas, front and back, and head to toe, in which they were to outline any and all areas where they were experiencing any pain. They next saw a provider who explained that information on anybody area (outside the orofacial area) where they were experiencing pain would help in analyzing their problem and how to resolve it. They were then asked if they wanted to add to their previously outlined map, using a differently colored tool. Finally, the provider went over their answers to the questionnaires and once more asked if they were experiencing pain in any area not previously marked. If so, the provider outlined the area in still a third color.

The results showed that 60.5 percent of patients (256 out of 423) did not indicate all their pain complaints in their first drawing, an additional 124 patients (29.3 percent) added to

their pain maps after the provider explained why this information was useful, and another 129 patients or 30.5 percent, reported additional areas of pain when the provider went over their questionnaires and asked again. In the end, over 90 percent of patients had pain in multiple regions, with 5 being the most common number of pain complaints (reported by 17 percent of patients). Over 77 percent reported at least one painful region below the shoulders. The researchers also noted the following data of interest:

- Women reported significantly more painful regions than men (4.5 versus 3.9).
- Women aged 50 to 59 reported the highest number of painful regions (5.09) while men under 30 reported the least (less than 3).
- Women had significantly more head pain (71.0 percent) than men (53.0 percent).
- Patients under 30 and over 60 reported fewer painful regions than other age groups.

The authors discussed the reasons patients underreport pain during doctor visits. Among them may be the patients' perception that there is no connection between their different pains. But they also may be fatigued or overwhelmed by all the information being sought, or they may be embarrassed if their other pain involves sexual areas. Because of the traditional separation of dentistry from medicine in education and training, a TMD patient may not be asked by a dentist about other body pains while a medical practitioner might not think to ask a patient about jaw problems. The separation of dentistry from medicine goes much deeper than the silos within medical specialties themselves. You can probably think of any number of other reasons as well. Given the time constraints of most medical visits these days the patient may not want to waste time talking about other conditions outside of the one for which they're seeking care. There is also fear that he or she might be considered a complainer or a wimp.

Nevertheless, pain in any body region may play an essential role in initiating or maintaining orofacial pain. This is especially true in areas of the head or neck innervated by the trigeminal nerve. For example, the authors cite a study that found that pre-existing headache and headache intensity were predictors of TMD onset. This was also true for pre-existing neck pain. Currently, a number of TMD investigators are using data on studies of TMD patients to determine if there are subgroups or clusters of patients who share selected risk factors and other clinical findings, including comorbid pain conditions. Providers could then use this information to develop more tailored treatments, with the prospect of more successful outcomes.

So here is the take-home message: Don't be afraid to speak up! Show where you have pain on a body map. Tell your primary care physician about any and all of your conditions. If you are a woman with vaginal pain, tell your gynecologist if you also have TMD; tell your dentist if you have irritable bowel syndrome or fibromyalgia. You will be helping yourself while at the same time you will be educating specialists. Medical specialists are focused on their disciplines and may be uneducated to the fact that chronic pain is no respecter of professional specialty -- pain in one area of the body can and does influence what's happening in remote parts.

We are grateful to Joan Wilentz, TMJA's Board member and freelance science writer, for providing this summary of the original article, Hawkins JM, Schmidt JE, Margital IA et al. *Multimodal Assessment of Body Pain in Orofacial Pain Patients*, *Pain Med* 2016; 0: 1-9. <http://www.ncbi.nlm.nih.gov/pubmed/26865657>

Meet Amy

While it is difficult to pinpoint, I can generally say that my journey with temporomandibular disorders (TMD) started after my pregnancy when I was 20. I was already dealing with chronic back pain and a few other "injuries" that seemed to never heal. I really began noticing jaw pain after I had my daughter. My good days consisted of eating a lot of pasta with well-cooked vegetables and no meat because the meat was too hard to chew. On bad days, I couldn't eat anything solid without pain and had a headache that debilitated me for the rest of the day. I would go days eating only broth, plain yogurt, and mashed potatoes. I have always been amazed at how tiring it is to be in pain constantly. Even if I wasn't hurting too much, I still had no energy. I remember feeling so bad that I often couldn't play with my toddler. The first five to six years of her life were like this. As a result my daughter, now eight years old, is quite independent.



About four years ago, I was involved in a minor motorcycle accident [while riding as a passenger,] and my right hip was displaced and required physical therapy. I completed the physical therapy but was still in a lot of pain. After my doctor saw the pain that I was still feeling, he told me that my hip looked good, my mobility was back, and I shouldn't be in very much pain anymore. That is what prompted him to start looking into fibromyalgia. I was soon diagnosed and prescribed Gabapentin (Neurontin). The medication gave my life back to me. I have been taking it for the last three years or so. This medication not only helped with the widespread body pain, but also with the TMD pain, though I still have some functional issues with my jaw locking.

My advice to anyone dealing with jaw pain, or any chronic pain, is to try to look at the positive side of life; keep trying to find a doctor who won't look down or dismiss you. After seeing a number of doctors, I found a wonderful primary care physician. Keep trying non-invasive things that you think may help. I wish I could say they will work, but they're worth trying. In the long run, they may lead you to finding things that help! Amy

Last month Amy responded to our Facebook page post in which we asked for a TMD patient who would be willing to be interviewed for a magazine article on Fibromyalgia. Thank you, Amy, for volunteering! The NIH MedlinePlus magazine has a very large audience and will generate a greater awareness about TMD. You can read Amy's

interview in the Spring 2016 issue of NIH MedlinePlus which is available at:
<https://www.nlm.nih.gov/medlineplus/magazine/issues/spring16/articles/spring16pg22-23.html>

Gut Check: Know Your Medicines

The American Gastroenterological Association ([AGA](#)) launched an innovative online challenge for consumers to test their over-the-counter (OTC) pain medicine knowledge in a fun and engaging way. Through a set of questions and mini-challenges, users must navigate their way through the [Gut Check Journey](#) to prove they know how to safely use the medicines inside their medicine cabinet and avoid potential gastrointestinal and other health problems.

The Gut Check Journey is part of AGA's national education campaign to provide information and tips on ways to safely use common pain medicines (prescription and OTC) and better understand the different types (NSAIDs and acetaminophen), in an effort to reduce the amount of preventable gastrointestinal and other health problems that thousands of people face every year.

In [January](#), AGA reported that many Americans who turn to OTC medicines for treatment of chronic pain are routinely ignoring medicine labels. An online survey of more than 1,000 U.S. adults aged 30 and over, conducted by Harris Poll on behalf of AGA in Sept.-Oct. 2015, found that 43 percent of chronic pain sufferers said they knowingly have taken more than the recommended dose, and nearly three in 10 (28 percent) have experienced complications due to OTC pain medicine overdose. The many causes of aches and pains -- headaches, fever, allergies, muscle and back aches, arthritis, and tendinitis, to name just a few -- may drive consumers to take multiple OTC pain medicines to treat their symptoms. To get safe relief, AGA recommends that consumers:

- Talk to their health care professional about all the medicines they are taking.
- Read and follow all medicine labels.
- Take only one product at a time containing the same kind of ingredient

Irritable Bowel Syndrome Awareness

Did you know non-gastrointestinal conditions that people with irritable bowel syndrome (IBS) often have include the following?

- Chronic fatigue syndrome
- Chronic pelvic pain
- **Temporomandibular joint disorders**
- Depression
- Anxiety

- Somatoform disorders

April is IBS Awareness Month and a good time to [learn more about this condition](#). IBS is a group of symptoms, including pain or discomfort in your abdomen and changes in your bowel movement patterns that occur together. Doctors call IBS a functional gastrointestinal (GI) disorder. Functional GI disorders happen when your GI tract behaves in an abnormal way without evidence of damage due to a disease.

Studies estimate that IBS affects 10 to 15 percent of U.S. adults. However, only 5 to 7 percent of U.S. adults have received a diagnosis of IBS. IBS affects about twice as many women as men and most often occurs in people younger than age 45.

People with IBS often suffer from other GI and non-GI conditions. GI conditions such as gastroesophageal reflux disease and dyspepsia are more common in people with IBS than the general population.

April 30th is National Prescription Drug Take-Back Day

Medicines that are no longer being used and have not been disposed of may pose grave and unnecessary dangers to families and the people visiting their homes. For example, in the last two decades, the Food and Drug Administration (FDA) has received more than 30 reports of accidental exposure to the powerful pain medication in fentanyl patches -- most of them in children under two years old. Tragically, 12 of these incidents required hospitalization and another 12 were deadly. Drug Take-Back programs are the preferred method for fentanyl patch disposal and frequent drug take back programs run by local communities are an effective way to prevent unnecessary deaths due to accidental medication exposure.

Another important effect of National Take Back-Day is that it helps to prevent medicines from entering the environment. We share the public's concerns regarding the potential environmental impact of disposing unused medicines in household trash, or by flushing. We are working with other agencies, including the U.S. Environmental Protection Agency (EPA), to better understand the human health and ecological risks from medicines in our water and have a shared overall goal of reducing medicine levels in our water.

So, if your prescription medications have expired, or you are no longer taking them, Drug Take Back-Day is a way to make sure they are disposed of properly. April 30 marks the eleventh nationwide opportunity since 2010 for Americans across the country to do what we're doing at FDA this week and get rid of all unused drugs in the home. It's simple and easy. Gather them up and take them to a [disposal site near you](#). The service is available from 10 a.m. to 2 p.m. It's free and anonymous, no questions asked. Past Drug Take-Back Days have been highly successful. Cumulatively, previous events have collected well over 5 million pounds of unwanted, unused, or expired drugs.

Safe disposal of medicine is a year-round activity. FDA's [Disposal of Unused Medicine](#) site offers valuable "do-it-yourself" safety information when there isn't a take-back site available.

NIH Funding Opportunities

Basic and Clinical Research

In an effort to promote greater understanding of TMD and to develop safe and effective evidence-based diagnostics and treatments, The TMJ Association promotes and encourages basic and clinical research on Temporomandibular Disorders. [We invite you to view a listing of the latest National Institutes of Health \(NIH\) funding opportunities for scientists interested in advancing TMJ research.](#)

The following is the newest NIH funding announcement:

Establishment of Resource Centers for Dental, Oral and Craniofacial Tissue Regeneration Consortium (U24) RFA-DE-17-001

The Purpose of this Funding Opportunity Announcement (FOA) is to provide support for establishing multidisciplinary Resource Centers (RCs) for Stage 2 of the Dental, Oral and Craniofacial Tissue Regeneration Consortium (DOCTRC). By integrating the clinical, scientific, industrial and regulatory expertise of the teams of investigators developed in Stage 1, the RCs will deliver technical support, research capacity, administrative infrastructure and regulatory expertise for the DOCTRC and will facilitate advancing promising strategies for regeneration and reconstruction of dental, oral and craniofacial (DOC) tissues to clinical trials.

This Consortium will develop safe, predictive and effective clinical strategies for regeneration and reconstruction of functional tissues of the human DOC complex, including vascularized and innervated craniofacial bone and musculoskeletal complex, periodontium, oral mucosa, tooth, cartilage, salivary gland and **temporomandibular joint (TMJ)**.

Letters of intent are due June 20, 2016.

Applications are due July 20, 2016.

Full details are at <http://grants.nih.gov/grants/guide/rfa-files/RFA-DE-17-001.html>

Meeting Announcement: NIH Pain Consortium Symposium

REGISTRATION IS NOW OPEN for the 2016 Annual NIH Pain Consortium Symposium to be held on May 31st and June 1st, 2016, NIH Campus, Natcher Auditorium, Bethesda, MD. The 2016 symposium, "Innovative Models and Methods," will highlight advances in pain research, including lessons learned in translational research and bridging the gap between models and the clinic.

The first keynote address will be delivered by David J. Clark, M.D., Ph.D., Stanford University, entitled "Challenges of Translational Pain Research: What Makes a Good Model?"

The second keynote address will be delivered by Rob Gereau, Ph.D., Washington University, entitled "New Technologies in Translational Pain Research"

A poster session will include a broad selection of current pain research findings presented by junior investigators. Please note the poster session is by invitation only. Members of the extramural scientific community, the NIH scientific community, health care providers, and the public are invited to attend. The event is free and open to the public.

To view the agenda and register, visit the registration site:

<https://www.regonline.com/11thannualnihpainconsortiumsymposiumonadvancesinpa>

TMD Nutritional Guide

TMD Nutrition and You

TMD Nutrition and You, was specifically developed to help those with compromised oral function maintain a diet of good nutrition despite their oral disability, and also provides guidance on making dental appointments as comfortable as possible. [Click here to download a free copy of our booklet.](#)

Research E-Newsletter

Cutting Edge - COPCs Research Advances

Cutting Edge - COPCs Research Advances, is a new electronic newsletter published by the Chronic Pain Research Alliance, an initiative of The TMJ Association. Developed to keep the medical-scientific community abreast of recent research advances, this publication contains abstracts of recently published studies on the epidemiology, pathophysiology and clinical management of Chronic Overlapping Pain Conditions. These conditions include **temporomandibular disorders**, chronic low back pain, chronic migraine and tension-type headache, endometriosis, myalgic encephalomyelitis/chronic fatigue syndrome, fibromyalgia, vulvodynia, irritable bowel syndrome and interstitial cystitis/painful bladder syndrome.



CUTTING EDGE a publication of **CHRONIC PAIN Research Alliance**
COPCs Research Advances

The January and March issues are now available for your review at:

http://www.cpralliance.org/New_Findings. If you would like to receive future issues of *COPCs Research Advances*, [click here to register](#).

Educational Brochure on TMD

A Resource Guide for Temporomandibular Disorders

This brochure is a straightforward, easy-to-read booklet that guides patients in how to make health care decisions. It is available [by mail](#) or as a [PDF on our website](#) and we encourage you to share it with your friends, health care professionals and family members.

Dental Care Guide

Temporomandibular Disorders, Dental Care and You

The TMJ Association developed this guide to provide you with oral hygiene self-care tips that you can do at home, as well as suggestions for future dental appointments. Routine maintenance of your teeth and gums should reduce the risk of dental disease and the need for invasive dental treatments. [Click here to view on our website.](#)

Support the TMJA When You Shop Smile.Amazon.com.

Mother's Day is Sunday, May 8th!

An advertisement for Amazon Smile. On the left, there are pink and red watercolor-style flowers. In the center, the text reads "Make Mom Smile" in a large, black, sans-serif font. Below this, it says "Buy your Mother's Day gifts at smile.amazon.com and Amazon donates." The Amazon Smile logo is positioned below the text. On the right side, there are three items: a gold chain necklace with a heart-shaped pendant that says "mom", a small clear glass perfume bottle, and a teal-colored tote bag with a matching strap and handle.

Do You Clip Coupons?

Visit Our New Corporate Sponsor, [Coupons.com](https://www.coupons.com)

[Coupons.Com](https://www.coupons.com)

Support The TMJ Association by using Coupons.com's 1-800-Flowers coupons, Barnes & Noble coupons, Target coupons or any of the

thousands of coupon codes available for your favorite online retailers.

Support Our Work

The TMJ Association (TMJA) is the only patient advocacy organization fighting for the best science that will lead to a greater understanding of Temporomandibular and related disorders, as well as safe and effective treatments. We cannot change the face of TMJ without YOU.

[Click HERE to make a tax-deductible online contribution today!](#)

"My daughter lost some of her childhood to TMD. She went undiagnosed for so long. The doctors judged her and us. It seems that most doctors don't understand how debilitating this syndrome can be. They need to be educated. This contribution is in honor of our little girl who had no voice" - Michelle, New York

"The TMJA is a great organization. I am impressed by your objectivity and transparency. Thank you for your hard work." - Lisa, Pennsylvania



About The TMJ Association

Changing the Face of TMJ

The TMJ Association, Ltd. is a nonprofit, patient advocacy organization whose mission is to improve the quality of health care and lives of everyone affected by Temporomandibular Disorders (TMD). For over 25 years we have shared reliable information on TMD with people like you. We invite you to visit our website, www.tmj.org.

- If you're not currently receiving *TMJ News Bites* and would like to [be on our mailing list, sign up here.](#)
- [Past issues of *TMJ News Bites*](#) are also available on our website.

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