

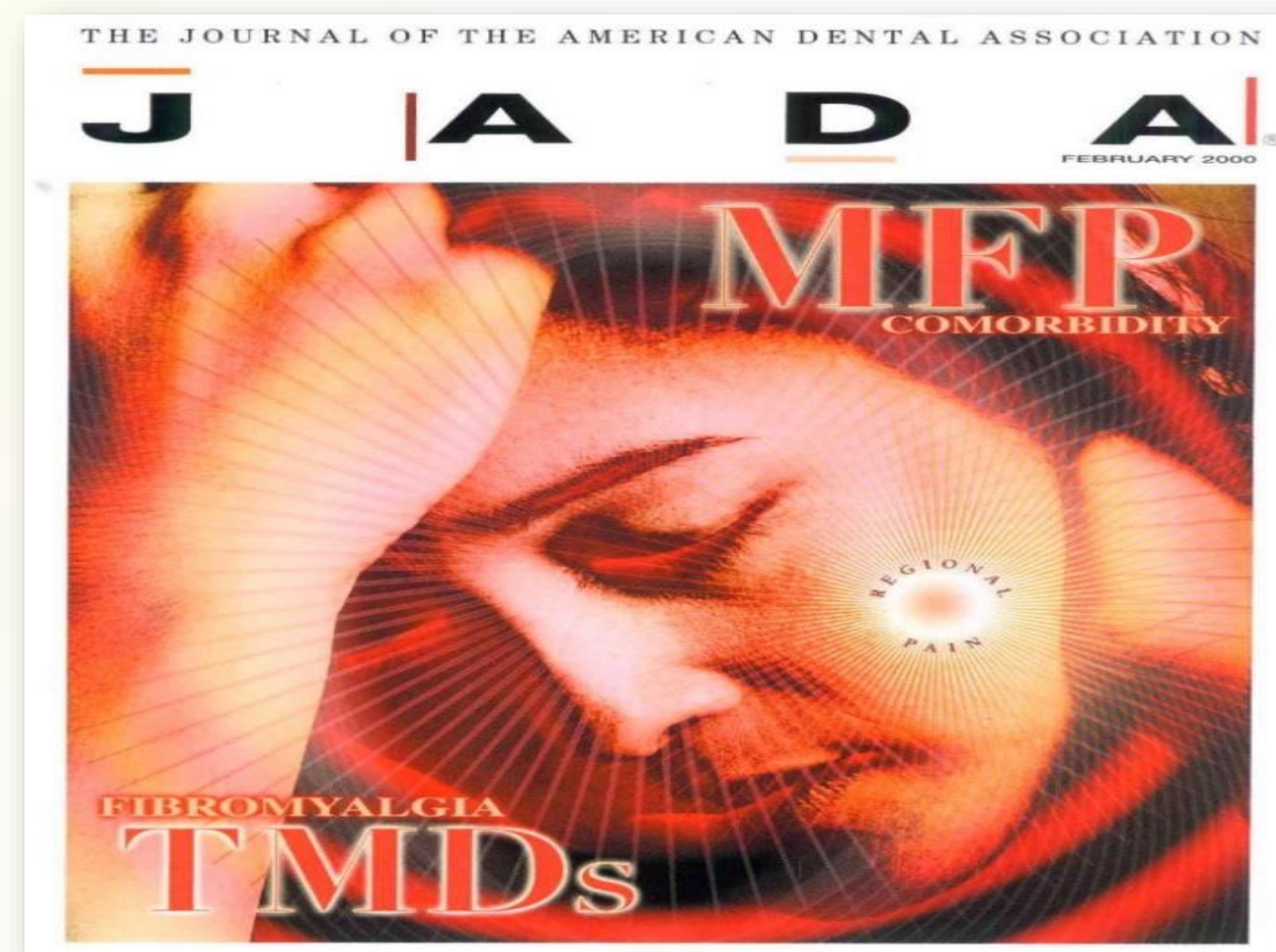
*Sabsoob O.,^{1,2} Gornitsky M.,^{1,2} Elsaraj S.,^{1,2} Der Khatchadourian Z.,¹ Hovey R.,² Velly A.M.^{1,2}
¹ Faculty of Dentistry, McGill University, ² Department of Dentistry, Jewish General Hospital



Introduction

Temporomandibular Disorders (TMD) are a type of orofacial pain which affect the muscles of mastication and/or the temporomandibular joint.¹ Painful TMD is estimated to ensue in 5-19% of the general population. It is considered as the second most commonly occurring musculoskeletal disorder after chronic low-back pain.²

Figure 1. Temporomandibular Disorders (TMD)



Aims

This study is designed to assess the association between putative risk factors and:

- 1) Clinically significant pain (GCPS II-IV).
- 2) Chronic pain (pain \geq 6 months).

Methods

Recruitment sites

Two different locations: JGH, dental clinic and McGill University, faculty of dentistry

Eligible subjects

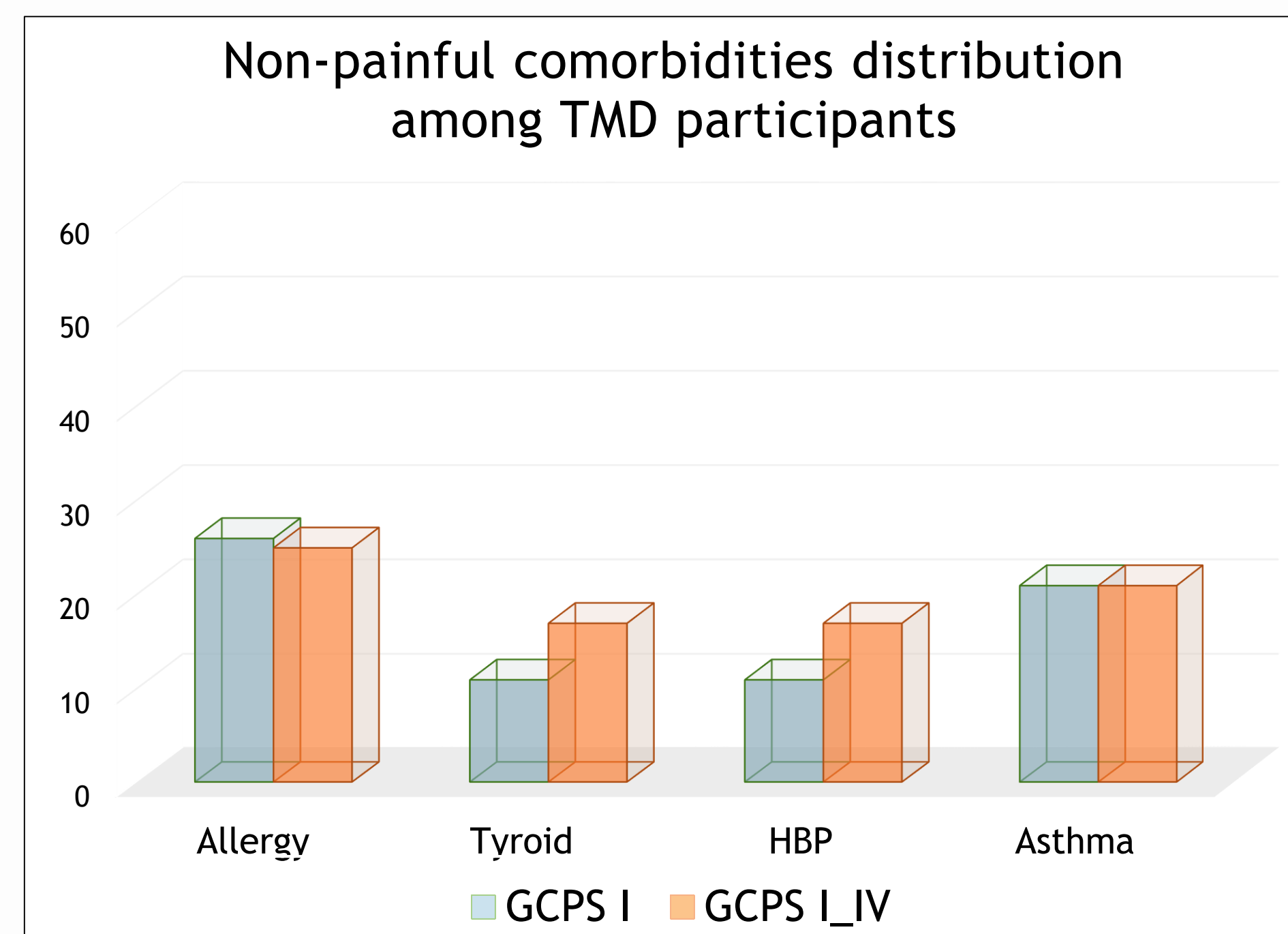
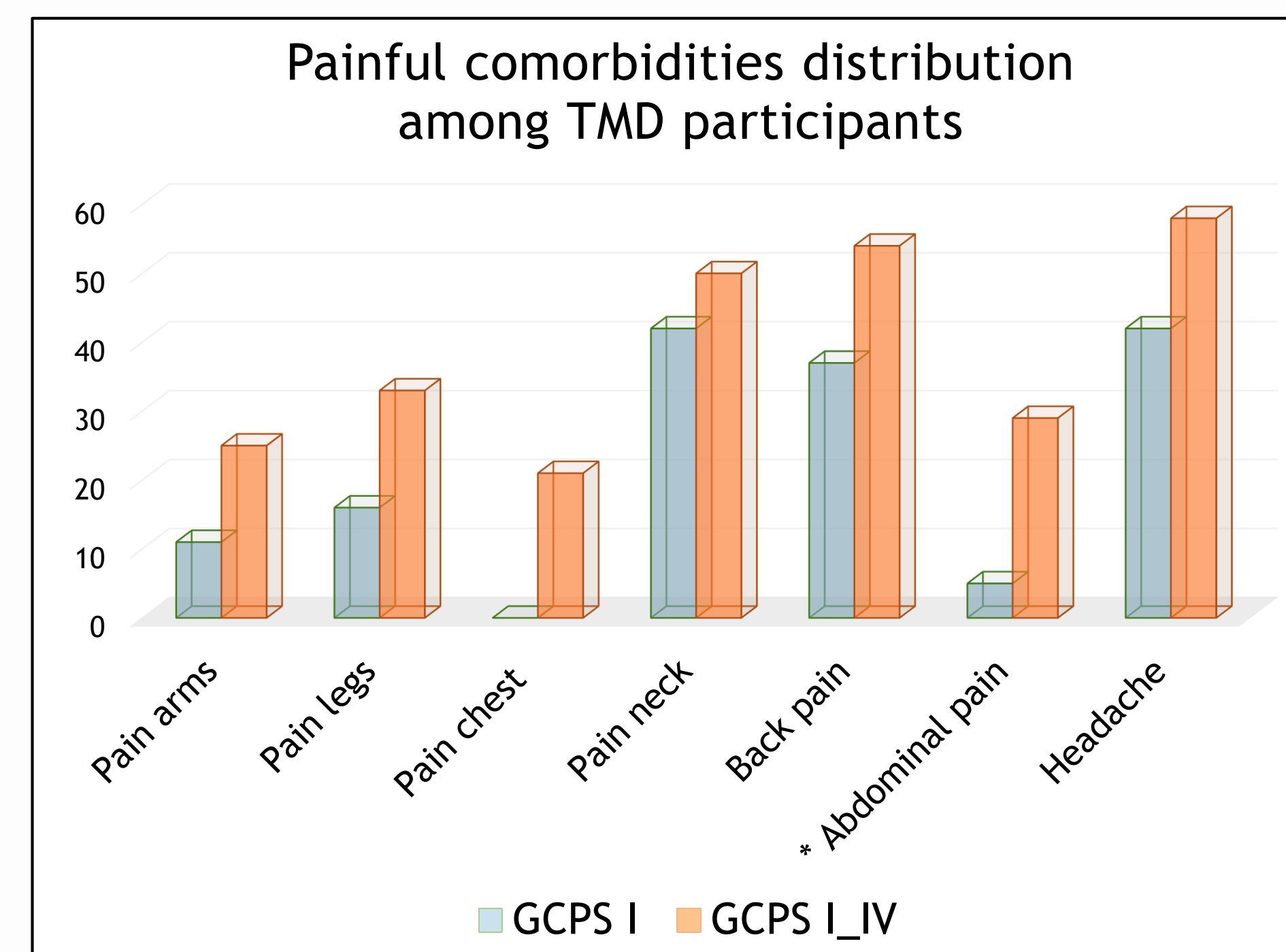
- TMD-related pain
- Patients between 18 and 70 years old

Baseline interview

- RA or student will make 1st interview (10-20 minutes)
- Saliva collection (\pm 5 ml)

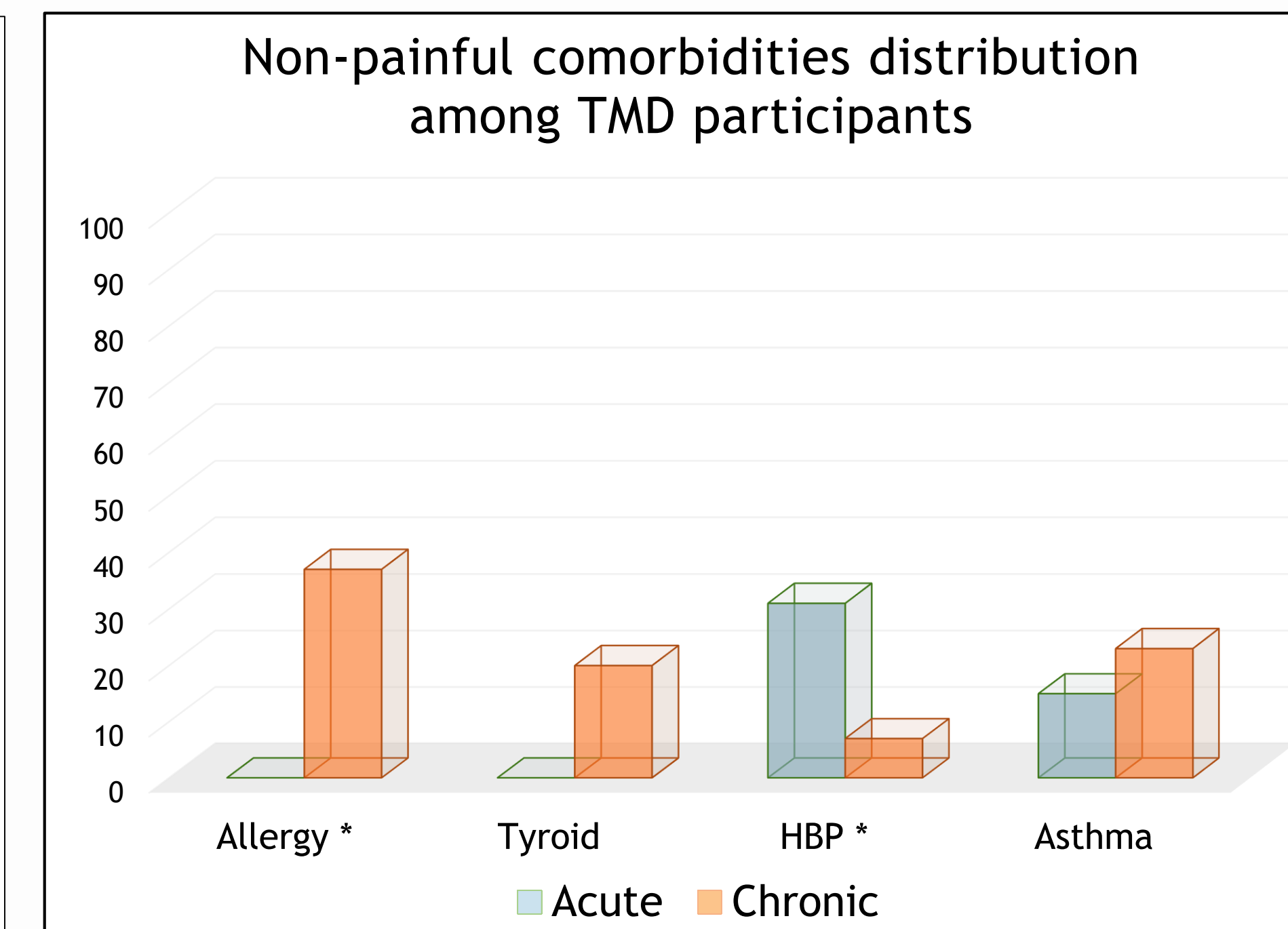
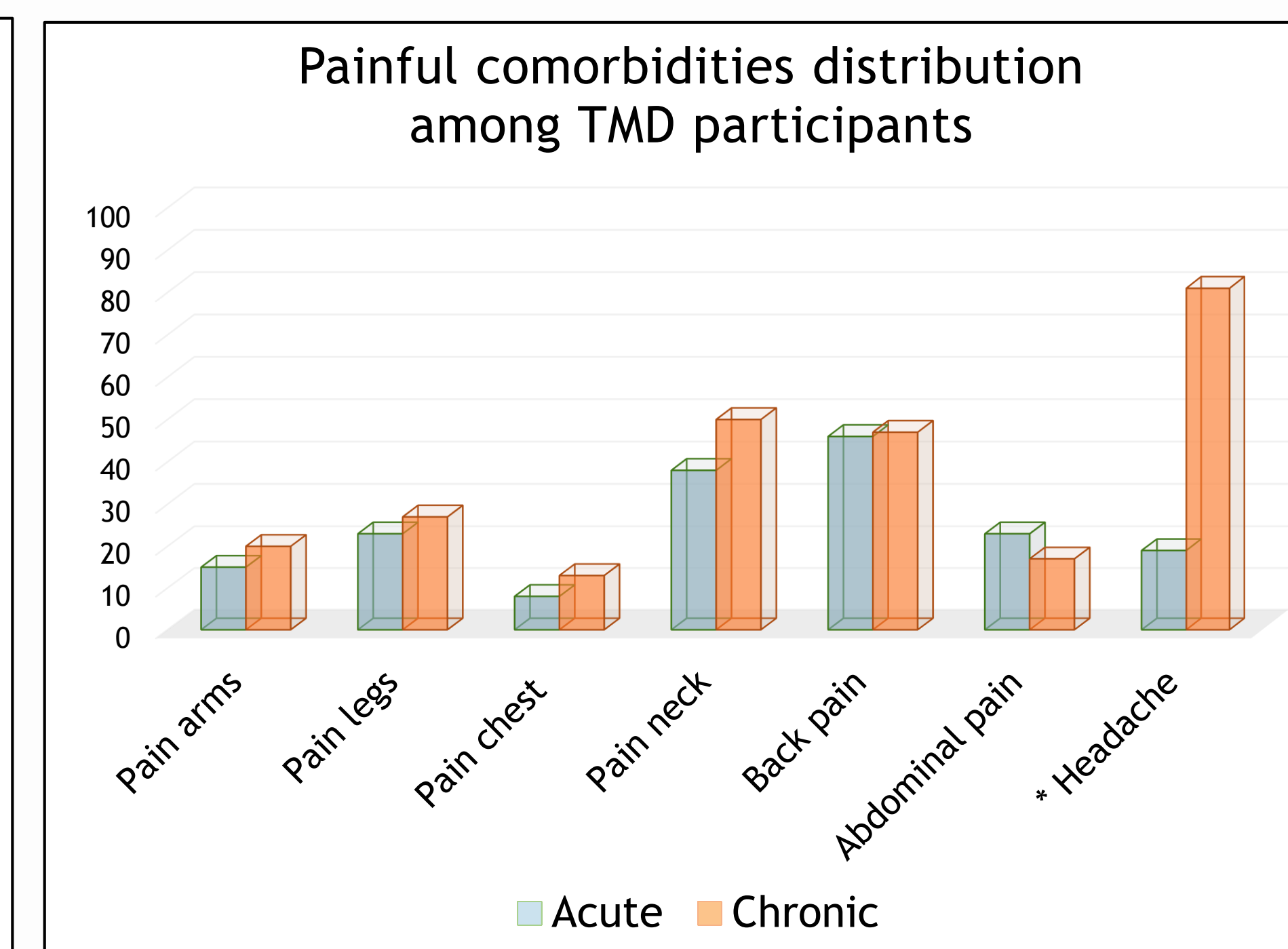
Results GCPS I vs GCPS II-IV

- 19 Non-clinically significant pain (GCPS I) – 47% females
- 24 Clinically significant pain (GCPS II-IV) – 53% females



Results Acute vs Chronic

- 13 acute TMD - 24% females
- 30 chronic TMD pain - 76% females



Results

Table 1. Logistic regression analysis assessing the association between comorbidities and TMD

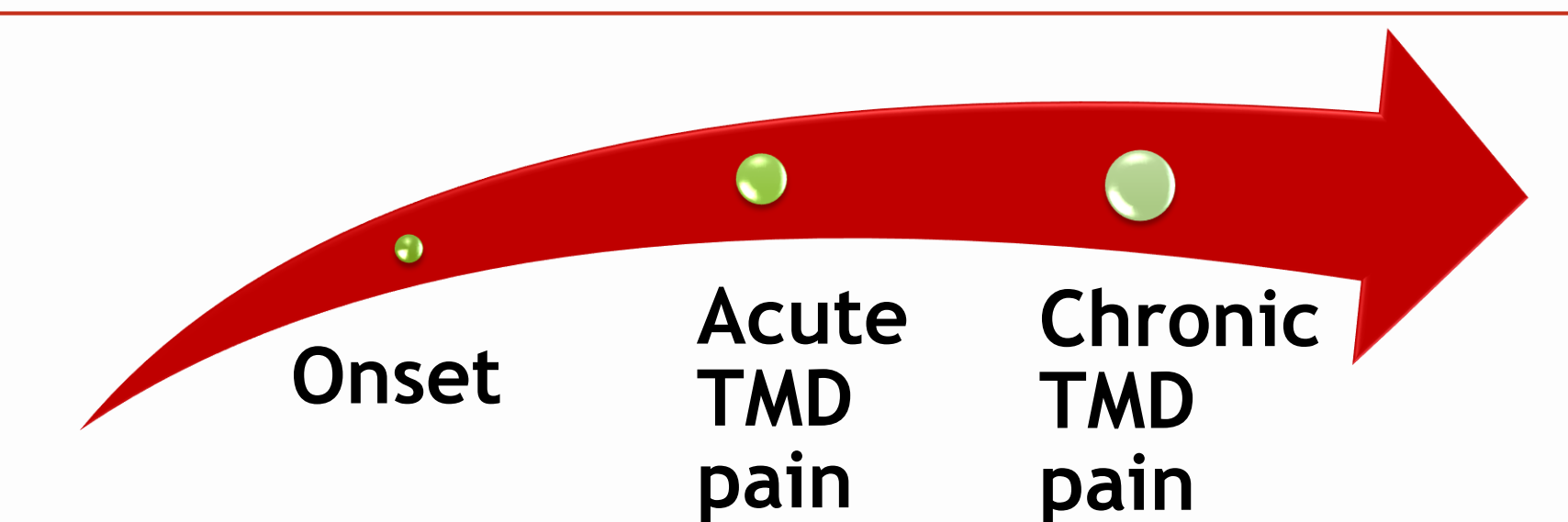
Comorbidities	Clinically and non-clinically significant pain (21 GCPS I and 37 GCPS II-IV)	Acute (n= 13) and chronic (n= 30) TMD pain
	Odds ratio (95% confidence intervals)	Odds ratio (95% confidence intervals)
Comorbidities	1.3 (0.96-1.7)	1.4 (0.95-2.0)
Age*	Not included	0.94 (0.88-0.99)*
Gender	Not included	4.7 (0.77-28.37)
Headache*	Not included	4.1 (0.81-20.4)*
HBP*	Not included	9.3 (1.1 – 75.4)*

Note: * P < 0.05

Conclusion

- Age was **significantly** different in patients with acute and chronic TMD pain
- Pain intensity was **significantly** different in patients with TMD pain
- Headache, high blood pressure and allergy were **significantly** different in patients with acute and chronic TMD pain
- Abdominal pain was **clinically significant** in patients with TMD pain

Future direction



References

1. Cairns BE. Pathophysiology of TMD pain-basic mechanisms and their implications for pharmacotherapy. *J Oral Rehabil* 2010; 37(6): 391-410.
2. National Institute of Dental and Craniofacial Research. Facial Pain. 2014

Comorbidities	GCPS I	GCPS II-IV
	Mean (SD)	Mean (SD)
Pain intensity*	34.6 (6.9)	65 (12.8)
Number Comorbidities*	2.1 (1.7)	3.3 (2.7)
Age	41.4 (18.6)	48.1 (13.6)

Note: * P < 0.05

Comorbidities	Acute	Chronic
	Mean (SD)	Mean (SD)
Pain intensity*	55.6 (20.2)	49.8 (17.9)
Number Comorbidities*	2.3 (2.1)	2.9 (2.5)
Age*	53.7 (16.7)	41.5 (14.7)

Note: * P < 0.05