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Does successful TMD-treatment improve concurrent headache complaints in TMD patients? *Preliminary results of a prospective cohort study.*

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Introduction

Temporomandibular disorders (TMD) and headache are co-morbid disorders.

It is unknown if a successful TMD-treatment will lead to an improvement of the headache.

The **aim** of this study is to establish the association between change in orofacial pain (OFP) and change in headache in patients with TMD-pain after TMD-treatment.

Methods

Inclusion:
Patients with TMD-pain and headache

Baseline → **Multi-disciplinary usual care:** Physical therapy, splint, counseling, psychology → *Follow-up 12 weeks*

Outcomes (collected by email)
Graded Chronic Pain Scale(GCPS)
- Chronic Pain Intensity (CPI)
- Disability Score

Statistics
- Change scores between baseline and 12 weeks
- Spearman's rho correlation

Results

50 participants included: 40 women and 10 men. The mean age was 40.5 (SD 14.4). Myalgia was present in 28 people, arthralgia in 19.

	CPI	Disability
Self-reported headache (n=50)	0.585***	0.588***
Migraine (n=17)	0.661**	0.758***
Tension-Type headache (n=15)	0.398	0.326
Secondary headache attributed to TMD (n=14)	0.636*	0.569*

Table 1 – correlation coefficients of the association between the change in OFP scores and change in headache scores.
*p<0.05; **p<0.01; ***p<0.001.

TAKE HOME MESSAGE

- Successful TMD-treatment reduces concurrent headache complaints in patients with TMD-pain.
- Strongest association between changes found for patients with migraine.
- Patients with secondary headache attributed to TMD as well as patients with migraine benefit from a multidisciplinary TMD-treatment.

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