The effect of musculoskeletal TMD-treatment for temporomandibular disorders on headache

title: a systematic review

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Introduction

Headaches and temporomandibular disorders (TMD) are comorbid disorders within the biopsychosocial model. Headache and TMD have shared prognostic factors such as gender, psychosocial factors and bruxism.

Will a musculoskeletal TMD-treatment decrease the headache?

Methods

AIM
To systematically evaluate the literature on the effectiveness of musculoskeletal TMD-treatment on concomitant headache.

TMD-treatment

<table>
<thead>
<tr>
<th>Biological</th>
<th>Psychosocial</th>
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<tbody>
<tr>
<td>Mechanical problems from the joints and / or muscles.</td>
<td>Psychosocial factors like stress and depression that are associated with perseverance of complaints.</td>
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<tr>
<td>Manual therapy jaw / cervical spine; massage therapy; stretching; excersise.</td>
<td>Counseling, education, stress management.</td>
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</tbody>
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Results

Biological focused (n=2)\(^{5,6}\)
- Between-group effect size: 0.19
- High risk of bias
- Very low level of evidence for no effect

Psychosocial focused (n=3)\(^{2-4}\)
- Between group effect size: 0.61
- High risk of bias
- Very low level of evidence for a medium effect

Overall TMD-treatment (n=5)\(^{2-6}\)
- Between-group effect size: 0.32
- High risk of bias, high inconsistency
- Very low level of evidence for no effect

References (bold references included in synthesis):

Funding:

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TAKING HOME MESSAGE

✓ There is currently a very low level of evidence that counseling has a medium effect on headache complaints in patients with TMD.
✓ Future research should describe the efficiency of combined interventions within the biopsychosocial model and the underlying construct.