

“EATING IS MY WORST NIGHTMARE”: THE EPIDEMIOLOGICAL INVESTIGATION OF ORAL STAGE DYSPHAGIA IN ADULT PATIENTS WITH TEMPOROMANDIBULAR DISORDERS

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Background:

Temporomandibular disorders (TMDs) are highly prevalent conditions and can cause pain/dysfunction, restricted movement, and fatigue of the temporomandibular joint. TMDs can impair eating, drinking, and swallowing resulting in oral stage dysphagia (OD). However, the epidemiology of TMD-related OD is under-explored, and management is uncertain, with no specific clinical guidelines. This may impact on clinical outcomes, the patient's experience of care, and their journey to recovery.

Research Aims:

Research aims:

1. To determine the epidemiology and management of TMD-related OD;
2. To direct future practice and research in this field.

Methods:

A cross-sectional design was used to study the epidemiology and management of TMD-related OD. Consecutive adults with TMDs who presented to 2 national specialist oral and maxillofacial surgery centres over a 6 month period in 2016 were included. Individuals were excluded if they had comorbid conditions affecting the orofacial, mandibular, or head and neck area (e.g.: cancer/trauma). Assessment was conducted using a newly developed subjective questionnaire which collected binary information regarding the presence/absence of a range of TMD-related OD signs and symptoms and intervention techniques used to ameliorate TMD-related OD. Participants also had the opportunity to provide further data regarding additional signs/symptoms and interventions not listed, or qualitative comments regarding the experience of living with this condition, if they so wished. Descriptive and statistical analysis was conducted.

Results:

178 participants were recruited, with 99% (n=176) reporting at least one sign or symptom of TMD-related OD (Figure 1). Frequently experienced OD symptoms included painful mastication (89.88%), difficulty chewing (89.32%), and masticatory fatigue (78.08%). A broad range of additional psychosocial symptoms of TMD-related OD were also reported, including: avoidance of eating (85.39%), social (94.8%) and occupational roles (26.4%), and relationship issues (30.69%). TMD-related OD interventions included: diet modifications (81.46%), analgesia (78.65%), and oral splints (74.08%) (Figure 2). Additional qualitative comments provided further insight into the distressing experience of living with TMD-related OD (eg: “eating is my worst nightmare” and “I dread mealtimes- I can't eat anything”).

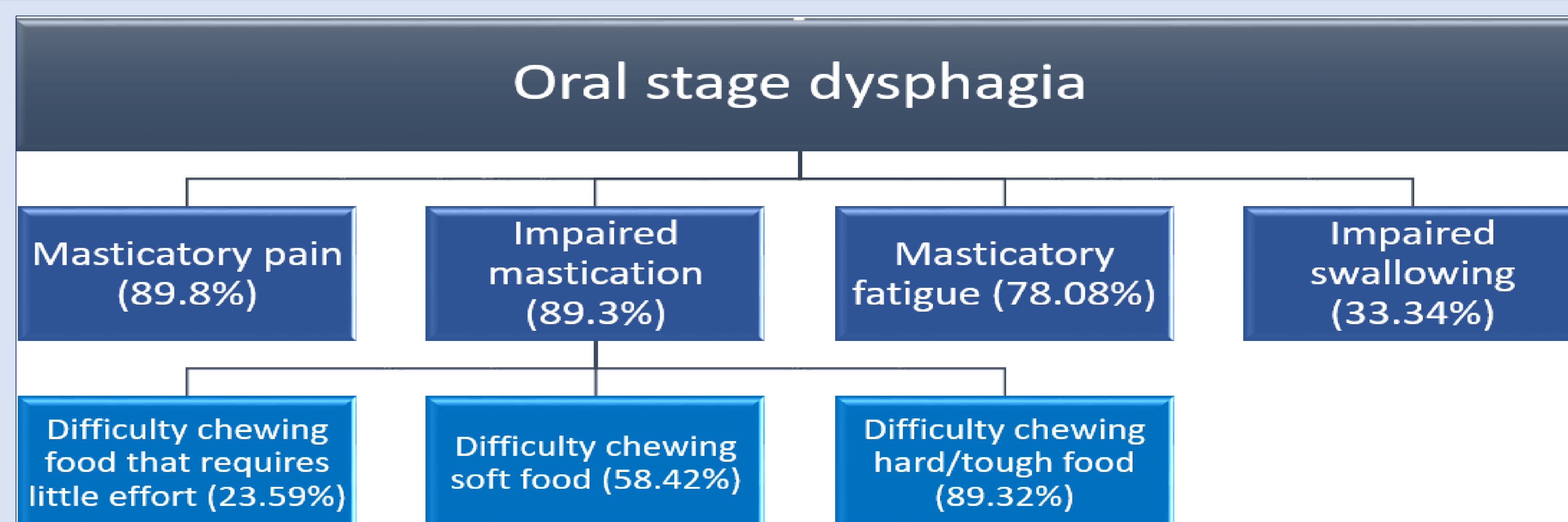


Figure 1: Prevalence of investigated signs and symptoms

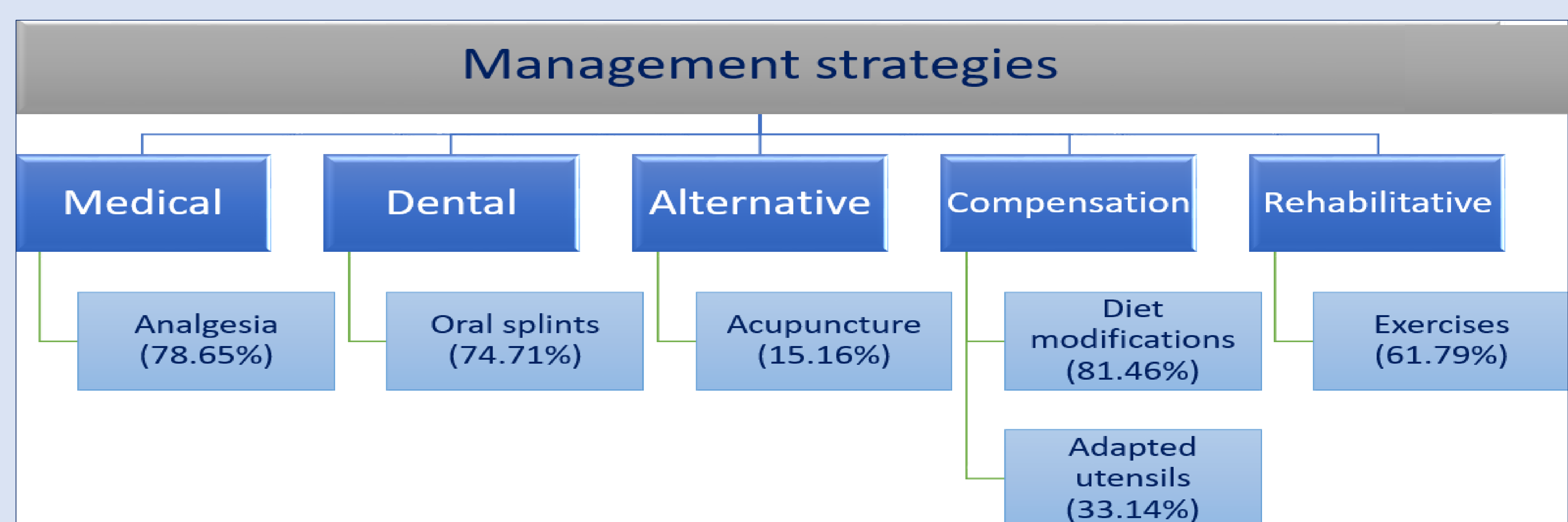


Figure 2: Intervention techniques used

Discussion and Conclusions:

TMD-related OD was highly prevalent in this cohort which may represent the typical profile of patients attending oral and maxillofacial surgery clinics. This condition has the potential to impact on both functioning and well-being. However, a limited amount of epidemiological research has been conducted on this issue, and there is a lack of clinical resources and guidelines. Therefore, patients may be under-identified, with potential effects on recovery. This study has provided preliminary data on the epidemiology and management of TMD-related OD, with the new questionnaire tool which was used providing potential avenues for future developments in practice.



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