

Management of Temporomandibular Disorders – GP Advice Surgical Threshold Policy

This policy covers

The management of patients with temporomandibular disorders (TMD).

The policy does not apply in the circumstances below:

- To the management of patients with acute jaw injury, septic arthritis, rheumatoid arthritis, recurrent dislocation of the temporomandibular joint (TMJ), (for example in patients with associated syndromes such as Ehlers-Danlos) or suspected malignancy. Referral to rheumatology should only be considered if there is clinical suspicion that the TMD is secondary to an underlying inflammatory arthritis.

Referring and treating clinicians should ensure compliance with this policy.

Referral proforma MUST be attached to the patient notes as evidence of compliance.

For patients who meet the policy criteria for referral, the dental practitioner will make the referral to secondary care services as per the NHS England pathway - NHS England are the responsible commissioner for Temporomandibular Disorder interventions.

For patients who do not meet the criteria: application to the NHS England Individual Funding Request Panel can be made for patients who are considered exceptional to the criteria. Link to NHS England funding requests information [web page](#).

CCG criteria for referral to Secondary Care

Secondary care referral may be considered if the following criteria are met:

Referrals are made by a dental practitioner; **AND**

TM dysfunction has failed to respond to conservative management (see below) tried for at least 6 months; **AND** there is:

- limitation or progressive difficulty in mouth opening; **OR**
- persistent inability to manage a normal diet; **OR**
- persistent pain or discomfort.

Botulinum toxin injections for TMD require CCG Exceptional Cases Panel approval – CCG funding request form [here](#).

Conservative management:

Patients with pain and/or dysfunction due to temporomandibular joint disorders should be treated conservatively^{1,2}. Patients may be signposted to: <https://patient.info/health/temporomandibular-joint-disorders>

GPs: GP consultation should include reassurance and advice on resting the jaw (avoiding yawning and clenching or grinding teeth and having a soft diet), anti-inflammatory painkillers, local heat and massage. Antidepressants may be effective for the treatment of TMD due to their muscle relaxing and pain-relieving effects.

Dentists: Patients should be referred to a dental practitioner for any further advice and, where necessary, the provision of bite raising appliances, replacement of missing teeth or replacement of worn-out dentures

Smoking

Advise people who smoke to attempt to stop smoking and refer to stop-smoking services – [see stop smoking policy](#)

Evidence and references to support this policy are available in [Part 2](#) of this policy.

Policy effective from	Reviewed policy ratified by CCG Governing Body 2 March 2021 Reviewed policy approved by IPAC 22 December 2020 reviewed policy approved by CPF 9 November 2020 March 2021
Policy to be reviewed:	Static status
Reference:	<i>onedrive\CPF Pols & Working Area\Surgical Threshold pols\CCG Policies\Temporomandibular Disorder\Agreed\ TMD MANAGEMENT MARCH 2021 V2 – CRITERIA PART 1 – NHS Eng IFR edit 6Jan22</i>