

Other journals in brief

A selection of abstracts of clinically relevant papers from other journals.

The abstracts on this page have been chosen and edited by John R. Radford.

COSTEN'S SYNDROME

Temporomandibular disorders, otologic symptoms and depression levels in tinnitus patients

Hilgenberg PB, Saldanha ADD *et al.* *J Oral Rehabil* 2012; **39**: 239–244

The investigators report an association between tinnitus and TMD. Temporomandibular disorders and otologic symptoms were quantified in 100 subjects with tinnitus and 100 control subjects without tinnitus. The investigators concede that 84% of the subjects in the tinnitus group were women. It is assumed that women were easier to recruit as a higher proportion of females suffer from tinnitus. Those with tinnitus had significantly more TMD, pain and were categorised as 'more depressed' (measured using Symptom Check List-90, which strictly measures psychological distress). As a consequence of sampling bias for which there was no correction, it can only be concluded from this study that the association between tinnitus and TMD applies to women. The investigators suggest the 'annoyance caused by tinnitus overwrites the TMD'. In addition, other authors are cited who suggest that TMD could be a 'factor for the development of tinnitus'.

DOI: 10.1038/sj.bdj.2012.638

ABFRACTION

Clinical evaluation of the association of noncarious cervical lesions, parafunctional habits, and TMD diagnosis

Brandini DA, Pedrini D *et al.* *Quintessence Int* 2012; **43**: 255–262

The cause of noncarious cervical lesions was not established in this study although the authors conclude that 'parafunctional habits and TMD presence should be taken into account in the diagnosis and treatment plan of noncarious cervical lesions'.

The 'research hypothesis stated that greater noncarious cervical lesion prevalence was expected in patients with parafunctional habits and TMD' and that is exactly what was found. A convenience (grab) sample of 132 subjects was recruited from which only 30 were men. When compared with a control group, associations were found in those with noncarious cervical lesions and TMD (measured using both RDC/TMD and another index) and parafunctional habits (identified using a self-reported questionnaire). Explanations were not entirely satisfactory as to why tooth clenching and nail biting were associated with non-carious cervical tooth loss yet there was no relationship with bruxism.

DOI: 10.1038/sj.bdj.2012.639

MOUTH SPLINTS

Long-term effectiveness of a prefabricated oral appliance for myofascial pain

Doepel M, Nilner M *et al.* *J Oral Rehabil* 2012; **39**: 252–260

Similar favourable outcomes whether they were provided with a 'prefabricated appliance' (Relax) or a 'stabilisation appliance'.

This RCT compared the therapeutic effects of a 'prefabricated appliance' and a 'stabilisation appliance'/splint for 65 patients with myofascial pain. The 'prefabricated appliance' has been referred to in an earlier paper by some of the same authors of this paper, as Relax (Unident AB, Falkenberg). This appliance extends from canine to canine only, has a silicone fit surface and has some design characteristics shared with NTI-tss dental device. This study met the seven criteria laid down by RTI International–University of North Carolina at Chapel Hill, Evidence-based Practice Center, apart from failing to recruit subjects from 'populations in primary care'. Measurements for pain and function were recorded at baseline and then 6 and 12 months after provision of the oral appliances. The 'prefabricated appliance' and 'stabilisation appliance' had similar favourable outcomes.

DOI: 10.1038/sj.bdj.2012.640

CLOSED LOCK – WATCHFUL WAITING

Randomized controlled trial on physical therapy for TMJ closed lock

Craane B, Dijkstra PU *et al.* *J Dent Res* 2012; **91**: 364–369

As TMJ closed lock is self-limiting, a conservative strategy should be used.

All patients in this study satisfied RDC-TMD criteria for anterior disc displacement without reduction (closed lock). Diagnosis was based on history and clinical examination. When in doubt, diagnosis was confirmed using MRI. Forty-nine patients were randomly assigned to either a physical therapy group or control group. It took six years to recruit the patients because of the stringent inclusion criteria. In the physical therapy group, 1) exercises and massage were performed, and 2) strategies to minimise parafunction habits were reinforced. Both these activities were carried out over nine sessions. Pain and function were measured at baseline and at 3, 6, 12, 26, and 52 weeks. In both test and control groups, all pain variables significantly decreased and all masticatory functions improved. Intensive physical therapy had no additional beneficial outcomes.

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