Attending with signs & symptoms suspicious of TMD

Step 1
3Q/TMD screen, CPI, PHQ-4, examine, exclude red flags

Red flag urgent referral

Two week rule criteria applied as normal

Other urgent referral criteria:
Age<25 decreased MO<25mm
Any age with severe restriction on maintaining nutrition
PHQ-4 total score ≥9

Step 2
Diagnose, explain & reassure**

Adjunctive referral to GP:
OSA, headache or ear findings

Materials for SSM

Step 3
Irrespective of subtype begin SSM for 6-8wks.
Consider if adjuncts required for acute problems

Step 4
Review at 6-8wks comparing repeated CPI to step 1

CPI decreased <10% *

CPI decreased 10-30% *

Step 5
Continue SSM & consider and discuss an adjunct:
M-TMD - splint, acupuncture, or physiotherapy

A-TMD - acupuncture, physiotherapy, topical NSAIDs

All - self referral to GP or local NHS talking therapies** for anxiety and depression if PHQ4≥6<9 (QR code below)

Review 6-8wks with CPI

CPI decreased >30% *

Maintenance.
Continue SSM and review as required or at 6-12month check-up appt

Refer to secondary care

Refer if CPI unchanged/ decreased by <10% or continuing problems

Maintenance if CPI decreased >10% & pt satisfied

Secondary care:
Repeat/confirm steps 1-3 & 5 and institute any untrialled adjuncts from step 5

Step 6
Consider adjunctive treatment through *shared decision making* with patient

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M-TMD:
1st Line: Amitriptyline
2nd line: Gabapentin OR Duloxetine

A-TMD: consideration of surgical intervention

Atypical features or substantial complexity M-TMD***
Consider if may benefit from opinion from national MDT