NHS England Getting It Right First Time (GIRFT) and Royal College of Surgeons’ Faculty of Dental Surgery: Evidence based care pathway for the management of Management of painful Temporomandibular disorder in adults.

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

**Step 2** Diagnose, explain & reassure**

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

**Step 4** Review at 6-weeks comparing repeated CPI to step 1

- **CPI decreased <10%**
  - Refer to secondary care

- **CPI decreased 10-35%**
  - Refer if CPI unchanged/ decreased by <10% or continuing problems
  - Review 6-weeks with CPI

- **CPI decreased >30%**
  - Maintenance if CPI decreased >10% & pt satisfied

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

- A-TMD - acupuncture, physiotherapy, topical NSAIDs

- All - self referral to GP or local NHS talking therapies** for anxiety and depression if PHQ24≥19 (GRI code below)

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

- M-TMD: 1st Line: Amelothapy, 2nd Line: Gabapentin OR Dolasetron

- A-TMD: consideration of surgical intervention

**Adjuncts for acute management**

- Diazepam 2mg TDS for maximum of 5 days for acute limited opening due to M-TMD

- Stabilisation splint for A-TMD (disc displacement without reduction)

**Materials for SSM**

**Care pathway acronyms:** Three question TMD Screener (3Q/TMD); Arthrogenous TMD (A-TMD); Characteristic pain intensity (CPI); Mane (in the morning); Mouth opening (MO); Myogenous TMD (M-TMD); Once daily (OD); Obstructive sleep apnoea (OSA); Patient health questionnaire 4 (PHQ4); Supported self-management (SSM)

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*If at any point the patient is comfortable and happy to move to maintenance there is no objective need to progress with further therapy and maintenance can be initiated.

**Self-referral to GP if PHQ4≥9 or to talking services for anxiety and depression which can be identified at: https://www.nhs.uk/mental-health/talking-therapies/medicine-treatments/talking-therapies-and-counselling/nhs-talking-therapies/.

***Unfortunately following step 6 management options there is likely to be little further that can be offered. A national virtual MDT opinion may be appropriate when there is substantial complexity or comorbidity between a TMD and other conditions. This national MDT is currently being established and contact details are to follow.

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*Care pathway scenarios:* Three question TMD Screener (3Q/TMD); Arthrogenous TMD (A-TMD); Characteristic pain intensity (CPI); Mane (in the morning); Mouth opening (MO); Myogenous TMD (M-TMD); Once daily (OD); Obstructive sleep apnoea (OSA); Patient health questionnaire 4 (PHQ4); Supported self-management (SSM)