Introduction. TMD are predisposed, triggered and prolonged by a large number of factors related to individual and environment. Cognitive resources are scarcely investigated but conceivably influential on treatment outcome and prognosis.

Aim. To investigate whether there is a connection between TMD and health-related individual resources in terms of Sense of Coherence (SOC), Locus of Control (LoC) and Self-efficacy (SE).

Material and methods. Patients (n=194) referred to the Clinic of Stomatognathic Physiology in Gothenburg, Sweden, completed the questionnaires SOC-13, Multidimensional Health LoC and General SE Scale. Information on main DC/TMD diagnosis, information on treatment prolongation and treatment failure, and on psychosocial health (DC/TMD Axis II) was collected.

Results. High double external LoC presented a 5 times higher risk to have a TMD diagnosis of muscular origin rather than one originating from the TMJ. PHQ15 (somatization) was the most influential investigated property. A lower Oral Health-Related Quality of Life (OHRQoL) presented a 4 times higher risk for prolonged treatment.

Conclusions. Differences in LoC related to type of TMD diagnosis might be useful for the therapist as a guidance to provide the most patient-oriented and favorable treatment climate. A larger sample and a non-TMD control group could have improved interpretations.