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COMORBID CONDITIONS IN TEMPOROMANDIBULAR DISORDERS MYALGIA AND MYOFASCIAL PAIN WITH REFERRAL

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Introduction: Temporomandibular disorders myalgia (TMDM) is sub-diagnosed into myalgia (MYA) and myofascial pain with referral (MFP), but it is not clear if this is relevant from a mechanistic point

Aim: To investigate the presence of comorbidities in TMDM and its sub-diagnoses

Methods: Seventy patients with MYA (45±29 yr), 70 MFP (43±21 yr) and 70 controls (CTR) (34±25 yr) completed an extended DC/TMD axis II questionnaire. The questionnaire contained scales for pain intensity, depression (PHQ-9), anxiety (GAD-7), somatization (PHQ-15), pain catastrophizing (PCS), stress (PSS-10), insomnia (ISI), irritable bowel syndrome (Rome IV), widespread pain index and quality of life (OHIP-5). The presence of comorbidities were retrieved from these scales using validated cut-off points.

Results: Compared to CTR, TMDM scored higher on all scales ($p < 0.001$). MFP had higher scores on PHQ-9 ($p < 0.001$), GAD-7 ($p < 0.001$), PHQ-15 ($p < 0.005$), PSS-10 ($p < 0.005$), ISI ($p < 0.05$), OHIP-5 ($p < 0.005$) than MYA. More patients with MFP were diagnosed with comorbid headache, insomnia, depression ($p < 0.001$), fibromyalgia ($P = 0.006$), anxiety ($p = 0.007$) and stress ($p = 0.003$) compared to MYA. The total number of comorbidities was higher in MFP than MYA ($p < 0.001$) and positively correlated to the widespread pain in these groups ($r_s = 0.567$, $p < 0.00001$).

Conclusions: TMDM patients had higher levels of comorbidities compared to controls, MFP patients had more comorbidities than MYA and the number of comorbidities was correlated to widespread pain. These results could indicate that MFP is a more severe condition than MYA and could have different underlying mechanisms.