



## NUTRITION

# What should we tell patients with painful temporomandibular disorders about what to eat?

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According to the American Academy of Orofacial Pain (AAOP) guidelines, “if jaw pain does not increase with jaw function, it is probably not a [temporomandibular disorder].”<sup>1</sup> Functions of the jaw, in addition to supporting the lower one-half of the face, include eating and drinking. Hence, jaw pain can affect the ability to eat and drink and, ultimately, nutritional status. The AAOP guidelines defined temporomandibular disorders (TMD) as a “collective term embracing several clinical problems that involve the masticatory musculature, the temporomandibular joint (TMJ) and associated structures, or both.”<sup>1</sup> TMDs are considered to be the major cause of nondental pain in the orofacial area and affect 10% to 15% of the population.<sup>2,3</sup> The 2 most common types of painful TMDs are myofascial pain (MP) (that is, muscle-generated pain) and arthralgia (that is, joint-generated pain).<sup>4,5</sup> Arthralgia is localized to the TMJ and encompasses conditions that originate from and cause pain in the joint. The pain is aggravated by function, such as biting and chewing. Limited jaw movement or locking of the TMJ also may be present and can have a negative impact on mandibular opening, biting, and chewing.<sup>5-7</sup> MP is characterized by pain originating from the masticatory and other pericranial muscles, limited mandibular opening, and pain aggravated during function, specifically, eating and chewing.<sup>8</sup> As a result, patients with TMD often alter their eating habits and compromise the quality of their diet. Both adaptive and maladaptive behaviors are common, as patients with TMD seek to minimize the factors that initiate or further enhance pain.<sup>9</sup>

## ABSTRACT

**Background and Overview.** Patients with painful temporomandibular disorders (TMD) commonly report problems eating, owing to limited mandibular opening and pain and discomfort with biting and chewing. Consequently, painful TMD may affect dietary intake and nutritional status.

**Conclusions.** Treatment of painful TMD is multifaceted and involves pharmacologic, physical, and cognitive behavior and dietary therapies. Painful TMD may influence the quality of dietary intake and eating behaviors. There is a dearth of established guidelines and validated measures that clinicians can use to assess and manage diet and nutritional well-being in patients with this disorder. The authors present recommendations in an effort to guide clinicians on how to help patients with painful TMD improve the quality of their diets and avoid or minimize eating-related pain.

**Practical Implications.** Providing comprehensive care for patients with painful TMD should include diet evaluation and recommendations for eating comfortably and supporting nutrition. An interprofessional approach may help improve treatment outcomes. Research is needed to develop evidence-based guidelines for diet and nutrition that clinicians can use in the care of patients with painful TMD.

**Key Words.** Temporomandibular disorders; orofacial pain; diet; nutrition

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Painful TMD also can influence appetite and the mechanical and sensory factors related to eating and drinking. In this article, we review the impact of TMD on diet, describe potential influences on nutritional status, and provide recommendations for diet evaluation (Table 1<sup>10-12</sup>) and approaches to maximize a patient's ability to eat comfortably and consume a healthy diet.

TABLE 1

<b>Interview guide for clinicians.</b>	
<b>QUESTION</b>	<b>RECOMMENDED ACTIONS FOR “YES” RESPONSES</b>
<b>Has the condition of your jaw altered your diet?</b>	Probe for more information by using the following statements or questions: <ul style="list-style-type: none"> <li>■ Please describe how you have changed your eating and drinking habits and the duration of these changes. (This will help the provider tailor future advice.)</li> <li>■ Have you stopped eating any foods because of your pain? If yes, which foods? (See below and Table 2 for suggestions to address patients' responses.)</li> <li>■ Would you want to add these foods back into your diet if there were ways to do so that would not cause pain? (A positive response reflects a patient's willingness to develop adaptive behaviors.)</li> </ul>
<b>Is it painful to open your mouth to eat, bite, or chew?</b>	Suggest that peeling, cutting, and chopping food can make eating easier and less painful.  Recommend limiting the consumption of sticky foods like peanut or almond butter to help avoid painful eating.
<b>Are you avoiding any specific food groups, such as fresh fruits, fresh vegetables, whole-grain breads, or nuts, because of pain associated with TMD*?</b>	If the patient avoids eating fruits and vegetables, suggest that he or she peel fruits and vegetables that have skin and chop, mince, or mash them. If needed, suggest cooking vegetables such as squash, carrots, broccoli, and cauliflower until they are tender before cutting them to help reduce painful eating.  Suggest that, typically, eating toasted and cut whole-grain breads can be less painful than eating soft white breads.  Suggest that the patient break thin pretzel sticks and other thin crackers into small pieces to reduce the need to open the mouth wide and minimize biting and chewing.  Suggest that the patient finely chop nuts and add to hot cereals, yogurt, or puddings.
<b>Have you avoided going out for meals or eating with others because of TMD?</b>	Suggest that the patient try restaurants that serve cut, chopped, or pureed foods (for example, Asian, Middle Eastern, or Indian restaurants, restaurants specializing in soups, or restaurants that accommodate special orders).
<b>How has your weight changed? If you are unsure, tell me whether your waistline feels tight or loose (hint: 10 lbs = 1 clothing size).</b>	If the patient reveals unintentional weight loss, encourage the patient to see a physician and a registered dietitian nutritionist for medical nutrition therapy.  If the patient reveals unintentional weight gain, suggest that the patient consider seeking the counseling of a registered dietitian nutritionist for medical nutrition therapy to avoid unintentional weight gain and to improve the quality of the patient's diet.
<b>Are you taking any vitamin, mineral, herbal, or other dietary supplements?</b>	Probe for more information by asking the following question: What do you take, how often, how much, and why? Probe for additional information by asking whether the supplement does what the patient thought it would do.  Oral health care professionals can use decision support tools and databases such as Lexicomp Online (Wolters Kluwer) and National Medicines Comprehensive Database to evaluate the risks of interactions, side effects, and potential benefits. <sup>1</sup>
* TMD: Temporomandibular disorders. † Sources: Natural Medicines Comprehensive Database, <sup>10</sup> Lexicomp Online for Dentistry, <sup>11</sup> and Donaldson and Touger-Decker. <sup>12</sup>	

We also provide diet recommendations that clinicians can share with patients (Table 2).

### THE STATE OF SCIENCE (OR THE LACK OF IT)

Investigators have suggested that having painful TMD may influence eating-related quality of life (ERQoL) and dietary intake and, subsequently, can negatively impact nutritional status if the patient experiences painful TMD over an extended period.<sup>9,13-15</sup> Clinicians can use patient assessment tools, such as the TMD-specific Oral Health Impact Profile<sup>9</sup> (which has questions related to ERQoL), the Manchester Orofacial Pain Disability Scale,<sup>16</sup> and Kurita and colleagues<sup>17</sup> score of chewing ability, to identify difficulties with mandibular opening, biting, and chewing in patients with painful TMD; however, these tools<sup>9,16,17</sup> do not include questions that ascertain patients' actual food and beverage consumption. To our

knowledge, there are no validated measures available for clinicians to assess diet and nutritional status or ERQoL in patients with painful TMD. Despite reports among patients with painful TMD regarding their ability or inability to eat, there is a dearth of published research and evidence-based guidelines regarding dietary management for patients with painful TMD.<sup>15,18</sup>

### IMPACT OF TEMPOROMANDIBULAR DISORDER ON DIET AND NUTRITIONAL STATUS

Chronic pain conditions, by nature of their duration, have the potential to exert a long-term impact on dietary

**ABBREVIATION KEY.** AAOP: American Academy of Orofacial Pain. ERQoL: Eating-related quality of life. MP: Myofascial pain. TMD: Temporomandibular disorders. TMJ: Temporomandibular joint.

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