

Prevalence of Temporomandibular Disorder in Undergraduate Dental Students: A Questionnaire-Based Study

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Abstract

Background: Temporomandibular disorder (TMD) is a group of abnormalities in the temporomandibular joint area. TMD is a multifactorial condition since multiple physiological and pathological conditions are cited as etiological factors. Its clinical features include pain, clicking, deviation, and limitation in joint movement, and it may be associated with headache, neck ache, and disturbed quality of life. The type of treatment depends on the cause and severity of each case. Epidemiological studies and screening for the prevalence and clinical manifestations of TMD in the community could improve preventive measures and treatment outcomes.

Aim: To evaluate the distribution of TMD among undergraduate dental students.

Method: This study was a cross-sectional study conducted from March to June 2020. Questionnaires were sent to undergraduate students via email. The responses to questions were given numerical values to estimate the severity of TMD, and its presence and severity was determined based on self-reported responses.

Results: Two-thirds of respondents showed TMD of different severity. The TMD severity among respondents was as follows: 28.2% no TMD, 41.6% mild TMD, 24.1% moderate TMD, 6.2% severe TMD. Age and study grade were significantly associated with the severity of TMD.

Conclusion: Despite the limitations of this study, a considerable number of students expressed signs and symptoms of TMD, although they were unaware of this condition.

Keywords: temporomandibular disorder, questionnaire, TMD, dental students.

(J Med J 2022; Vol. 56 (4):307-315)

Received

June, 7, 2021

Accepted

March, 2, 2022

Introduction

Temporomandibular disorder (TMD) is a term that refers to abnormalities in the temporomandibular joint (TMJ) area. These include pain experienced in the TMJ and muscles of mastication at function, and limitation and/or difficulties in mouth opening

and chewing [1]. Patients with TMD may also have other symptoms such as headaches, disturbances in vision, and discomfort during sleep. Some patients have reported to neck ache [2]. TMD is marked as a multifactorial disorder as it may be due to congenital deformities, neoplasm, the inflammatory process, traumatic injuries, improper articulation, and emotional stress, all of which have been reported as causative or predisposing factors for TMD [3–6].

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In severe TMJ cases, individuals suffer from pain during mouth opening, which motivates them to seek medical care [7]. There are multiple approaches to TMD treatment, ranging from physiological therapy to surgical intervention. The selection of the appropriate treatment modality is dependent on the underlying cause of the TMD. Some cases may need more than one treatment approach to have satisfactory outcomes [8]. Therefore, identifying the TMD-related causes and severity is crucial in the management of TMD.

Epidemiological studies can help early detection of TMD in a population through screening for TMD clinical manifestations, and thus enhance the possibility of successful management [9]. Several epidemiological studies have shown that more than half of the population have variable clinical features of TMD. It has been found that age is associated with an increased chance of TMD involvement. Moreover, the prevalence of TMD is higher in females, suggesting that sex can play a role in the pathogenesis of TMD. However, the outcomes of these epidemiological studies vary among different populations [10–14]. Therefore, the goal of this study was to evaluate the prevalence of signs and symptoms of TMD among dental students who were not diagnosed as patients with TMD using a specially designed questionnaire.

Materials and Methods

Study design

This email-based questionnaire study was conducted from March to June 2020. The targeted population of the study was undergraduate dental students of Dijlah College

University, Baghdad, Iraq. The questionnaires were sent (in English) to the students via email with an explanation of the objectives of the study. The students were asked to respond voluntarily and indicate their consent to participate. After receiving the replies, only questionnaires from respondents who indicated their consent were included. This study was conducted with ethical approval obtained from the Ethics Committee, Dijlah College University (Ref: Number1926 in 26/1/2020).

Questionnaire design

The questionnaire used in this study was adopted from Fonseca [15]. The questions were divided into three sections (Table 1). The first section included demographic information (gender, age and study grade). For the study grade question, the responses were classified into either preclinical level (including first, second and third grade) or clinical level (including fourth and fifth grade). The second section was composed of four questions, the responses to which were yes/no. Any respondent who answered with a positive response to any of these questions was excluded from the analysis [16]. The third section included ten questions. The respondents were allowed to respond to each question by choosing one of the following answers: yes, no, or sometimes. Each response was given a numerical value (no = 0, yes = 10, sometimes = 5). For each respondent, the summation of the numerical values of the questions of the third section was considered to determine the severity of the TMD as follows: absence of TMD (0–15), mild TMD (20–40), moderate TMD (45–65) and severe TMD (70–100) (17).

Table 1. Sections of the questionnaire

| |
|---|
| Section One |
| Age |
| Gender |
| Study grade |
| Section Two |
| Have you undergone orthodontic treatment? |
| Duration of orthodontics treatment |
| Have you been injured in the chin area? |
| Have you received any treatment for TMJ disease? |
| Section Three |
| Q1 Is it hard for you to open your mouth? |
| Q2 Is it hard for you to move your mandible from side to side? |
| Q3 Do you get tired /muscular pain while chewing? |
| Q4 Do you have frequent headaches? |
| Q5 Do you have pain on the nape or stiff neck? |
| Q6 Do you have earaches or pain in craniomandibular joints? |
| Q7 Have you noticed any TMJ clicking while chewing or when you open your mouth? |
| Q8 Do you clench or grind your teeth? |
| Q9 Do you feel your teeth do not articulate well? |
| Q10 Do you consider yourself a tense (nervous) person? |

Statistical analysis

The data in this study were analyzed using SPSS (version 22 IBM Corp. Armonk, NY, USA). A Chi-square test determined the association of each question of the questionnaire's third section with demographic data. P -value < 0.05 was considered statistically significant for all statistical tests.

Results

The total number of respondents was 886. After applying the exclusion criteria, 400 respondents were excluded. The selected respondents were 208 males and 278 females. The median age of the respondents was 20 years. For the study grade, 303 respondents were at a preclinical level and 183 respondents were at a clinical level. The demographic data of the respondents are illustrated in Table 2.

Table 2. Demographic data of the respondents

| | |
|--------------------------|-------|
| Sex (n) | |
| Male | 208 |
| Female | 278 |
| Age (year) | |
| Median | 20.5 |
| Range | 18-23 |
| Study Grade (n) | |
| Preclinical level | |
| Grade I | 134 |
| Grade II | 97 |
| Grade III | 72 |
| Clinical level | |
| Grade IV | 85 |
| Grade V | 98 |

Two-thirds of respondents showed TMD with different severities. Based on Fonseca's index, the percentage of TMD severity among the respondents was as follows: 28.2% had no TMD, 41.6% had mild TMD, 24.1% had moderate TMD, and 6.2% had severe TMD.

The mild form of TMD was the major form in both sexes, with no statistically significant association. Age and grade were significantly associated with TMD severity. The association between the variables and the severity of TMD is summarized in Table 3.

Table 3. Association of variable with TMD severity

| Variables [§] | Total [§] | TMD Severity | | | | <i>p</i> value* |
|------------------------|--------------------|------------------|-----------------|------------------|--------------------|-----------------|
| | | No TMD (0-15) | Mild (20-40) | Moderate (45-65) | Severe (70-100) | |
| Sex | | | | | | |
| Male | 208 (42.8) | 56 (26.9) | 102 (49.0) | 36 (17.3) | 14 (6.7) | 0.007 |
| Female | 278 (57.2) | 81 (29.1) | 100 (36.0) | 81 (29.1) | 16 (5.8) | |
| Age | | | | | | |
| ≤20 | 298 (61.3) | 98 (32.9) | 102 (34.2) | 71 (23.8) | 27 (9.1) | <0.001 |
| >20 | 188 (38.7) | 39 (20.7) | 100 (53.2) | 46 (24.4) | 3 (1.6) | |
| Study Grade | | | | | | |
| Preclinical level | 303 (62.3) | 99 (32.7) | 106 (35.0) | 71 (23.4) | 27 (8.9) | <0.001 |
| Clinical level | 183 (37.7) | 38 (20.8) | 96 (52.5) | 46 (25.1) | 3 (1.6) | |
| Total [§] | 486 (100) | 137 (28.2) | 202 (41.6) | 117 (24.1) | 30 (6.2) | |

§ Frequency (percentage)

* Significance at $p < 0.05$ by Chi square test

The analysis of each question's responses showed that sex, age, and study grade were significantly associated with malocclusion. The movement of the TMJ with clicking or noise during function was more significant in males than females. The presence of pain or discomfort in the neck region was significantly

associated with females. Nervous status was the lowest negative response, while the difficulty in lateral movement of the lower jaw was the highest negative response. For both variables, no significant association was recorded with demographic variables. Table 4 shows the association between the variables and the responses to each question.

Table 4. Association between the variables and the responses of each question

| | Negative Responses [§] | | | | | | | | | |
|--------------------|---------------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|--------------|
| | Q1 | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Q8 | Q9 | Q10 |
| Sex | | | | | | | | | | |
| Male | 49 (76.4) | 165 (79.3) | 69 (33.2) | 68 (32.7) | 159 (76.4) | 169 (81.3) | 90 (43.3) | 131 (62.9) | 150 (72.1) | 55 (26.4) |
| Female | 67 (75.9) | 235 (84.5) | 117 (42.1) | 104 (41.4) | 125 (44.9) | 201 (72.3) | 174 (62.6) | 162 (58.3) | 151 (54.3) | 65 (23.4) |
| <i>p</i> value* | 0.88 | 0.14 | 0.04 | 0.05 | <0.001 | 0.02 | <0.001 | 0.29 | <0.001 | 0.43 |
| Age | | | | | | | | | | |
| ≤20 | 222 (74.5) | 251 (84.2) | 100 (33.6) | 111 (37.3) | 182 (61.1) | 225 (75.5) | 151 (50.7) | 174 (58.4) | 207 (69.5) | 67 (22.5) |
| >20 | 148 (78.7) | 149 (79.3) | 86 (45.7) | 61 (32.5) | 102 (54.3) | 145 (77.1) | 113 (60.1) | 119 (63.3) | 94 (50.0) | 53 (28.2) |
| <i>p</i> value* | 0.28 | 0.16 | 0.007 | 0.28 | 0.13 | 0.68 | 0.04 | 0.28 | <0.0001 | 0.15 |
| Study Grade | | | | | | | | | | |
| Preclinical level | 225 (74.5) | 225 (74.5) | 102 (33.7) | 113 (37.3) | 186 (61.4) | 230 (75.9) | 155 (51.2) | 177 (58.4) | 213 (70.3) | 69 (22.8) |
| Clinical level | 145 (79.2) | 145 (79.2) | 84 (45.9) | 59 (32.2) | 98 (53.6) | 140 (76.5) | 109 (59.6) | 116 (63.4) | 88 (48.1) | 51 (27.9) |
| <i>p</i> value* | 0.21 | 0.21 | 0.007 | 0.25 | 0.09 | 0.88 | 0.07 | 0.27 | <0.001 | 0.20 |

§ Frequency (percentage)

* Significance at $p < 0.05$ by Chi square test

Discussion

This study indicates that more than 70% of the responders had one or more of the clinical signs and symptoms of TMD. TMD is one of the more common disorders, after dental caries, with a wide range of signs and symptoms (18). Among the signs and symptoms, pain in the temporomandibular region, limitation in the movement of the mandible, clicking or evoking sounds in TMJ during chewing or other activity related to the lower jaw, pain and fatigue in masticatory muscles, headache and other manifestations have been reported (19–21). Early diagnosis of TMD depends on identifying such signs and symptoms during clinical examination and this plays an important role in the management of TMD and reducing its progress (22).

Several epidemiological studies have been conducted to investigate TMD and its related signs and symptoms in the community. Such

studies help to estimate the prevalence of TMD and provide evidence for proper diagnosis and management (23–25). This study found that more than two thirds of the respondents had TMD of differing severity, consistent with previous studies that showed that more than half of the study sample had TMD (26–28). The frequency of TDM in this study was not statistically different between females and males, which is inconsistent with a previous report by Kmeid et al. (29), who reported that a higher percentage of females have TMD. This discrepancy might be due to differences in mean age, socioeconomic status, and educational level between the samples of the two studies. Mild forms of TMD were common in both genders in this study, followed by non-TMD, moderate, and severe forms, respectively; such findings are consistent with previous studies (30–31).

There was a significant association between

age and study grade with TMD frequency. The students aged over 20 who were enrolled in clinical practice during the fourth and fifth grades presented more TMD than those younger than 20 in the first three study grades. Several studies have reported that a high proportion of TMDs appear in those aged 20–30 (32). Moreover, the students might feel more stress and have anxiety while starting the clinical part of their academic study. Anxiety and stress are considered risk factors linked to TMD (33–34). The results of the current study showed that most of the students were nervous and less than one third had difficulty with lateral movement of the mandible. The association between the frequency of nervous respondents and the difficulty of mandible movement with TMD has been reported in previous studies (28, 32, 35).

Our data showed that malocclusion and aches in the neck area were higher in females than males, whereas TMJ clicking was more

common in males. Although these findings align with those of other authors (36–37), some studies have reported equal distribution of TMJ clicking in both sexes (38) or to be higher among women (39).

One of the limitations of this study was that the assessment of TMD was based on self-reported responses rather than clinical examination. Moreover, the respondents in this study were of a limited age range. The study was also conducted at a single university, and thus including students from other institutions would increase the validity of the results.

Conclusion

Despite the limitations of this study, a considerable number of students expressed signs and symptoms of TMD, although they were unaware of their condition. Periodic clinical examinations to check TMD among undergraduate students is thus highly recommended.

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انتشار اضطراب الفك الصدغي بين طلبة طب الأسنان الجامعيين: دراسة قائمة على الاستبيان

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الملخص

الهدف من الدراسة: اضطراب الفك الصدغي (TMD) هو مجموعة الاعتلالات في منطقة المفصل الصدغي الفكي، ويوجد عوامل متعددة (فسيولوجية ومرضية) قد تسهم في نشوء وتطور هذا الاضطراب، منها: الأعراض السريرية، والتي تشمل الألم وصوت يصدر في أثناء حركة الفك وانحراف وتحديد في حركة المفصل الصدغي الفكي، وقد يصاحب هذه الأعراض صداع وآلام في منطقة الرقبة والتأثير السلبي على نفسية المريض، ويعتمد نوع العلاج على سبب وشدة كل حالة، الدراسات الاستبائية للتحري عن الانتشار والمظاهر السريرية للاضطراب الصدغي الفكي في المجتمع، والتي قد تسهم في تحسين التدابير الوقائية والتشخيص ونتائج العلاج.

الأساليب: كانت هذه الدراسة عبارة عن دراسة مقطعية أجريت من بين مارس ويونيو لسنة (2020)، وتم إرسال الاستبيانات إلى الطلبة عبر البريد الإلكتروني، والردود المستلمة عن الأسئلة أعطيت قيمًا عددية لتقدير وجود وشدة اضطراب الفك الصدغي. **النتائج:** أظهر ثلثا العينة اضطراب الفك الصدغي بدرجات مختلفة، وكانت شدة الاضطراب الفكي الصدغي بين المستجيبين حسب الآتي: (28.2%) لا اضطراب الفك الصدغي، (41.6%) اضطراب الفك الصدغي الخفيف، (24.1%) اضطراب الفك الصدغي المعتدل، (6.2%) اضطراب الفك الصدغي الحاد، إضافة إلى أن العمر ومرحلة الدراسة لها تأثير وارتباط مع شدة اضطرابات المفصل الفكي الصدغي.

الخلاصة: أظهرت الدراسة عددًا كبيرًا من الطلبة لديهم علامات وأعراض اضطراب الفك الصدغي مختلفة الشدة على الرغم من عدم وعيهم لهذه الحالة.

الكلمات الدالة: اضطراب الفك الصدغي، استبيان، اضطرابات المفصل الفكي الصدغي، طلبة طب الأسنان.