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Oral Health Status and Temporomandibular Disorders in Multiple Sclerosis Patients

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ABSTRACT

Multiple sclerosis (MS) is an inflammatory disease of unknown etiology involving the central nervous system. Certain clinical manifestations affect the oro-facial region. Three in particular should be of interest to the dentist: trigeminal neuralgia, sensory neuropathy of the trigeminal nerve and facial palsy. The aim of this study was to determine the oral health status, the frequency of subjective symptoms and temporomandibular disorders (TMD) subtype according to Research diagnostic criteria for temporomandibular disorders (RDC/TMD) among MS patients. Examinees in this study were 50 patients suffering from MS, who were at least once treated during their disease in the Clinic Hospital Center, Rijeka, Clinic for Neurology. All examinees had to meet the diagnostic criteria for clinically and laboratory confirmed MS, according to Poser. The results show the difference in mean DMFT (decayed, missing, filled teeth) between MS and the control group. The number of decayed and missing teeth was higher, but the number of filled teeth was significantly lower in MS group. Eighty-two per cent of the subjects with MS had at least one symptom of dysfunction compared with 24% of the subjects in the healthy control group. In the present study, pain, the pain during mouth opening, the difficulty with mouth opening and temporomandibular joint (TMJ) sounds were more commonly reported in the MS group than in the control group. This study shows a statistically significant excess of dental caries and temporomandibular disorders among MS patients compared with the control group. These results suggest that MS is a possible etiological factor in temporomandibular disorders.

Key words: multiple sclerosis, oral health, temporomandibular disorder, research diagnostic criteria

Introduction

Multiple sclerosis (MS) is an inflammatory disease of unknown etiology involving the central nervous system. It is characterized by either a relapsing-remitting or progressive course and a pathologic triad of inflammation, demyelination, and gliosis (scarring). MS is a chronic, frequently progressive disease that predominantly attacks the myelin sheath of the central nervous system (CNS – brain and spinal cord). Demyelination occurs, often with scarring at multiple sites throughout the CNS. It is hypothesized that an external trigger such as a virus may precipitate an autoimmune response in genetically susceptible individuals. Lesions of MS are traditionally said to be disseminated in time and space. Manifestations of MS vary from a benign illness to a rapidly evolving and incapacitating disease requiring profound adjustments in lifestyle and goals for patients and their families. Complications from MS affect multiple body systems; hence, a multidisciplinary approach is recommended to optimize the clinical care. Symptoms vary widely, but most commonly include: gait disturbances, sensory complaints (numbness, paresthesias, burning, feelings of constriction or pain), visual problems, fatigue, incoordination, bladder, bowel and sexual dysfunction, and partial or complete paralysis in severe cases. Mild cognitive impairment occurs in many patients with MS, while a smaller proportion (about 10%) experience serious intellectual deterioration. The cause and cure are unknown, although symptomatic management is possible and certain immunoregulatory agents reduce the relapse rate and may prove to slow the disease progression. Since MS affects the whole body, oro-facial aspects of the disease must be expected, particularly since loss of muscular coordination may result in a diminished ability to maintain oral
Certain clinical manifestations affect the oro-facial region. Three in particular should be of interest to the dentist: trigeminal neuralgia (tic douloureux), sensory neuropathy of the trigeminal nerve (parasthesia) and facial palsy. Trigeminal neuralgia usually appears after the diagnosis of multiple sclerosis has been made and is present in about 1.9% of cases. It is, however, the first manifestation of the disease in 0.3% of cases.

The aim of this study was to determine the oral health status, the frequency of subjective symptoms and TMD subtype according to RDC/TMD among MS patients.

Subjects and Methods
Examinees in this study were 50 patients suffering from MS, who were treated during their disease for at least once in the University Hospital Center, Rijeka, Clinic for Neurology.

The examined group consisted of 37 male patients and 13 female patients, aged 20 to 60. All examinees had to meet diagnostic criteria for clinically and laboratory confirmed MS, according to Poser. The control group was formed by individual matching method, which comprises one healthy individual per one patient of the same age and sex. All subjects submitted informed consent before participation.

The data were collected in two parts. The anamnestic examination was carried out prior to the clinical examination, and the examiner of the clinical examination was unaware of the results of the anamnestic examination.

Oral examination was performed in accordance with WHO diagnostic criteria to determine the number of decayed, missing, filled teeth (DMF), as well as the number of remaining teeth.

The clinical examination of the stomatognathic system included the determination of the range of mandibular movements, the assessment of TMJ function, the recording of pain during movements and during palpation of TMJ and masticatory muscles. All examinations were performed according to the RDC/TMD.

The history questionnaire/examination forms were implemented as electronic forms and input directly into computers using the program «GnatoBaza 1.2.» (School of Medicine, University of Rijeka). The program is written in Microsoft Visual Basic and Microsoft Access (Microsoft Corp, Redmond, Wash.). It consists of 4 main parts (anamnestic questionnaire, clinical card, data base and part for processing and forwarding data for statistical analysis) which facilitate the saving and analyzing of the obtained data.

Statistical analysis was performed using SPSS 12.0. Statistical package (SPSS Inc., Chicago, IL, USA). Student’s t-test for independent samples was applied to test the significance of the difference between arithmetic means of certain parameters. For the variables whose values are expressed in categories the testing of the significance of the difference between groups was carried out by chi-square test.

Results
Table 1 shows the number of DMF teeth in MS and control group. No significant difference was observed in the number of decayed teeth between the two groups (p=0.63), but significantly more teeth were missing in the MS group (p=0.001), and DMF teeth were significantly more numerous in the MS group. The control group had significantly more filled teeth than MS group (p=0.004).

Table 2 shows the symptoms of TMJ disorders among MS and the control group. No difference was observed in TMJ sounds. Pain, the pain during mouth opening and difficulty with mouth opening were significantly more frequent in MS group.

Table 3 shows TMD diagnoses according to RDC/TMD criteria. MS group showed a much higher prevalence of all three groups RDC/TMD diagnoses. The highest difference between the two groups was in group I (myofascial pain) TMDs (p=0.001).

### Table 1

<table>
<thead>
<tr>
<th>Dental status</th>
<th>MS group</th>
<th>Control group</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decayed teeth</td>
<td>1.24</td>
<td>2.10</td>
<td>0.54</td>
<td>1.58</td>
</tr>
<tr>
<td>Missing teeth</td>
<td>7.04</td>
<td>3.89</td>
<td>3.94</td>
<td>2.74</td>
</tr>
<tr>
<td>Filled teeth</td>
<td>4.30</td>
<td>4.69</td>
<td>7.24</td>
<td>5.36</td>
</tr>
<tr>
<td>DMFT Index</td>
<td>12.58</td>
<td>6.32</td>
<td>11.72</td>
<td>5.75</td>
</tr>
</tbody>
</table>

### Table 2

<table>
<thead>
<tr>
<th>TMD symptoms</th>
<th>MS group</th>
<th>Control group</th>
<th>χ²</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain</td>
<td>27</td>
<td>55</td>
<td>2.22</td>
<td>0.001</td>
</tr>
<tr>
<td>Pain in front of the ear</td>
<td>6</td>
<td>12</td>
<td>3.84</td>
<td>0.05</td>
</tr>
<tr>
<td>Pain during mouth opening</td>
<td>5</td>
<td>10</td>
<td>2.84</td>
<td>0.092</td>
</tr>
<tr>
<td>Difficulty with mouth opening</td>
<td>11</td>
<td>22</td>
<td>12.36</td>
<td>0.001</td>
</tr>
<tr>
<td>TMJ sounds</td>
<td>15</td>
<td>30</td>
<td>6.25</td>
<td>0.12</td>
</tr>
</tbody>
</table>
Discussion
In this study oral health status, signs, symptoms and type of temporomandibular disorder were analyzed in 50 multiple sclerosis patients and 50 controls without multiple sclerosis who were the same age and sex. There was a difference in mean DMFT between MS and the control group. The number of decayed and missing teeth was higher, but the number of filled teeth was significantly lower in MS group. Symons et al. report no differences in the number of decayed, missing and filled teeth between MS patients and controls, but this preliminary study was carried out on only 22 MS patients. Considering that the number of DMFT index of the control group corresponds with the research results of other studies, our results may suggest poor oral health among MS patients.

Eighty-two per cent of the subjects with MS had at least one symptom of dysfunction compared with 24% of the subjects in the healthy control group. In the present study, pain, the pain during mouth opening, the difficulty with mouth opening and TMJ sounds were more commonly reported in the MS group than in the control group. TMJ sounds were found in 30% of the MS group and 10% of the control group. The values obtained agree with the data from literature in which sounds in the TMJ are present in 11–36%.

In Mercado’s studies click was present in 29.16% males and 30.72% females. Dworkin established a difference between the appearance of sound in persons with and without TMD symptoms. In clinical examination the click was noticed in 43% examinees with TMD and 24% in control group.

Doubt has been cast on the relevance of TMJ clicking for the TMD diagnostic criteria, and the presence of sounds to joint pathology remains uncertain. Due to these considerations, the clicking of the TMJs was not taken into account when classifying the subgroups of TMD in the clinical part of the study.

In the MS group facial pain was reported by 54% and TMJ pain (pain in front of the ear or during jaw movement) by 22% compared to the control group in which facial pain was reported by 10%, and TMJ pain 4% examinees. Salonen et al. found that TMJ pain during mandibular movement was reported by 7%, and head and/or facial pain by 11% subjects in the age group 30–39 years. These results are also close to the results of Von Korff et al. Frequent or occasional pain in the jaws or face during chewing has been reported by as many as 44% of 35-year-old subjects.

High prevalence of pain in MS group is in agreement with other studies that reported that pain is more prevalent among MS patients. Warnell found that 233 (64%) of the 364 patients with MS in his descriptive study had experienced pain at some time during their disease, and 40% of those patients reported that they were never pain-free. Forty-nine percent of examinees with pain experienced difficulty in working, and 44% had difficulty in sleeping because of the pain. Stenager came to similar conclusions: only 35% of patients with MS in their study were pain-free.

Muscle disorders and disc displacement with reduction were the most common TMD findings in MS group. The finding that over half of the patients belonged to the myogenous group is in agreement with the results of List and Dworkin who reported that approximately 76% of patients with TMD had a muscular disorder. Rantalai found similar results in nonpatient Finnish population. Others found approximately equal proportions of myogenous vs. arthrogenous subgroups in patient and population-based samples.
Conclusion

This study shows a statistically significant excess of dental caries and temporomandibular disorders among MS patients compared with the control group. These results suggest that MS is a possible etiological factor of temporomandibular disorders.

REFERENCES


Multipla skleroza (MS) je upalna bolest nepoznate etiologije koja zahvaća središnji živčani sustav. Određene kliničke manifestacije i orofacialna regija od kojih su tri posebno interesantne stomatologu. To su neuroliga n. trigeminusa, senzorna neuropatija istog te pareza n. facialis. Cilj istraživanja bilo je odrediti oralni status, kliničke manifestacije zahvataju i orofacijalnu regiju od kojih su tri posebno interesantne stomatologu. To su neuroliga n. trigeminusa, senzorna neuropatija istog te pareza n. facialis.