

TMJA

The TMJ Association, Ltd.

Issue 8 - September/October 2016

The Fall Giving Season Is Upon Us

If you are a **government employee** who understands the full impact of Temporomandibular Disorders (TMD) on individuals, their loved ones and society-at-large, please help us continue to *change the face of TMJ* by designating The TMJ Association as your **Combined Federal Campaign (CFC) charity #12102**.

Ask your **mail carrier or family members and friends serving in the military to consider pledging their support to The TMJ Association**. If they don't already have a chosen charity, they may be glad to help!



State employees in *Arizona, California, Connecticut, Florida, Maryland, Massachusetts, New Jersey, New York, Ohio, Pennsylvania, Rhode Island,*

Washington and Wisconsin can also contribute through the State Employee Contribution Campaign by writing in The TMJ Association on the donor form.

United Way and other nonprofit corporate donor programs are underway and these are great ways to improve the plight of TMD patients. Simply write The TMJ Association on your donor form.

If you don't participate in any of these campaigns, [you can still help by donating directly to The TMJA!](#)

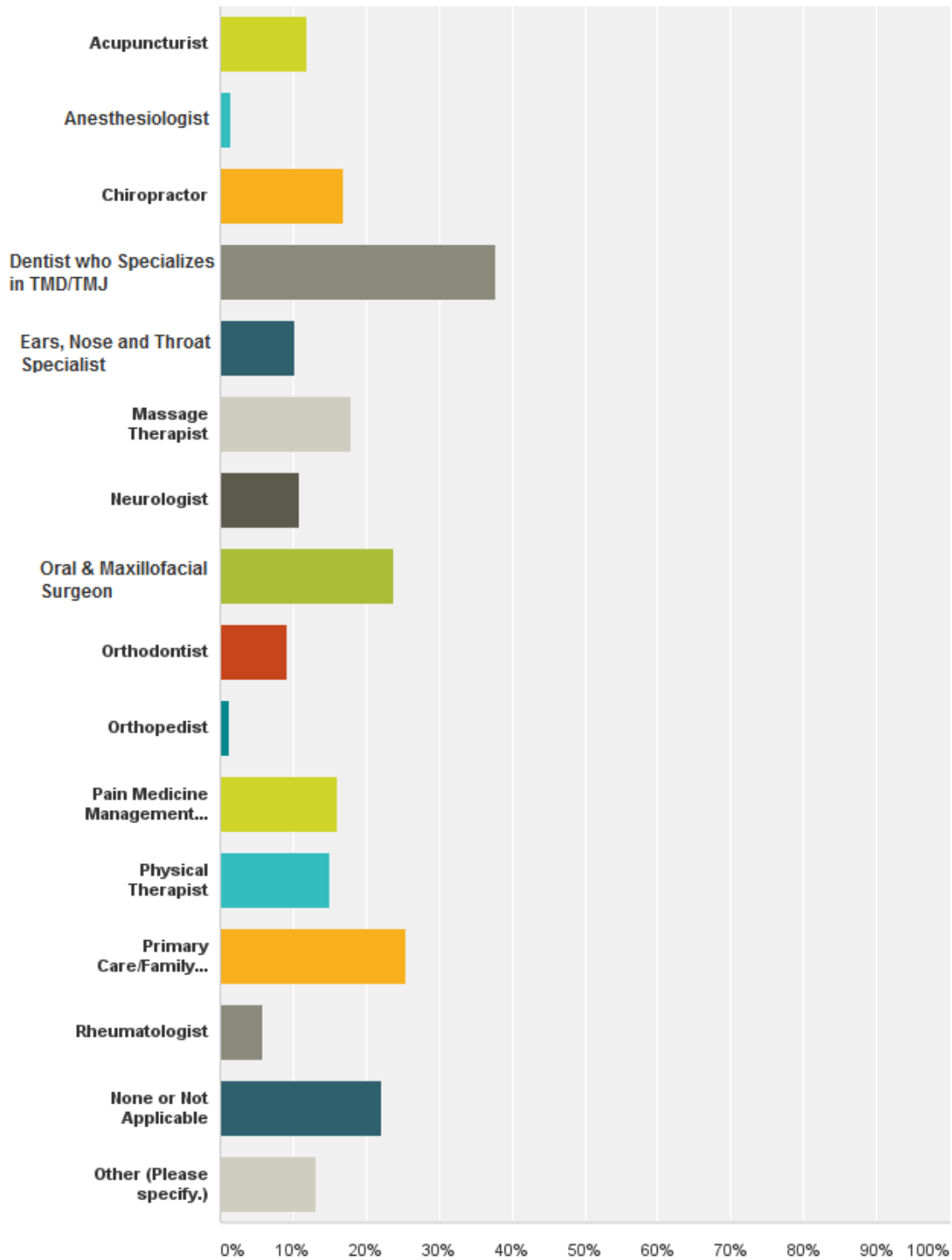
TMJA Survey Results: Here is What You Told Us

Thanks to the 695 people who completed our recent online questionnaire. The information we gleaned from the survey will be valuable to our advocacy efforts.

Below is a sampling of the survey results. [To see the full results, click here.](#)

Q11 What type of health care providers do you currently see for TMD treatment/care? Check all that apply.

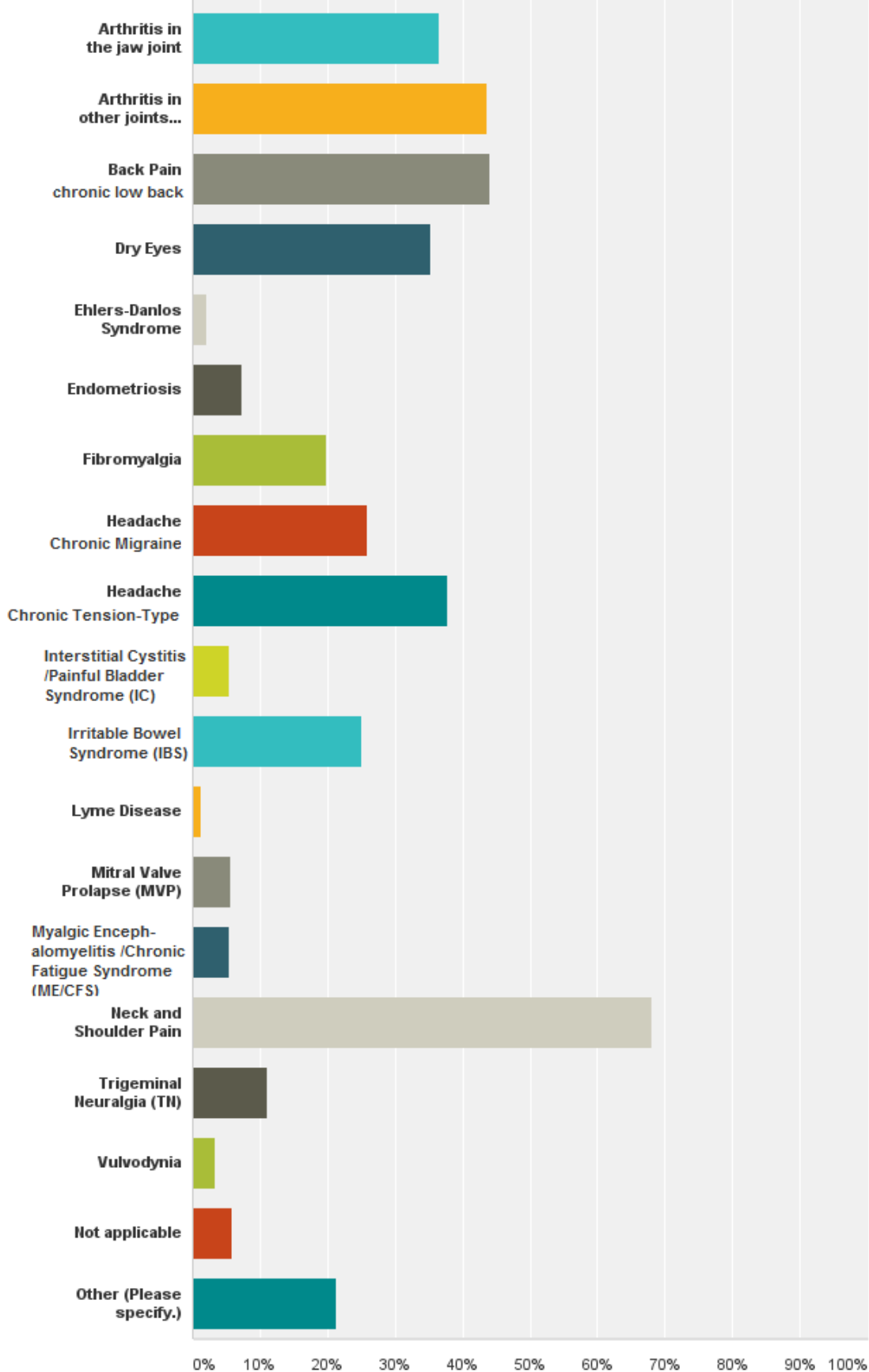
Answered: 688 Skipped: 7



Q12 Do you suffer from any of the following conditions? Check all that apply.

Answered: 684 Skipped: 11





Estrogen Plunge Before Menstruation Linked to Migraine

Our recent survey results show that 26% of respondents suffer from migraine headaches; they are one of the overlapping chronic pain conditions associated with TMD.

Women who experienced a steeper decline in estrogen levels prior to menstruation were more likely to experience migraines, researchers found.

In an analysis of data collected as part of the long-term longitudinal Study of Women's Health Across the Nation (SWAN), migraineurs' urinary estrogens (E1c) declined in the 2 days before the period peak at a faster absolute rate than nonmigraineurs and at a higher percent change than nonmigraineurs (40% versus 30%), Jelena Pavlovic, MD, PhD, of the Albert Einstein College of Medicine in New York City, and colleagues reported in *Neurology*. The study authors did not find significant differences in the groups when they looked at absolute peak and daily hormone values, and they found no significant differences in the time period around the ovulatory phase.

As part of a secondary analysis within the migraineurs' group, the authors determined that hormone patterns were similar regardless of whether the woman had a migraine that cycle. As a result, Pavlovic and her team formed a "two-hit" hypothesis in which women with rapid estrogen level dips before menstruation are more sensitive to migraine triggers, such as stress, lack of sleep or a glass of wine. It's a combination of the estrogen drop and the additional triggers that result in a migraine.

Read full article at: <http://www.medpagetoday.com/clinical-context/Migraines/58267>

Dopamine in Plasma - a Biomarker for Myofascial TMD Pain?

[Dawson, A., Stensson, N., Ghafouri, B. et al. J Headache Pain \(2016\) 17: 65. doi:10.1186/s10194-016-0656-3](#)

Background: Pathways used by the neurotransmitter dopamine could be involved in the pathophysiology of myofascial temporomandibular disorders (M-TMD). This study investigated plasma levels of both dopamine and serotonin (5-HT) in patients with M-TMD and in healthy subjects. (Plasma is the liquid component of blood.)

Conclusions: The results suggest that dopamine circulating in the bloodstream might be involved in modulating pain in parts of the body. This finding, in addition to reports in other studies, suggests that dopaminergic pathways could be implicated in the pathophysiology of M-TMD but also in other chronic pain conditions. More research is warranted to elucidate the role of peripheral dopamine in the pathophysiology of chronic pain.

Bioengineers Grow Living Bone for Facial Reconstruction

The following is a press release from the National Institute of Biomedical Imaging and Bioengineering (NIBIB). This research was funded in part by NIBIB and the National Institute of Dental and Craniofacial Research (DE 016525), both parts of the National Institutes of Health.

Researchers have engineered living bone tissue to repair bone loss in the jaw, a structure that is typically difficult to restore. The team led by researchers from Columbia University, New York, grafted customized implants into pig jaws and found that the graft integrated into the animal's own tissue and functioned appropriately.

The work reported in the June 15, 2016 issue of *Science Translational Medicine*, suggests that personalized bone grafts for facial reconstruction may be possible in the future.

To read more, go to: <https://www.nibib.nih.gov/news-events/newsroom/bioengineers-grow-living-bone-facial-reconstruction>

Smoking Marijuana Provides More Pain Relief for Men than Women

Over the years patients told us that of the many medications they have tried for their pain, marijuana is the most effective. Certainly, research on marijuana for TMD should be considered.

[Source: Columbia University Medical Center](http://newsroom.cumc.columbia.edu/blog/2016/08/19/smoking-marijuana-provides-pain-relief-men-women/)

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Researchers from Columbia University Medical Center (CUMC) found that men had greater pain relief than women after smoking marijuana.

Results of the study were recently published online in *Drug and Alcohol Dependence*. "These findings come at a time when more people, including women, are turning to the use of medical cannabis for pain relief," said Ziva Cooper, PhD, associate professor of clinical neurobiology (in psychiatry) at CUMC. "Preclinical evidence has suggested that the experience of pain relief from cannabis-related products may vary between sexes, but no studies have been done to see if this is true in humans."

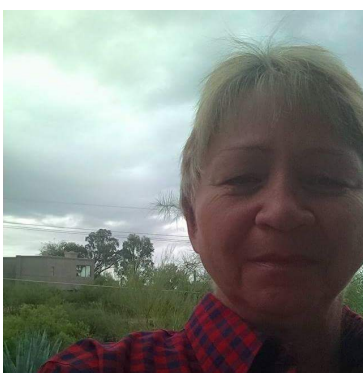
In this study, the researchers analyzed data from two double-blinded, placebo-controlled studies looking at the analgesic effects of cannabis in 42 recreational marijuana smokers. After smoking the same amount of either an active or placebo form of cannabis, the participants immersed one hand in a cold-water bath until the pain could no longer be tolerated. Following the immersion, the participants answered a short pain questionnaire.

After smoking active cannabis, men reported a significant decrease in pain sensitivity and an increase in pain tolerance. Women did not experience a significant decrease in pain sensitivity, although they reported a small increase in pain tolerance shortly after smoking.

Despite differences in pain relief, men and women did not report differences in how intoxicated they felt or how much they liked the effect of the active cannabis. The authors noted that additional studies in both men and women are needed to understand the factors that affect the analgesic effects of cannabinoids, the active chemicals in cannabis products, including strength, mode of delivery (smoked versus oral), frequency of use and type of pain measured.

"This study underscores the importance of including both men and women in clinical trials aimed at understanding the potential therapeutic and negative effects of cannabis, particularly as more people use cannabinoid products for recreational or medical purposes," said Dr. Cooper.

Meet Lori...



Hi, my name is Lori and I am 55 years old. I've suffered from implant failures since the Vitek implant in the '80s. Since that time, I have gone through five complete implant reconstructions and at least 25 minor surgeries to replace screws, remove foreign body giant cell tumors and on and on and on. I finally was able to maintain a life when the Christensen implant was installed although life was still all about dealing with the chronic pain that drummed through my head daily. I was kept on a Fentanyl Patch for around 13 years just to get through each and every day.

On April 23, 2013, I went back into the operating room to have yet another screw replaced and came out with NO implant system at all and was told that the causes of my unrelenting pain were (1) the bone had regrown through the Christensen implant and into my skull and (2) another foreign cell tumor had grown into the masseter muscle, so a custom implant system was placed on June 11. I had 3-D MRI's, CT Scans and X-ray's taken; however, nothing was ever found like a bone growing through the implant into my skull. It absolutely makes me wonder just how much of that implant material has moved throughout my entire body.

I have been through so many pain clinics and emergency rooms because you can only tread water for so long before you start to bob in the water and reach out for a lifeline just to catch your breath for a few seconds of relief. Our emergency rooms are worthless because they think I am 'drug seeking'... rather than just take an x-ray of my face and you will see it's mostly metal. I also believe they are gun-shy on giving meds because of the Drug Enforcement Administration. I'm not asking for a prescription for 50 Dilaudids; I'm asking to help me with my pain. It is very real and VERY PAINFUL!! I've had some doctors tell me that the first rule of medicine is "Do NO harm," to which I respond, "Doing nothing at all is doing more harm!" I started going to dentists because my teeth needed cleaning. However since I've had so many surgeries, I wasn't able to open wide enough for them to get their instruments in so I was sent to several child dentists because they had smaller instruments. I've never been so embarrassed in my entire life and we won't even talk about being 'shamed' for having the teeth I had. I've had dentists come right out and tell me that my dental habits were horrible and deplorable. In August of 2015, I finally had what few teeth I had left pulled and dentures fitted for \$20,000!

There has to be a way to be able to sit down with dentists/physicians so they see a TMD patient as a real person and so they can be educated to see the problems of this disease. I don't believe any TMD sufferers want to be on meds every day for the rest of their lives. I despise more than anything that I am tied to my meds like a witch to a stake.

This is my photo...I don't smile much because half of my face doesn't work due to nerve damage. I get very SWOLLEN when my pain spikes, hence the rounded look. I am no different than so many others who suffer from this. I am tired of feeling like a monster and looking at myself in the mirror and hear my internal chatter say, "Who the heck is that I'm looking at?" It is what it is and it won't change for me. My hope and prayer is that the work you are doing will educate physicians as well as educate and empower patients so they DON'T end up with 30+ surgeries and be deemed a drug seeker. I felt more like a science project than a person, and when things came out poorly, I was dropped like a bad habit.

Volunteers Needed

The TMJA has heard of three clinical studies seeking qualified candidates to help in

research on TMD. Read on to see if you are eligible to participate.

Genetics of Facial, Jaw and Headache Pain

Researchers at the University of Maryland School of Nursing (Baltimore) asked us to post the following announcement.

Chronic orofacial pain represents an economic burden both in the United States and worldwide affecting 5-10% of the population. Researchers at the University of Maryland, Baltimore have developed a novel and comprehensive genetic, behavioral and imaging approach to study the role of genetic variations on pain mechanisms in healthy participants as well as participants with facial, jaw and headache pain.

Who is eligible to participate?

You may qualify if:

- You are 18-65 years of age
- You speak and understand English
- You are either in good health or you have had headaches, facial pain, and/or jaw pain recently

This research study:

- Requires one screening visit for ensuring eligibility
- Requires one experimental study session lasting no more than four hours

Compensation for all sessions and parking vouchers are provided. If you are interested, please email CollocaLab@son.umaryland.edu or call 410-706-5975

For more information, please read the [informational flyer](#).

Biobehavioral Pain Management in TMD

Researchers at Johns Hopkins School of Medicine and the University of Maryland Dental School (Baltimore) are looking for volunteers with widespread pain that includes jaw pain (TMD) to participate in a research study to investigate the effect of three different non-drug treatments on pain and sleep symptoms. If you have fibromyalgia and jaw pain you may be eligible. For additional information, please read through the [study information brochure](#) and [patient consent form](#).

Comparative Study of Women Considering or Currently Receiving Botox® Injections for TMJ Pain

Are you a woman with in Los Angeles or New York City TMJ pain in facial muscles, who has either:

- a. recently had Botox® injections for your pain or*
- b. not had Botox® for your pain but has thought about such treatment?*

If either is true for you, you may qualify for an observational research study centrally administered by the New York University College of Dentistry. It is funded by the National Institutes of Health (NIH). The purpose of this study is to understand potential health risks that may be caused by treating "TMJ pain" with Botox® injections. Potentially eligible women must first complete a brief interview via telephone to confirm eligibility. [Click here for further study information and details](#).

NIH Funding Opportunities

Basic and Clinical Research

In an effort to promote greater understanding of TMD, and to develop safe and effective evidence-based diagnostics and treatments, The TMJ Association promotes and encourages basic and clinical research on Temporomandibular Disorders. [We invite you to view a listing of the latest National Institutes of Health \(NIH\) funding opportunities for scientists interested in advancing TMJ research.](#) The following are the newest NIH requests for information and funding announcements:

- [Request for Information: Increasing the Varieties of Marijuana and Marijuana products for Research \(NOT-DA-16-034\)](#)

The National Institute on Drug Abuse (NIDA) supports the production of research grade marijuana and marijuana products (i.e. extracts, purified cannabinoids, etc.) for research.

- [Factors Underlying Differences in Female and Male Presentation for Dental, Oral, and Craniofacial Diseases and Conditions \(R01\)](#)
- [Factors Underlying Differences in Female and Male Presentation for Dental, Oral, and Craniofacial Diseases and Conditions \(R21\)](#)

The purpose of this funding opportunity announcement is to encourage exploratory/developmental research on mechanisms underlying the manifestations of sex-based differences in Dental, Oral, and Craniofacial (DOC)-related diseases and conditions. Specifically, this initiative encourages studies aimed at understanding immune reactivity, genetic variation, environmental triggers, aging, and hormonal changes as they affect sex-based differences in DOC-related diseases and conditions including, but not limited to, Sjögren's Syndrome (SS), orofacial pain, **temporomandibular joint (TMJ) disorder** (TMD), salivary gland tumors, and human papillomavirus (HPV)-associated oropharyngeal cancers.

- [NIDCR Small Research Grants for Secondary Analysis of FaceBase Data \(R03\)](#)

The FaceBase Consortium is developing a variety of comprehensive datasets on craniofacial development that are available to the wider scientific community at www.facebase.org. This funding opportunity announcement (FOA) will support meritorious research projects that conduct secondary data analyses of these FaceBase datasets relevant to craniofacial development, human craniofacial conditions or traits, and animal models of those craniofacial conditions. Informatics projects that integrate data from multiple FaceBase datasets are especially encouraged.

Young Investigators Urged to Apply for USBJI Career Development and Grant Mentoring Program

The United States Bone and Joint Initiative (USBJI) and Bone and Joint Canada are dedicated to increasing research of musculoskeletal diseases. The USBJI has developed a grant mentoring program to provide early-career investigators an opportunity to work with experienced researchers in our field to assist them in securing funding and other survival skills required for pursuing an academic career.

This program is open to promising junior faculty, senior fellows or post-doctoral researchers nominated by their department or division chairs. It is also open to senior fellows or residents that are doing research and have a faculty appointment in place or

confirmed. Basic and clinical investigators, without or with training awards (including K awards) are invited to apply. Investigators selected to take part in the program attend two workshops, 12-18 months apart, and work with faculty between workshops to develop their grant applications. The next workshop is scheduled to take place April 7-9, 2017 in Rosemont, Illinois (Chicago). The unique aspect of this program is the opportunity for attendees to maintain a relationship with a mentor until their application is funded.

Deadline to apply for the Spring 2017 Workshop is **January 15, 2017**. To apply for this program, please go to their website, www.usbjj.org/programs/yii/call-for-application

Research E-Newsletter

Cutting Edge - COPCs Research Advances

Cutting Edge - COPCs Research Advances, is an electronic newsletter published by the Chronic Pain Research Alliance, an initiative of The TMJ Association. Developed to keep the medical-scientific community abreast of recent research advances, this



CUTTING EDGE a publication of 
COPCs Research Advances

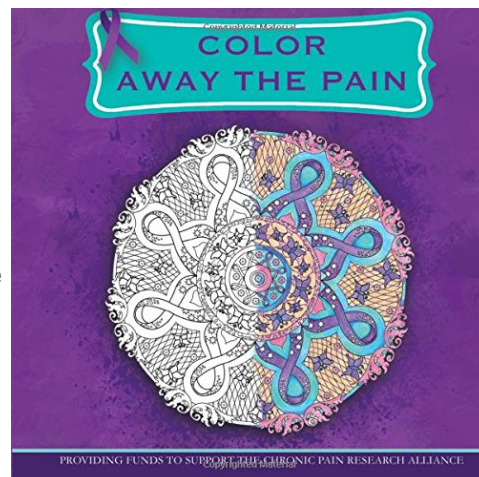
publication contains abstracts of recently published studies on the epidemiology, pathophysiology and clinical management of Chronic Overlapping Pain Conditions. These conditions include **temporomandibular disorders**, chronic low back pain, chronic migraine and tension-type headache, endometriosis, myalgic encephalomyelitis/chronic fatigue syndrome, fibromyalgia, vulvodynia, irritable bowel syndrome and interstitial cystitis/painful bladder syndrome.

The most current issues are now available for your review at:

http://www.cpralliance.org/New_Findings. If you would like to receive future issues of *COPCs Research Advances*, [click here to register](#).

Do You Enjoy Coloring?

[Check out this new book by Jack Plaxe, *Color Away the Pain*](#). Jack and his team created a new coloring book to raise funds for research and recently contact us and said his team wanted to support the TMJA's initiative, the Chronic Pain Research Alliance. They will donate 100% of the royalties. Additionally, if you order through [AmazonSmile](#), the TMJA will benefit a second time from your purchase when you select **The TMJ Association** as your charity.



Educational Brochure on TMD

A Resource Guide for Temporomandibular Disorders

This brochure is a straightforward, easy-to-read booklet that guides patients in how to make health care decisions. It is available [by mail](#) or as a [PDF on our website](#) and we encourage you to share it with your friends, health care professionals and family members.

TMD Nutritional Guide

TMD Nutrition and You

TMD Nutrition and You, was specifically developed to help those with compromised oral function maintain healthy nutrition despite their oral disability. [Click here to download a free copy of our booklet.](#)

Dental Care Guide

Temporomandibular Disorders, Dental Care and You

The TMJ Association developed this guide to provide you with oral hygiene self-care tips that you can do at home, as well as suggestions for future dental appointments. Routine maintenance of your teeth and gums should reduce the risk of dental disease and the need for invasive dental treatments. [Click here to view on our website.](#)

TOBI

Our New Community Partner

The TMJA was recently invited by TOBI to be one of their community partners and participate in the [TOBI Cares Donation program](#). TOBI is a fashion e-commerce company with over 1.5 million customers worldwide. TOBI will donate 1% of eligible purchases to The TMJ Association.

TOBI

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Support Our Work

The TMJ Association (TMJA) is the only patient advocacy organization fighting for the best science that will lead to a greater understanding of Temporomandibular and related disorders, as well as safe and effective treatments. We cannot *change the face of TMJ* without YOU.

[Click HERE to make a tax-deductible online contribution today!](#)



About The TMJ Association

Changing the Face of TMJ

The TMJ Association, Ltd. is a nonprofit, patient advocacy organization whose mission is to improve the quality of health care and lives of everyone affected by Temporomandibular Disorders (TMD). For over 25 years we have shared reliable information on TMD with people like you. We invite you to visit our website, www.tmj.org.

- If you're not currently receiving *TMJ News Bites* and would like to be on our mailing list, [sign up here](#).
- Past issues of *TMJ News Bites* are also available on our website.

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