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# A DECISION TREE DID NOT INCREASE TREATMENT IN PATIENTS WITH TEMPOROMANDIBULAR DISORDERS

Anna Näsström & Jakob Fallgren  
Tutor Anna Lövgren & Anders Wänman

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Faculty of Medicine, Department of Odontology, Umeå University, Umeå, Sweden

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## **ABSTRACT**

**Aims:** Many patients with temporomandibular disorders (TMD) seem to go undetected within primary dental health care. Previous studies have concluded that further efforts are needed to safeguard the clinical decision process in dentistry for patients with probable TMD. Primarily we evaluated if the implemented intervention in 2015 that was based on the 3Q/TMD increased the clinical decision-making for TMD patients compared to clinics that did not receive the intervention; secondarily we evaluated if other factors could be identified that predict performed or recommended TMD treatment; thirdly we evaluated treatment frequencies between 3Q-positives and 3Q-negatives at the intervention clinics.

**Methods:** This case-control study was carried out within the Public dental health service in Västerbotten county, Sweden. An intervention based on a decision-tree with three screening questions for TMD (3Q/TMD) was implemented at four PDH clinics, intervention clinics. A total of 400 individuals were selected – 200 of 3Q-positives and 200 of 3Q-negatives. Clinics that were not included in the intervention programme was used as reference. The 3Q/TMD answers were analysed in relation to any TMD related decision that was collected from the digital dental records.

**Results:** The intervention did not increase the frequencies of traceable clinical decisions among 3Q-positive patients at the interventions clinics when compared to the reference clinics.

**Conclusions:** Despite the tailored intervention aimed at optimal use of the 3Q/TMD, the indicated under-treatment of patients with TMD remains. Future studies are still needed to gain a deeper understanding of the clinical decision-making process for TMD patients in general practice dentistry.