Abstract 4 – April 10, 2017

OBJECTIVE:

The aim of this study was to characterize self-reported sleep quality (SQ) in cases with temporomandibular disorder (TMD) and to compare their results with those of healthy controls.

METHODS:

The Pittsburgh Sleep Quality Index (PSQI) was used to measure SQ in a convenience sample of 609 TMD cases and 88 controls. The Research Diagnostic Criteria for Temporomandibular Disorders (RDC/TMD) Axis I diagnostic nomenclature was used, but Axis I diagnoses were based on the consensus of two reliable criterion examiners and not the RDC/TMD algorithms. The PSQI scores for TMD cases were calculated also for the RDC/TMD Axis II measures assessing chronic pain and disability, depression, and nonspecific physical symptoms. PSQI scores of the TMD cases were compared with those from controls.

RESULTS:

TMD cases with one to five TMD diagnoses (n = 609) had a mean PSQI score of 7.0 [95% confidence interval (CI) = 6.7-7.4]. In comparison, the mean score was 5.2 (95% CI = 4.6-5.9) for control subjects. For the subset of TMD cases with pain-free diagnoses (n = 113), the PSQI score was similar to controls with 5.1 (95% CI = 4.5-5.6), whereas it was significantly different for cases with pain-related diagnoses 7.5 (95% CI = 6.6-8.3; n = 87). Although the number of TMD diagnoses and participant age had some influence on SQ, psychosocial status, and pain-related impairment assessed with RDC/TMD Axis II measures had the strongest association with SQ, in particular, dysfunctional chronic pain.

CONCLUSION:

SQ is impaired in TMD patients with pain-related diagnoses, and even more in those with dysfunctional pain. This relationship between sleep and pain suggests that SQ should be assessed in TMD pain patients, especially in those with significant Axis II involvement.