

# Hoofdpijn bij mensen met klachten vanuit het kaakstelsel.

No registrations found.

<b>Ethical review</b>	Positive opinion
<b>Status</b>	Recruitment stopped
<b>Health condition type</b>	-
<b>Study type</b>	Observational non invasive

## Summary

### ID

NL-OMON25738

### Source

NTR

### Brief title

HPWTMD

### Health condition

Temporomandibular disorders, Myalgia, Arthralgia, Migraine, Tension type headache, hoofdpijn, TMD, secondary headache

## Sponsors and support

**Primary sponsor:** Academisch Centrum Tandheelkunde Amsterdam

Oral Kinesiology Department

**Source(s) of monetary or material Support:** fund = initiator = sponsor

## Intervention

## Outcome measures

### Primary outcome

Headache pain (NPRS 0-10)

### Secondary outcome

TMD pain (NPRS 0-10)

Functional Limitation (NRS 0-10)

## Study description

### Background summary

Headache is common in patients with temporomandibular joint dysfunction (TMD). Migraine and tension headaches are the most common, followed by secondary headache as a result of TMD. International criteria for describing the secondary headache that when the TMD is treated successfully, this has a positive effect on the headache. This, however, has not yet been demonstrated. In addition, migraine and TMD are associated conditions, so it is hypothesized that a positive treatment effect on TMD also has a positive effect on migraine. Eighty consecutive patients from the Orofacial Pain Clinic of the Academic Center for Dentistry Amsterdam will be invited to participate in this study. A questionnaire regarding recent TMD pain, headache and functional impairment will be sent at baseline, 4 weeks, 8 weeks and 12 weeks after the treatment started.

### Study objective

In TMD patients with concomitant headache, it is hypothesized that treatment of the TMD complaints will have a positive effect on the headache as well. The effect size is expected to depend on the type of headache, with the strongest effect for secondary headaches attributed to a TMD, followed by migraine and the tension type headache.

### Study design

Baseline

T1 = 4 weeks

T2 = 8 weeks

T3 = 12 weeks

### Intervention

Usual care, consisting of: dentistry, physical therapy, psychology

## Contacts

### **Public**

Academic Center for Dentistry Amsterdam  
Hedwig van der Meer  
Amsterdam  
The Netherlands  
+31 6 21639074

### **Scientific**

Academic Center for Dentistry Amsterdam  
Hedwig van der Meer  
Amsterdam  
The Netherlands  
+31 6 21639074

## Eligibility criteria

### **Inclusion criteria**

- Older than 18 years
- No mental issues
- TMD diagnosis according to Diagnostic Criteria for TMD (DC/TMD)
- Migraine, tension type headache or secondary headache attributed to a TMD, according to the International Classification of Headaches Disorders (ICHD-3).

### **Exclusion criteria**

- Individuals who do not understand the Dutch language
- People who are not available for follow-up measurements
- Severe pathology (eg. Brain tumor)

## Study design

## Design

Study type:	Observational non invasive
Intervention model:	Other
Allocation:	Non controlled trial
<b>Control:</b>	N/A , unknown

## Recruitment

NL	
Recruitment status:	Recruitment stopped
Start date (anticipated):	01-10-2016
Enrollment:	60
Type:	Actual

## IPD sharing statement

**Plan to share IPD:** No

## Ethics review

Positive opinion	
Date:	23-11-2016
Application type:	First submission

## Study registrations

### Followed up by the following (possibly more current) registration

No registrations found.

### Other (possibly less up-to-date) registrations in this register

No registrations found.

## In other registers

Register	ID
NTR-new	NL6204
NTR-old	NTR6368
Other	Ethische Commissie ACTA : 2016009

## Study results

### Summary results

Van der Meer HA, Speksnijder CM, Engelbert RHH, Lobbezoo F, Nijhuis-van der Sanden WM, Visscher CM. The association between headaches and temporomandibular disorders is confounded by bruxism and somatic complaints. Submitted.<br><br>

Gaul C, Visscher CM, Bhola R, et al. Team players against headache: Multidisciplinary treatment of primary headaches and medication overuse headache. J Headache Pain. 2011;12(5):511-519.