

Rethinking the Management of Temporomandibular Disorders: Beyond the Therapeutic Gradient

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Editorial

Towards an evolution of the therapeutic model in temporomandibular disorders (TMD) that can be expressed at the level of the temporomandibular joint or at a distance from it. Their management has long been based on a hierarchical model, commonly referred to as the "therapeutic gradient".

This model, widely adopted until recent years, is based on a sequential progression of treatments, ranging from the most conservative approaches to more invasive interventions. It has established a structured and secure framework for practitioners. However, this approach is essentially part of a biomechanical vision of the temporomandibular joint, where the patient occupies a relatively passive place in the therapeutic process.

The publication in 2020 of the report by the National Academies of Sciences, Engineering, and Medicine (NASEM) marked a turning point in the understanding and management of TMDs. This report highlights the complexity of these conditions, integrating not only available scientific data but also patient experience and the limitations of the healthcare system. It particularly questions the relevance of a strictly linear approach, based on isolated therapeutic escalation [1].

In this context, a new paradigm is gradually emerging: network-based care. This model is based on a multimodal and individualized approach, which includes different interventions such as: patient education, occlusal splints, functional rehabilitation, pharmacotherapy, and cognitive-behavioral approaches. They are implemented in a coordinated manner. The objective is no longer to follow a succession

of predefined steps, but to dynamically adapt therapeutic strategies to the specific profile of each patient.

This approach gives a central place to the patient, now considered as an integral part of the care, notably through self-management strategies and involvement in therapeutic decisions.

However, the therapeutic gradient cannot be considered obsolete. It retains a certain clinical value, particularly as a reference framework to limit premature recourse to invasive interventions. Nevertheless, it appears insufficient today when used exclusively.

Ultimately, the management of TMDs is moving towards a more integrative, flexible and patient-centered approach. The current challenge is to articulate these new models with the fundamental principles of safety and clinical rigor, in order to optimize therapeutic results in an increasingly complex context.

References

1. National Academies of Sciences, Engineering, and Medicine. Temporomandibular Disorders: Priorities for Research and Care. Washington, DC: The National Academies Press; 2020.