

## Two New Entities: Newly Developed Diagnostic Criteria for Temporomandibular Disorders, and the *Journal of Oral & Facial Pain and Headache*

The field of Orofacial Pain is receiving special attention this year due to 2013–14 being declared the “Global Year Against Orofacial Pain” by the International Association for the Study of Pain. This issue of the journal includes a particular focus on one of the most common orofacial pain conditions, namely temporomandibular disorders (TMD). The etiology and pathogenesis of TMD are still unclear, and this uncertainty has added much fuel to the decades-long debate about the diagnostic and management approaches for these conditions.

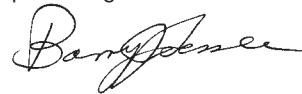
It is now 22 years since a landmark article<sup>1</sup> was published in this journal—known then as the *Journal of Craniomandibular Disorders: Facial and Oral Pain*. The article presented Research Diagnostic Criteria for TMD (RDC/TMD), a dual-axis diagnostic system that reflects the biopsychosocial health model and that is supported by a history and examination protocol. The Axis I protocol focuses on clinical assessments of signs and symptoms, while the Axis II screening instruments evaluate pain-related disability and psychological status. There are two often-overlooked aspects of the RDC/TMD: (1) the RDC/TMD were intended as a first step towards improved classification of TMD and as a basis for future studies of the reliability and criterion validity of the Axis I diagnostic algorithms and of the clinical utility of the Axis II instruments; and (2) as the name implies, the RDC/TMD were meant primarily for research purposes and not to be fully applicable for day-to-day clinical usage for TMD patients. Indeed, many conferences, as well as articles such as a recent Focus Article and associated Critical Commentaries in the *Journal of Orofacial Pain*,<sup>2–5</sup> have drawn attention to some limitations of the RDC/TMD Axis I assessments in their clinical utility. Nonetheless, the original RDC/TMD Axis I diagnostic algorithms were reported to be clinically reliable for the most common TMD.<sup>6</sup> However, the recent Validation Project reported in this journal that the RDC/TMD Axis I validity is below target sensitivity and specificity.<sup>7,8</sup> These findings led to the development of revised RDC/TMD Axis I diagnostic algorithms that subsequently were modified by a panel of clinical and basic science pain experts through the use of comprehensive searches of the relevant TMD literature followed by review and consensus via a formal structured process. A comprehensive search of the literature also identified new Axis II instruments. The results of this extensive process are reported in the article by Schiffman et al in this issue of the journal, immediately following this editorial.

The new Diagnostic Criteria for TMD (DC/TMD) protocol recommended in this article include both screening and confirmatory assessments for the most common Axis I physical diagnoses and for Axis II contributing factors. It is proposed that the DC/TMD protocol be used within any clinical setting and that it can support diagnostic activities ranging from screening to definitive evaluation and diagnosis. The new Axis I protocol encompasses a valid screener for detecting any pain-related TMD plus valid diagnostic criteria

to differentiate the most common pain-related TMD and one intra-articular disorder. The new Axis II protocol includes screening and comprehensive self-report instruments; it retains selected screening instruments of the original RDC/TMD but is augmented by new instruments that assess jaw function and behavioral and additional psychosocial factors.

This article, like the initial RDC/TMD paper of 22 years ago and further subsequently published revisions, represents an important step in the evolution of the diagnostic paradigms for TMD to more accurately direct the clinician in his or her provision of personalized care for patients with TMD and other conditions manifesting orofacial pain. It also promises to be helpful in addressing that elusive goal of a better definition of the etiology and pathogenesis of TMD.

Also noteworthy with this first issue in 2014 is the change in name of the journal and the broadened coverage that it provides. The name has been modified to reflect the increasing number of papers published in the journal in recent years on headaches in addition to those papers focusing on pain conditions manifested in the face and mouth, the frequent comorbidity of certain types of headaches with some orofacial pain conditions such as TMD, and several similarities in the mechanisms that appear to underlie many types of headaches and orofacial pain conditions. Thus the *Journal of Oral & Facial Pain and Headache* welcomes submissions that specifically address mechanistic, diagnostic, or management matters pertaining to headaches.



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