



Improvement and Care Seeking for Temporomandibular-Pain Complaints. The Complexity of Chronic Pain

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The aim of this thesis was to improve the understanding of the role of biopsychosocial factors in the development of “Temporomandibular disorders” (TMD)-pain complaints and care seeking behavior. For this purpose, a questionnaire survey was conducted among a sample of participants with TMD pain. The questionnaire aimed to cover a wide range of potentially important biopsychosocial factors.

Two instruments, that were considered important for this purpose, were not readily available and needed to be developed. In **Chapter 2** the “Patient-Specific Approach” (PSA) and in **Chapter 3**, the “Social Support and Pain Questionnaire” (SPQ), were presented, together with an evaluation of their psychometric properties.

In **Chapter 4** a baseline questionnaire was set out amongst subjects with TMD-pain complaints in seven TMD-clinics in The Netherlands, and in a non-clinical population sample. First, biopsychosocial characteristics of those who did seek care for their TMD-pain complaints (care seekers), were compared to those who did not (non-care seekers). Additionally, the group of care seekers was further studied with respect to the number of care practitioners they had attended for their TMD complaints. 203 persons with TMD pain participated in the study, of which 169 (140 females) were care seekers, while the other 34 persons (25 females) were non-care seekers. From multiple-regression models it showed that the decision to seek care was not only associated with pain intensity ($p < 0.05$), but, in women, also with fear of jaw movements ($p < 0.01$). The main predictors were catastrophizing ($p = 0.004$) and the use of painkillers ($p = 0.008$).

In **Chapter 5**, to further investigate differences between care seekers and non-care seekers, semi-structured interviews were held: 8 care seekers and 8 non-care seekers, were selected from the preceding study sample. From the analysis, seven differentiating themes were identified: “catastrophizing”, “pain management”, “assertiveness”, “critical attitude towards healthcare”, “confidence in medical care”, “recognition” and “adequate referral”.

Finally, it was investigated whether biopsychosocial factors at baseline also influence the 6-month rehabilitation of TMD-pain (**Chapter 6**). Half-a-year after their recruitment, participants of the survey study, received a follow-up questionnaire. Based on this questionnaire, participants were classified as “improved” or “not improved”. From the 129 patients that

responded to the baseline questionnaire, 100 patients also filled in the follow-up questionnaire (85% female, mean age (years) \pm SD = 46.0 \pm 13.8). Pain duration was the strongest predictor for 6-month improvement ($p=0.009$). Also the number of care providers visited before ($p=0.017$), and the degree of hindrance on function as measured with the PSA ($p=0.045$) were predictors for improvement.

Conclusion:

Besides from the intensity of the pain complaint, care seekers are more alarmed (expressed by the fear of movement) by their complaints than non-care seekers. Moreover, within the sample of care seekers, also the continuous search for help (expressed by the number of healthcare practitioners they had visited) is mainly related to the level of catastrophizing thoughts and use of pain medication, and not influenced by the pain intensity.

Besides pain duration, patients who have visited many healthcare practitioners and who show higher levels of hindrance in function, have a higher risk of persisting pain complaints at 6-months follow-up.

Surprisingly, only few associations are found between biopsychosocial factors and care seeking or improvement.