

LONG-AWAITED RELIEF

Dr. Durden Focuses On TMJ Disorders, Sleep Disorders And Craniofacial Pain

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One in four Americans seeks care for acute and chronic pain in the face and neck

at some point in life. Recurring headaches or muscle aches in the neck or face plague these people every day, and often they are either misdiagnosed, or their physicians are unable to determine the cause of their pain. Many continue to suffer without answers or relief.

Fortunately, Dr. Phillip Durden of Winterville Family Dentistry and TMJ Therapy Center in Winterville, Ga., is dedicated to serving these individuals and providing them the relief they deserve. As a general dentist, Dr. Durden has encountered many patients with severe pain and chronic headaches, and he eventually began to determine the best diagnostic methods and treatment systems available for these patients. While still practicing general dentistry, Dr. Durden's practice is focused on the comprehensive treatment of temporomandibular joint disorder (TMD), obstructive sleep disorders and craniofacial pain. Dr. Durden strives to educate both patients and physicians about the signs of these disorders and the available treatments.







Temporomandibular joints are a complex system of bone, muscle, nerves and soft tissue located in front of the ears. These joints are used more than any other joint in the body, and they can easily become misaligned causing headaches and pain in the ears, face and

neck. Because not all of the symptoms take place around the jaw itself, these symptoms can easily be misread and misdiagnosed as migraines, tension headaches or symptoms of stress. “TMJ disorder is often thought of as the great imposter,” Dr. Durden says.

Through careful and in-depth diagnosis Dr. Durden is able to determine the underlying causes of patients’ problems, and thus begin the process of recovery. Using the BioPAK® System, Dr. Durden and his staff monitor the movement and direction of the jaw. The patient wears a specially-designed headset, and microphones amplify any clicking or popping in the joint. Dr. Durden also takes extensive x-rays of his patients both standing and sitting and from several angles. “The jaw bone is connected to the toe bone almost,” says Leigh Bagwell, Clinical Assistant, and Dr. Durden and his staff work relentlessly to examine all the nuanced connections.

If TMD is diagnosed, Dr. Durden and his staff then design a treatment plan customized to the patient’s needs. Durden compares treatment of TMD to peeling away the layers of an onion. Peeling back one layer can expose another set of problems to combat.

In the 80s and early 90s, more than 50 percent of TMD patients were treated through surgery. However, many times the benefits achieved by the surgery wear off over time. Often, “after a year or so, their problems come back with a vengeance,” Dr. Durden says. Not only do the original symptoms reappear, but the extensive scar tissue around the joint increases the pain and limits movement. Today, less than five percent of TMD patients undergo surgery for their symptoms.

Usually TMD requires lifetime management. The symptoms and pain will ebb and flow, according to Dr. Durden. However, with a sound understanding of what is causing the symptoms, Dr. Durden can help manage the pain through ongoing therapy so that it does not create constant interruption in a patient’s life.

Dr. Durden can provide in-house physical therapy for everything from the neck up. Ultrasounds and muscle stimulations can help with certain ailments, while the InSight Cold Laser® helps with others. The small laser is able to directly pinpoint an injured area. “This is something that we use quite a bit,” Melisa Eberhardt, Patient Coordinator says. Having debuted in Europe about 30 years ago, these lasers have been spreading to the U.S. over the past 10 years. The infrared light source stimulates the parts of the cell that are responsible for healing. Ligaments and tendons are generally slow to heal, in part because there is not much blood flow around them. Generally, a patient will undergo treatment a couple times a week for several weeks. Each treatment takes only minutes.

While Dr. Durden can diagnose and treat TMD, he can also often determine the likelihood that a patient is suffering from a sleep disorder such as obstructive sleep apnea (OSA). Patients suffering from OSA encounter 20 to 40 second “apneas,” which are interruptions in their breathing due to obstruction of the upper airway.

While sleep disorders may seem outside a dentist’s expertise, “there is a huge correlation between sleep disorders and jaw joint problems,” Dr. Durden says. Sleep disorders can cause sleep bruxism (jaw clenching), which

can lead to TMD. Through the extensive x-rays Dr. Durden takes to diagnose TMD, he can also observe the size of the airway opening. A small opening could be a sign of a possible sleep disorder. When a patient lies down to sleep, his/her tongue recedes and can potentially block the airway causing interrupted breathing during sleep.

“We cannot diagnose sleep disorders,” Dr. Durden says, but he can help manage the symptoms. When Dr. Durden suspects a patient might be suffering from a sleep disorder, he first determines the probability of a disorder using several screening tests. If a sleep disorder is apparent, Dr. Durden refers the patient to a sleep doctor and then helps the patient determine the best solution.

Continuous Positive Air Pressure (CPAP) is the gold standard for treatment of OSA. The CPAP machine gives pressurized air to the patient through a nasal mask worn at night. However, not all OSA sufferers tolerate the CPAP machine, and oral appliances are a viable alternative. In fact, the American Academy of Sleep Medicine identifies oral appliances as the first line of defense in treating mild to moderate obstructive sleep apnea.

SYMPTOMS OF TMJ DYSFUNCTION

- Headache
- Facial pain
- Neck or shoulder pain
- Back pain
- Tingling in arms or fingers
- Ringling or stuffiness in ears
- Dizziness
- Pain when chewing or yawning
- Clicking, popping or grating sounds
- Limited jaw opening or locking of the jaw

An oral appliance recommended by Dr. Durden, such as the SomnoDent MAS®, moves the lower jaw slightly forward. Because the tongue is connected to the lower jaw, this moves the tongue forward and tightens the soft tissues and muscles of the upper airway so that it does not obstruct the airway. The patient is able to adjust the appliance to move the jaw as far forward as he/she needs. Often a patient relies on spousal feedback, as the spouse is often acutely aware

of whether the patient is continuing to snore.

It takes about a month for the appliance to feel natural, after which it becomes habit. Sometimes an appliance can be used in conjunction with CPAP because it can open and stabilize the airway so that the patient does not feel as much air pressure from the CPAP machine. □

For questions about TMD or OSA, call Dr. Durden at 706.742.7000. Winterville Family Dentistry and TMJ Therapy Center is located at 104 Moores Grove Road, Winterville, Ga. 30683. www.wintervilledental.com

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