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Supplemental therapy can ease pain for people suffering from common jaw disorder

DALLAS – Feb. 5, 2007 – A new supplemental therapy that teaches pain coping and biofeedback skills can reduce pain, the potential for chronic pain and health-care costs for millions of Americans suffering from a common jaw disorder, UT Southwestern Medical Center researchers have found.

The therapy certainly did the trick for Harriet Velevis, a Dallas pre-kindergarten teacher.

Her jaw used to throb with intense pain that made it hard to eat or do her job, and dental care provided little relief. But after participating in a UT Southwestern trial of the supplemental therapy, called early biopsychosocial intervention, she learned to self manage the pain. The intervention teaches a combination of coping techniques and tips on controlling stress-related bodily functions.

"Eventually I had no pain symptoms thanks to these techniques. I still use them today," Mrs. Velevis said. "For instance, I have a picture of a countryside scene in my classroom and I focus on it if I begin to grit my teeth or clench my jaw. Focusing on something that makes you happy helps your body relax."

UT Southwestern's trial evaluated early biopsychosocial intervention, which aims to help people at risk of developing chronic pain due to temporomandibular disorder, or TMD. The condition, which is associated with jaw or facial pain, affects more than 10 percent of Americans, making it the second-most common pain-causing muscular and skeletal condition, behind low-back pain.

Trial participants -20 men and 81 women who ranged in age from 18 to 70 – were divided into two groups. One group got an intervention and standard dental care and the other received standard care alone.

The results, described in a study appearing online today in the *Journal of the American Dental Association* and in another study published in the journal's March 2006 issue, show that those who received the intervention had significantly lower levels of pain and fewer doctor visits.

Study participants in the intervention group also spent less money on treatment than those with no intervention, said Dr. Anna Stowell, assistant professor of psychiatry and anesthesiology and pain management at UT Southwestern and co-author of the studies. Standard care for TMD, such as medication, physical therapy and surgery, can be expensive.

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"The early intervention can reduce TMD-related pain levels, stave off chronic pain and save people money on costly treatments," Dr. Stowell said.

In search of a low-cost supplement, researchers in this study combined two separately effective teaching techniques – pain-coping and biofeedback skills – into early biopsychosocial intervention.

The six-week intervention teaches patients about the mind-body relationship, the body's reaction to stress and relaxation training in everyday settings. Instruction also is given on biofeedback (the use of monitoring equipment attached to the body to record changes in muscle tension, respiration and temperature) to teach a person to control those functions generally considered involuntary.

About 50 of the study participants received the intervention and a year later reported reduced levels of pain. They also had improved coping abilities and better moods and emotions, Dr. Stowell said. The other half of the participants, who did not undergo intervention, made many more trips to a doctor to seek pain treatment. They also reported more general anxiety and other disorders.

"The intervention really helps people become more capable of managing pain," said Dr. Stowell, who works at the Eugene McDermott Center for Pain Management.

Other UT Southwestern researchers involved in the *JADA* study were Dr. Edward Ellis, professor of oral and maxillofacial surgery, and Dr. Robert Gatchel, clinical professor of anesthesiology and pain management and professor and chairman of psychology at UT Arlington. Another UT Arlington researcher and a Richardson dentist also were involved.

The National Institutes of Health-funded study has earned the Giddon Award for Distinguished Research in the Behavioral Sciences from the International Association of Dental Research.

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