STABILISERINGSSKINNE

- Ebrahim S, Montoya L, Busse JW, Carrasco-Labra A, Guyatt GH: The effectiveness of splint therapy in patients with temporomandibular disorders: a systematic review and meta-analysis. J Am Dent Assoc 2012;143:847-857.
- Fricton J, et al. Systematic Review and Meta-analysis of Randomized Controlled Trials Evaluating Intraoral Orthopedic Appliances for Temporomandibular Disorders. J 0ROFAC PAIN 2010;24:237–254.

Intraoral orthopedic appliance compared to no treatment, placebo (non occlusal splint), minimal treatment for patient with TMD

Patient or population: Patient with TMD
Intervention: Intraoral orthopedic appliance
Comparison: No treatment, placebo (non occlusal splint), minimal treatment

Outcomes	**Anticipated absolute effects*** (95% CI) **Risk with Intraoral orthopedic appliance**	Relative effect (95% CI)	№ of participants (Studies)	Quality of the evidence (GRADE)	Comments
Pain reduction assessed with: VAS Scale from: 0 to 10 follow up: mean 1-12 months	The mean pain reduction in the intervention group was 0 2.14 higher (0.8 higher to 5.75 higher)	-	216 (3 RCTs)	⨁⨁◯◯ LOW [1] [3]	Hard stabilization appliances, when adjusted properly, have god evidence of modest efficacy in the treatment of TMD compared to no treatment. Other types of appliances have some RCT evidence of efficacy but adverse events are higher. OR > 1 implies that the successful outcome (pain reduction) occurs more often in intervention group than in control group.
Pain reduction assessed with: VAS Scale from: 0 to 10 follow up: mean 6-10 weeks	The mean pain reduction in the intervention group was 0 2.45 higher (1.56 higher to 3.86 higher)	-	434 (7 RCTs)	⨁⨁◯◯ LOW [1] [2] [3] [4]	Hard stabilization appliances, when adjusted properly, have god evidence of modest efficacy in the treatment of TMD compared to non occluding appliances. Other types of appliances have some RCT evidence of efficacy but adverse events are higher. OR > 1 implies that the successful outcome (pain reduction) occurs more often in intervention group than in control group.
Pain reduction assessed with: VAS Scale from: 0 to 11,5 follow up: mean 6-52 weeks	The mean pain reduction in the intervention group was 0.93 standard deviations lower (1.33 lower to 0.53 lower)	-	455 (11 RCTs)	⨁⨁⨁◯ MODERATE [4]	Although the SMD suggested a large effect in splint therapy reducing pain, rescaling the SMD to natural units suggested a modest effect. SMD of 0.2 to represent a small difference, 0.5 medium difference and 0.8 large difference.

***The risk in the intervention group** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).
CI: Confidence interval; **RR:** Risk ratio; **OR:** Odds ratio;

GRADE Working Group grades of evidence
High quality: We are very confident that the true effect lies close to that of the estimate of the effect
Moderate quality: We are moderately confident in the effect estimate: The true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different
Low quality: Our confidence in the effect estimate is limited: The true effect may be substantially different from the estimate of the effect
Very low quality: We have very little confidence in the effect estimate: The true effect is likely to be substantially different from the estimate of effect

1. Only one study met all level 1 criteria
2. Vurdert bare engelsk litteratur, finnes kanskje nyere studier som viser andre resultater
3. Subjektiv måling av smerter
4. Owing lack of reporting allocation, concealment and masking of personnel

Oppsummering: Resultatene viser en effekt på smertereduksjon i favør av hard bittskinne, hvis den er riktig justert, sammenlignet med placebo/ingen behandling/minimal behandling. Andre typer bittskinner har noe RCT bevis for effekt, men med større fare for bivirkninger.
Denne dokumentasjonen er vurdert å være av moderat til lav kvalitet.