OKKLUSAL KORRIGERING

Koh H and Robinson P. Occlusal adjustment for treating and preventing temporomandibular joint disorders. Cochrane Database of Systematic Reviews 2003, Issue 1.

Occlusal adjustment compared to placebo, no treatment for clinically diagnosed TMD patients older than 18.

Patient or population: Clinically diagnosed TMD patients older than 18.
Intervention: Occlusal adjustment
Comparison: Placebo, no treatment

Outcomes	**Anticipated absolute effects*** (95% CI) **Risk with Occlusal adjustment**	Relative effect (95% CI)	№ of participants (Studies)	Quality of the evidence (GRADE)	Comments
Pain frequency/severity (at least three weeks after the intervention)	The mean pain frequency/severity in the intervention group was 0.5 higher (0.07 higher to 3.85 higher)	-	18 (1 RCT)	⊕◯◯◯ VERY LOW [1 2 3]	No significant differences between OA and PLACEBO. Kerstein 1997
Headache frequency/severity	The mean headache frequency/severity in the intervention group was 0.9 higher (0.13 higher to 6.08 higher)	-	18 (1 RCT)	⊕◯◯◯ VERY LOW [1 2 3]	No significant differences between OA and PLACEBO. Kerstein 1997
Pain frequency	The mean pain frequency in the intervention group was 6 higher (0.72 higher to 49.84 higher)	-	50 (RCTs)	⊕◯◯◯ VERY LOW [2 4]	No significant differences between OA and REASSURANCE. Vallon 1991.
Headache frequency	The mean headache frequency in the intervention group was 1.4 higher (0.45 higher to 4.35 higher)	-	50 (RCTs)	⊕◯◯◯ VERY LOW [2 4]	No significant differences between OA and REASSURANCE. Vallon 1991.
Overall symptoms improvement	The mean overall symptoms improvement in the intervention group was 3.12 higher (0.12 higher to 80.39 higher)	-	50 (RCTs)	⊕◯◯◯ VERY LOW [2 4]	No significant differences between OA and REASSURANCE. Vallon 1991.
Pain frequency/severity	The mean pain frequency/severity in the intervention group was 0.1 higher (0 higher to 2.15 higher)	-	17 (RCTs)	⊕◯◯◯ VERY LOW [1 2 3]	No significant differences between OA and NO TREATMENT. Kerstein 1997.

***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. Inadequate concealment of allocation
2. One study, few participants
3. No reported blinding
4. Unclear allocation

Oppsummering: Resultatene viser ikke signifikant forskjell mellom okklusal korrigering og ingen behandling / placebo. Det finnes ikke evidens for at okklusal korrigering kan behandle eller forebygge TMD. Dokumentasjonen er vurdert å være av veldig lav kvalitet.