

**MINUTES OF THE 7th ANNUAL MEETING OF THE INTERNATIONAL RDC/TMD CONSORTIUM HELD IN
ASSOCIATION WITH THE 85th GENERAL SESSION OF THE IADR
WEDNESDAY 21 MARCH 2007 AT 11.00 AM - 1.00PM**

Present

Thomas List, Yoly Gonzales, Mike T. John, Nikolas Christidis, Malin Ernberg, Ambra Michelotti, Britt Hedenberg Magnusson, José Velasco Nari, Alexander Zazueta Ndez, Marylee Van Der Meullen, Mark Drangsholt, Octavia Plesh, Eric Schiffman, Randi Abrahamsen, Peter Svensson, Lene Baad-Hansen, Gary Anderson, Christian Hirsch, Alan Glaros, Peter Rammelsberg, William Rush, Brad Rindal, Adel Moufti, Richard Ohrbach, Donald Nixdorf, Luigi M. Gallo, John O. Look, Bill Maixner.

1. Welcome

Director Richard Ohrbach welcomed members and guests to the seventh annual consortium meeting.

2. Previous Minutes

The minutes of the previous meeting of 28 June 2006 held in Brisbane, Australia were accepted.

Executive Committee Reports

3. Director (Richard Ohrbach)

Richard Ohrbach informed the members that the RDC/TMD Consortium has been recognized as a Network within the IADR. Due to increased visibility, the Consortium now has about 10 student members from around the world. Now that the Consortium is an IADR Network, dues are to be paid via the standard dues collection mechanism of the IADR, but there have apparently been some problems with the payment of the annual dues. **He requested that members who have not paid the annual dues to do so at the registration desk at the congress or to do it online after the meeting.**

4. Treasurer (Mark Drangsholt)

Treasurer Mark Drangsholt reported on membership and financial balance of the Consortium. See Appendix.

Committee Chair Reports

5. Translations and Equivalency (Richard Ohrbach)

A text revision of published RDC/TMD protocols and an update on language translations was discussed. The updated translations should be available on the website in the near future. New projects have been proposed, including "Standards for implementing revision of the RDC/TMD protocol". He will contact Committee members in order to start this project.

6. Data Collection and Management (Ambra Michelotti)

Michelotti reported that her university has developed software which enables data collection from multiple centers on a central server. She demonstrated the web page and how it worked. She added that users would need to purchase an automatic upload and data storage on the web server.

7. Communications (Richard Ohrbach)

Due to website problems, information had not been updated for 1 year. Webmaster Dan Emmer reported that the following items must be completed: revise English clinical data collection form; add text-revision

of RDC examination protocol; update post translation and cultural equivalency guidelines; update translations; include notice regarding permission for accessing raw translation; add NIDCR as sponsor for Consortium and translations; add Membership information. Furthermore the following items must be considered: member listing; access member email via site; previous meeting summaries; presentation slides from Consortium-sponsored/-affiliated Symposia. Don Nixdorf volunteered to help monitor and update the website together with Richard Ohrbach.

8. Research committee (Thomas List)

List reported on present research conducted in Scandinavia. Several projects are in progress and involve members from different research centers in the Consortium.

9. IADR Councilor Meeting Report (Richard Ohrbach)

Richard Ohrbach reported on the IADR councilor meeting; the Consortium, as a Network, now has a non-voting member of the Council. Of relevance to the Consortium is the general IADR concern about retaining student members once they complete their dental education. The Consortium membership is asked to consider what we as a group that focuses on methodology might do with respect to our student members.

10. Research Focus (Program Chair: Mike John)

The program included the following lectures:

- Bill Maixner (US)

Genetics of orofacial pain - a promising topic for international collaborative studies?

Maixner reported on the ongoing OPPERA project. The aim of the project is a prospective cohort study of 3,200 initially TMJD-free individuals recruited from major ethnic and racial strata at four study sites, identifying an anticipated 200 incident cases of first-onset-TMJD during a 5-year follow-up period. The second aim is to undertake a case-control study by recruiting ~200 people with chronically symptomatic TMJD identified during cohort recruitment whose history of TMJD precludes them from enrollment in the prospective study. Finally, to measure predictors of TMJD risk in both groups, including both non-causal predictors and etiological factors, analyzing their individual and joint effects using a conceptual, causal model for TMJD that they have developed based on their own studies and other published research. The evaluation of the patients included a comprehensive battery of instruments such as RDC/TMD, different psychometric instruments, blood pressure, somatosensory tests, and genetics.

- Marylee van der Meulen (The Netherlands)

Assessment of oral parafunctions – a possible construct for expansion of the RDC/TMD protocol (part 1). The aim of van der Meulen's study was to assess parafunctions using a questionnaire investigating frequency and types of different classifications of parafunctions (i.e.: bruxism, bite and soft), 'Illness beliefs' (i.e.: asking the patient if he/she thinks that oral parafunctions are stressful for the jaw), and 'Self-Efficacy' beliefs (i.e.: asking the patient if he/she thinks that these types of activities can be unlearned). She concluded that many patients are aware of oral parafunctions and can discriminate between different types. Three different groups of parafunctions can be distinguished (bruxism, bite and soft); brux activities are reported mostly by TMD patients; they are recognized by bruxers to be harmful for the jaw, but they are not always believed to be a factor causing TMD pain. Finally, patients do have an idea about their own capabilities of unlearning bruxism.

- Richard Ohrbach (US)

Assessment of oral parafunctions – a possible construct for expansion of the RDC/TMD protocol (part 2).

Ohrbach reported on the development of the Oral Behavior Checklist. The instrument was used in the laboratory, a field examination was conducted, and the instrument was analyzed in a clinical setting. High frequencies of parafunctions were reported in TMD patients compared to controls. Good reliability was found in the clinical setting for the instrument.

- **Yoly Gonzalez (US)**

Reliability of self-report instruments

The aim of Gonzalez' study was to evaluate the reliability and validity of the physical symptoms assessed in the published RDC/TMD Patient Questionnaire using a test-retest design and semi-structured interview as the criterion standard. The study included 74 subjects who fulfilled the diagnostic criteria for RDC/TMD. The conclusion was that pain items are reliable and valid whereas joint sounds and jaw locking items do not present acceptably strong reliability and validity values.

- **Donald Nixdorf (US)**

Dental practice-based research networks and feasibility of orofacial research

Nixdorf presented a prospective cohort evaluating non-surgical root canal therapy 1 year after treatment. The aims are to determine incidence of persistent pain at 1 year, and to assess the burden on the individual. The sample to be examined is expected to include 2,875 patients, and with 2,500 patients followed up at 1 year (87%) in this prospective collaboration with 160 dentists in a DPRN setting.

- **Eric Schiffman (US)**

Revising the RDC/TMD – the need for discussion

Schiffman reported on a multi-site project that has been carried out in collaboration with the Universities of Buffalo, Washington, and Minnesota. The aim of the study was to establish the reliability and validity of the RDC/TMD and to propose new guidelines. The study included 724 patients who underwent a comprehensive evaluation including RDC/TMD axis I and II and radiological examinations (CT, MRI). They found adequate to good inter-rater reliability of examiner. The Inter-rater reliability of Radiologists for CT was adequate and for MRI was good. The validity of the published RDC/TMD diagnostic criteria was excellent, for both sensitivity and specificity of Myofascial pain. Sensitivity for other published diagnostic criteria was poor, whereas specificity was good to excellent. The next step is to modify the diagnostic groups (i.e., Group 1, Group 2, Group 3) s and to expand number and/or scope of the Axes. To develop the next version of the RDC/TMD, Eric Schiffman proposed a revised algorithm for Axis I diagnosis and encouraged the members of the Consortium to participate with critical suggestions. He also suggested adding new diagnostic groups to axis I. To reach consensus on the revised version of the RDC/TMD, he suggested using the Delphi method. The future direction of this large project has been summarized as follows: develop a modified RDC/TMD protocol for research purposes and a brief version for practice-based networks; modify diagnostic groups and/or expand number of Axes; add clinical indices for use in TMJ imaging; transform CT scans and MR images into 3-D format and explore improving MRI's detection of OA; digitize imaging for accurate computer interpretation; and to submit a further proposal for funding in order to follow the current, well-characterized study population for answering additional research questions.

4. Announcements

Research Diagnostic Criteria For Temporomandibular Disorders

A Hands-On Workshop for Examination Skills Development.

Thomas List (Chair), Yoly Gonzalez, Gary Anderson, Richard Ohrbach, Eric Schiffman.

An Organizing Committee for a satellite meeting at the next IADR was formed, with Peter Svensson and Eric Schiffman as co-chairs, and Richard Ohrbach, Thomas List and Mark Drangsholt as members. Any Consortium members who would like to participate as part of the Organizing Committee are encouraged to

contact the co-Chairs. The purpose of this satellite meeting is to review current evidence for revision of the RDC/TMD.

5. Richard Ohrbach welcomed Thomas List as the next director of the consortium and presented Peter Svensson as the new Co-director.

APPENDICES:

International RDC/TMD Consortium Treasurer's report 2006-2007

Thomas List Ambra Michelotti

APPENDIX I
Intl RDC TMD Consortium Treasurer's report 2006-2007

The past 15 months mark an important transition for the consortium. Because of the international nature of this group, with a single international meeting in Australia last year, the collection of dues has been challenging. Electronic payment via PayPal worked well in 2005, but use of this method for 2006 was not used since it unfairly targeted the same group who had paid for them the previous year. Now, with the advent of becoming an official IADR network group, dues payment is easy, as an add-on to IADR dues payment, and the collected amounts can be quickly deposited into the current dues-free account. If members have forgotten to pay for their consortium membership in 2007, we have extra forms available to complete and pay at the IADR registration desk.

Current bank balance: \$1014.27 (without the deposit of 2007 dues yet)

2006

Expenses:

1/3 of total Honorarium for Prof. Micheal Cousins at Brisbane IADR meeting (the consortium was nicely and prominently noted at the outset by Anne McMillan) 250.00

Income:

Dues payment for 2006 (paid in 2004/2005 in advance)	75.00
Anonymous donation	250.00
2006 Net:	+75.00

2007

Expenses: 0.00

Income:

Dues payment expected of 22 members @ 25.00 each (3/1/07)	550.00
Anticipated dues payment for 10 other members @ 25.00	[250.00]
2007 Net (3/19/07)	550.00

Submitted by Mark Drangsholt, Treasurer, 2004-2007.