

About Reader's Corner in the June 2006 issue of the *Hong Kong Dental Journal*

To the Editor—I am writing with reference to the Continuing Professional Development (CPD) question 3 published in June 2006 issue of the *Hong Kong Dental Journal*. I think you will agree that this is not an easy question to answer.

The article by Lau and Wong¹ stated that "...it is believed that there is no direct relation between the two" (the two being orthodontic treatment and temporomandibular dysfunction). However question 3 asks the following true/false for the statement "It is universally believed that there is no direct relation with temporomandibular dysfunction and proper orthodontic treatment". The insertion of the word 'universally' (as opposed to say 'generally'), fundamentally changes the nature of the question. It is impossible to say that a concept is universally believed if there is the possibility that there is even one dissension.

If I answer true then I am correct because one cannot assume a concept or idea is universally believed. If I answer false then I am correct in the context in which the article is intended. I think you will agree that this is not a reasonable question since both true and false can be correct, depending on the interpretation of the question.

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Reference

1. Lau PY, Wong RW. Risks and complications in orthodontic treatment. *Hong Kong Dent J* 2006;3:15-22.

Authors' reply

To the Editor—Thank you so much for showing your interest in and views on the question published in the *Hong Kong Dental Journal* (HKDJ).

The relationship between orthodontic treatment and temporomandibular dysfunction (TMD) was a hot topic in the late 80's after litigation that alleged orthodontic treatment was the proximal cause of TMD in orthodontic patients. This litigation climate resulted in an increased understanding of the need for risk management as well as for methodologically sound clinical studies. According to a comprehensive review of all these studies conducted by McNamara and Turp¹ and later on published in 1997, the following statements were made: "There is no evidence of increased risk for TMD associated with any particular type of orthodontic mechanics". Orthodontic treatment performed during adolescence does not affect the chances of developing TMD later in life. A similar statement was also issued by the National Institutes of Health (NIH) of the United States during the NIH Consensus Conference 1996². All the available data are not persuasive that orthodontic treatment prevents, predisposes or causes TMD. As such, we have had, for almost 10 years, a consensus among all practicing orthodontists that proper orthodontic treatment will not increase or decrease the chance of TMD. The statement clearly shows the current belief of the profession of

orthodontics in relation to TMD. The question set in the HKDJ is by no means a tricky one, however, your question does raise the different interpretation of the question. We accept both answers correct. Thank you for your comment and your interest in the diversified nature of TMD. The relationship between TMD and orthognathic surgery is another aspect quite interesting to look at.

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References

1. McNamara JA Jr, Turp JC. Orthodontic treatment and temporomandibular disorders: is there is relationship? Part 1: clinical studies. *J Orofac Orthop* 1997;58:74-89.
2. National Institutes of Health Technology Assessment Conference on the Management of TMD's Report 1996; 1996 Apr 29-May 1; Bethesda[MD], US.