



## **Clinical Implications for Dental Patients with Oromandibular Dystonia**

A RESOURCE FOR DENTAL PROFESSIONALS

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If you are reading this publication, chances are that at least one of your patients is affected by *oromandibular dystonia* (OMD), a movement disorder. This double-sided sheet contains information to help you identify how this disorder may impact efforts to treat your patient.

### **BACKGROUND**

Dystonia is a syndrome consisting of sustained muscle contractions, frequently causing twisting and repetitive movements or abnormal postures. The clinical spectrum of dystonia is remarkably vast and the dystonia syndromes are now considered a heterogeneous disorder, comprising a vast array of diseases.

Dystonia affects men, women, and children of all ages and backgrounds. It is not a psychiatric disorder. The involuntary muscle contractions cause varying degrees of disability and pain, from mild to severe. The resulting involuntary movements and postures may significantly impact daily functioning.

### **CLINICAL IMPLICATIONS**

Oromandibular dystonia (OMD) is a form of focal dystonia that involves masticatory, lower facial, labial, and lingual muscles. A variant of OMD, Meige's syndrome, refers to a combination of upper and lower facial motor dysfunction including OMD and blepharospasm (involuntary forcible closure of the eyelids).

The involvement of masticatory muscles in OMD may cause jaw-opening or –closing, lateral deviation, protrusion, retraction, or a combination. These movements often result in involuntary biting of the tongue, cheek, or lips and difficulty with speaking and chewing. Furthermore, the lower facial muscles are often involved and may cause lip-pursing and grimacing, resulting in difficulty with pronunciation. In patients with jaw-closing OMD, dystonic spasms of the temporalis and masseter muscles may result in clenching and grinding of the teeth. OMD is commonly exacerbated by activity, fatigue, anxiety, and stress.

### **A PERSON WITH OMD MAY...**

- Not be able to hold the head, jaw, mouth, or tongue in a fixed position
- Have the head tilted at an angle
- Have the jaw “locked” closed
- Experience pain upon holding a particular position of the head or jaw
- Have difficulty articulating and pronouncing speech
- Use “sensory tricks” to temporarily diminish symptoms such as touching the lips or chin, chewing gum, or biting on a toothpick
- Be self-conscious or embarrassed by the secondary effects of OMD to the teeth and mouth (worn, broken, or misaligned teeth; bite damage to tongue, inner cheek, or lips)

## NOTE

Trauma involving the face or oral and dental structures has been implicated in case reports of OMD. The term *edentulous dyskinesia* has been described in patients with misaligned dentures, which may cause an impairment of the proprioception of the oral cavity, resulting in dystonia.

## GENERAL CONSIDERATIONS

- An individual with dystonia cannot control his or her muscle movements.
- An individual with dystonia may need to adopt an unusual posture in the chair, change position often, or stand for select procedures.
- Extra time may be needed to complete a procedure, or procedures may need to be broken up into multiple appointments.
- Symptoms of dystonia vary greatly from day to day.
- Extra efforts to alleviate anxiety may be appreciated since symptoms worsen with stress.
- An individual with dystonia may express sensitivity to light, noise, odors, and proximity to electric appliances.
- It may be helpful to schedule a client with dystonia with the same hygienist or assistant at each appointment.
- Consultation with the individual's movement disorder specialist may be helpful prior to significant dental procedures.
- Dental professionals are encouraged to be aware of subtle facial grimaces, bite/clenching, tongue-thrust, and other symptoms that may suggest a compromised neuromuscular setting.

## RESOURCES FOR MORE INFORMATION

Dystonia Medical Research Foundation  
800-377-DYST (3978)  
[www.dystonia-foundation.org](http://www.dystonia-foundation.org)

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Special thanks to the following people for their careful review of this publication:

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