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Propranolol may be effective for patients with temporomandibular disorder

200 patients with painful temporomandibular disorder¹ were randomised to 9 weeks of either placebo or extended-release propranolol 60 mg BD starting at OD for the first week.²

In the end, there was no statistical difference between the groups, but when analysing a 50% reduction in scores, both outcomes were statistically significant, with a number needed to treat of 6.1. For the 50% reduction, it was 56% vs 39% respectively.

This is useful to know as there are several other treatments used for the condition with little or no evidence of benefit. The mechanism of action is thought to be the blocking of the adrenalin receptors, which may lead to less muscle spasm.

The extended-release tablet is not available in New Zealand, and an option would be to use 60 mg TDS or QID depending on tolerability.

References:

1. Diagnostic Criteria for Temporomandibular Disorders (DC/TMD) for Clinical and Research Applications: Recommendations of the International RDC/TMD Consortium Network and Orofacial Pain Special Interest Group. J Oral Facial Pain Headache (2014) [View here](#)
2. Efficacy and safety of propranolol for treatment of temporomandibular disorder pain: a randomized, placebo-controlled clinical trial Pain (2020) [View here](#)

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Our mailing address is:

Goodfellow Unit
The University of Auckland | Grafton Campus
22-30 Park Ave, Grafton
Auckland, Auck 1023
New Zealand