

Title page

**MAP** Protocol. Restoring physiological jaw closure and **M**Asticatory function as treatment for chronic facial **P**ain: a randomized clinical trial

Public title: Improving chewing function to treat chronic pain

ACRONYM: MAP

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Authorized signature

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(Chair of Trial Steering Committee for final protocols and amended final protocols)

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Occlusal Adjustment [E06.658.578.200]

Facial Pain [C10.597.617.364]

Chronic Pain [C10.597.617.258]

Mastication [G10.261.326.240.500]

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## **Background**

Chronic temporomandibular joint (TMJ) disorders (TMD) are the main cause of facial pain, and the second cause of musculoskeletal pain after low-back pain. The cause of TMD is unknown and therapy is usually empirical. Systematic reviews have shown that more research is needed to elucidate the benefits of occlusal adjustment for TMD. The risk factors for chronic unilateral TMD include dental (occlusal) premature contacts and habitual chewing on the affected side; therefore, a new occlusal therapy is proposed to restore physiological jaw closure and chewing function.

## **Aims**

The primary endpoint will be the average change in pain score from baseline to the six-month assessments. Efficacy will be demonstrated by superior pain relief with the active treatment compared with the placebo.

## **Methods**

### *Study design*

A phase 3, randomized, single (extensible to up three) centre, 6-month parallel-group, patient- and observer-blinded, placebo-controlled clinical trial to assess the efficacy of occlusal adjustment on recovery of physiological jaw closure and chewing function in patients with TMD.

### *Study population*

Inclusion criteria: TMD patients, aged 18-65 years with full dentates and normo-occlusion suffering significant pain (pain scores  $\geq 4$  and  $\leq 9$ ; method: visual analogue/numerical rating scale (VAS/NRS); 0 = no pain, 10 = worst imaginable pain). Main exclusion criterion is the requirement of excessive enamel removal to equilibrate the dental articulation (occlusion).

### *Intervention*

*Active* therapy will consist of the elimination of premature tooth contacts and the reduction of the steeper lateral anterior guidance. *Placebo* therapy will be conducted in a manner identical to the active adjustment, but no enamel will be removed.

### *Outcomes*

Main outcome: self-reported pain intensity on the affected side measured by the VAS and/or NRS scale.

Secondary outcomes: maximum comfortable mouth opening (using a Boley gauge), chewing function (observed on the habitual chewing side) and quality of life using self-administered tests. Time frame: baseline and both 3- and 6-months follow-up.

### *Sample size estimation*

Based on data from a previous study, we assume a standard deviation of 2.4 for this variable. We will test the null hypothesis of no treatment effect at the two-sided 0.05 level. With a fixed sample size design, a total sample size of 88 subjects (extended to 110 for drop-outs) with complete follow-up would provide power of 0.8 to detect changes in pain score of 1.5 units between the active and placebo treatment groups.

#### *Interim analysis plan and stopping rules*

The Data and Safety Monitoring Board will be responsible for activating early stopping. The study will employ an interim analysis plan with a single interim analysis after 70% of participants have completed the six-month follow-up visit. Using the Lan-DeMets version of the O'Brien-Fleming stopping rule, the critical value for statistical significance at the interim analysis (under both intention-to-treat and *per-protocol* sets) will be +2.438, corresponding to a nominal two-sided P value of 0.0146.

#### *Statistical analysis plan*

For analysis of baseline characteristics, qualitative variables will be expressed as frequencies and percentages (25th -75th percentiles) and continuous variables as means (standard deviation). Fisher's exact or McNemar tests will be used to compare the distributions of binary variables; Student t test or measurements repeated analysis of variance will be used to compare normal variables, and the Wilcoxon or Mann-Whitney U test for non-normally distributed continuous variables.

All analyses will be conducted by two independent statisticians according to the intention-to-treat approach (the primary outcome was also analyzed as per protocol).

The objective of this analysis is to adjust regression models that explain the outcomes of interest as a function of time and group. Based on the properties of the analyzed variables, the model fit of the analyses based on the linear mixed-effects model or the beta mean regression model with mixed effects, using the Akaike Information Criterion or the Bayes Information Criterion. Plots of residuals were used to check that the model assumptions were met and to assess goodness of fit. Statistical significance level was set at 0.05. All the analyses were conducted using the software R (R Development Core Team), including the "lme4" and the "gamlss" packages or IBM SPSS24.

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#### **Date trial started**

11<sup>th</sup> August, 2014.

#### **Expected end date**

July, 2017.

The authors state that there are no conflicts of interest to report.