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Psihijatrijski aspekti sindroma temporomandibularnog zgloba: prikaz slučaja

/ Psychiatric Aspects of Temporomandibular Joint Syndrome: A Case Report

Niko Mastelić[1], Tonći Mastelić[2,3,4], Tonka Borovina Marasović[2], Marinela Krištić[2,3,5], Davor Lasić[2,3], Trpimir Glavina[2,3]

[1]Privatna ordinacija dentalne medicine Ivić Rakun, J. Polić Kamova 65, 51000 Rijeka, Hrvatska; [2]Klinika za psihijatriju, Klinički bolnički centar Split, Spinčićeva 1, 21000 Split, Hrvatska; [3]Katedra za psihijatriju, Medicinski fakultet, Sveučilište u Splitu, Šoltanska 2, 21000 Split, Hrvatska; [4]Katedra za psihološku medicinu, Medicinski fakultet, Sveučilište u Splitu, Šoltanska 2, 21000 Split, Hrvatska; [5]Katedra za javno zdravstvo, Medicinski fakultet Osijek, Sveučilište Josipa Jurja Strossmayera u Osijeku, Josipa Huttlera 4, 31000 Osijek, Hrvatska

/ [1]Ivić Rakun Dental Studio, J. Polić Kamova 65, 51000 Rijeka, Croatia; [2]Department of Psychiatry, University Hospital of Split, Spinčićeva 1, 21000 Split, Croatia; [3]Department of Psychiatry, School of Medicine, University of Split, Šoltanska 2, 21000 Split, Croatia; [4]Department of Psychological Medicine, School of Medicine, University of Split, Šoltanska 2, 21000 Split, Croatia; [5]Department of Public Health, Faculty of Medicine Osijek, Josip Juraj Strossmayer University of Osijek, Josipa Huttlera 4, 31000 Osijek, Croatia

ADRESA ZA KORESPONDENCIJU / *CORRESPONDENCE ADDRESS*:
mastelicniko@windowslive.com

KLJUČNE RIJEČI / *KEYWORDS*:
temporomandibularni zglob / *temporomandibular joint*
stres / *stress*
mentalno zdravlje / *mental health*
agresija / *aggression*
konverzija / *conversion*

TO LINK TO THIS ARTICLE: https://doi.org/10.24869/spsih.2026.292

Sindrom temporomandibularnog zgloba ili temporomandibularni poremećaji zahvaćaju zglob između temporalne kosti i mandibule te okolne mišiće. Glavna mu je značajka bol, no mogući su i zvučni fenomeni tijekom pokretanja zgloba i/ili ograničena funkcija čeljusti. Kao mogući uzrok navodi se stres, odnosno smatra se da sindrom ima psihološku komponentu, a i u liječenju se upotrebljavaju psihofarmaci. Cilj je prikazati pacijenta koji se psihijatrijskim liječenjem oporavio od sindroma temporo-

Temporomandibular joint syndrome, or temporomandibular disorders, affect the joint between the temporal bone and the mandible, as well as the surrounding muscles. Their main feature is pain, but acoustic phenomena during joint movement and/or restricted jaw function may also be present. Stress is cited as a possible cause, and the syndrome is considered to have a psychological component; psychopharmaceuticals are also used in treatment. The aim is to present a patient who recovered from temporomandibular joint syndrome

mandibularnog zgloba. Pacijent u pedesetim godinama javlja se na psihijatrijski ambulantni pregled zbog anksiozno-depresivne simptomatike. Upućen je od liječnika dentalne medicine. Negativnog je psihijatrijskog herediteta. U razgovoru se saznaje za dugotrajnu i složenu poslovnu problematiku, bruksizam, glavobolju, bolnost u području lica, osobito temporomandibularnog zgloba, zvučne fenomene prilikom otvaranja i zatvaranja usta, otežano otvaranje usta i smetnje usnivanja i prosnivanja. Pacijent je liječen sertralinom i alprazolamom te nakon tri mjeseca liječenja dolazi do potpunog povlačenja simptoma. Kao jedan od uzroka sindroma temporomandibularnog zgloba često se navodi emocionalno opterećenje. Stres dovodi do pojačane aktivacije mišića što za posljedicu ima oštećenje zgloba, mišićnu napetost i bol. Također, stres može smanjiti prag tolerancije na bol. Postoji zajednička genetska podloga osjetljivosti na stres, bol, anksioznost i depresiju. Osobe s anksioznim i depresivnim poremećajima imaju veći rizik za razvoj ovog sindroma. Ako bol u zglobu potraje dulje, tada može negativno utjecati na mentalno zdravlje osobe. Utvrđeno je da su promjene upalnih citokina, neurotransmitora i neuropeptida koje prate depresiju prisutne i kod sindroma temporomandibularnog zgloba. Zabilježene su i promjene u istim regijama mozga i neuralnim mrežama. Iz psihoanalitičke perspektive može se govoriti o konfliktu između želje za neovisnosti i ovisnosti, načinu usmjerivanja agresije, sadizmu i mazohizmu, somatizaciji i konverziji. Slučaj ovog pacijenta pokazuje važnost multidisciplinarnog pristupa.

through psychiatric treatment. A patient in his fifties presented for an outpatient psychiatric examination due to anxiety–depressive symptoms. He had been referred by a dental medicine specialist. He had a negative psychiatric family history. The interview revealed long-standing and complex work-related problems, bruxism, headache, pain in the facial area—especially in the region of the temporomandibular joint—acoustic phenomena when opening and closing the mouth, difficulty opening the mouth, and problems with falling asleep and maintaining sleep. The patient was treated with sertraline and alprazolam, and after three months of treatment, his symptoms fully resolved. Emotional burden is often cited as one of the causes of temporomandibular joint syndrome. Stress leads to increased muscle activation, which results in joint damage, muscle tension, and pain. Stress may also lower the pain tolerance threshold. There is a shared genetic basis for vulnerability to stress, pain, anxiety, and depression. People with anxiety and depressive disorders are at higher risk of developing this syndrome. If joint pain persists for a longer period, it can then negatively affect a person's mental health. It has been established that changes in inflammatory cytokines, neurotransmitters, and neuropeptides that accompany depression are also present in temporomandibular joint syndrome. Changes in the same brain regions and neural networks have likewise been recorded. From a psychoanalytic perspective, one can speak of a conflict between the desire for independence and dependence, modes of directing aggression, sadism and masochism, somatization, and conversion. This patient's case demonstrates the importance of a multidisciplinary approach.