Hypnotherapeutic and Hypnodynamic Interventions in Temporomandibular Disorders

Temporomandibular disorders (TMD) are treated based on a biopsychosocial model that involves multiple factors. These factors include psychological, physical, and social elements. Treatment approaches for TMD patients often include pharmacological, physical therapy, and psychological interventions. The use of hypnosis in TMD management is explored as a complementary therapy.

Hypnosis and TMD: A review of current research and clinical applications

El Soyer

References:


Hypnostis International Monographs 3, 1997
The basic principle of assessment in behavioral medicine is to reduce the symptoms

Behavioral medicine assessment

Assessment

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The problem was that patients were not receiving appropriate training and consultation for their health problems. Despite the availability of evidence-based guidelines, many patients did not receive proper care.

The study was a retrospective chart review of patients seen in two urban hospitals over a 5-year period. The study aimed to identify factors that contributed to suboptimal care and to develop strategies to improve patient outcomes.

The results showed that factors such as poor communication, lack of follow-up, and lack of patient engagement were common. The study also highlighted the importance of interdisciplinary collaboration and the need for ongoing education and training for healthcare providers.

The study's findings have important implications for improving patient care and reducing healthcare disparities. Further research is needed to develop effective interventions to address these issues.

References:
The patient (g) was a 69-year-old man who was also suffering from major depression. His condition was exacerbated by the stress of caring for his ill mother. He had been hospitalized with symptoms of depression and anxiety for the past two weeks. The patient described feeling depressed, tired, and unable to concentrate. He was having difficulty sleeping and was irritable with his family. He had lost interest in activities he enjoyed in the past.

The treatment involved a combination of medication and talk therapy. The patient was started on an antidepressant medication and attended weekly therapy sessions with a psychologist. The psychologist focused on helping the patient understand the nature of his depression and develop coping strategies to manage his symptoms.

After several weeks of treatment, the patient began to show improvement. He reported feeling more energetic and able to participate in daily activities. He also began to notice an increase in his mood and an improvement in his sleep quality. The patient continued to attend therapy sessions and was gradually tapered off the antidepressant medication.

At the time of discharge, the patient was advised to continue taking the antidepressant medication for several more weeks to ensure a complete recovery. He was also recommended to continue attending therapy sessions on a regular basis to maintain his progress.

The patient's family was encouraged to take an active role in supporting him during his recovery. They were advised to provide a stable and nurturing environment, avoid using stressful language, and encourage the patient to express his feelings without judgment.

The treatment plan was developed in collaboration with the family and the patient to ensure that all concerns were addressed. The patient was discharged with a plan for continued care and follow-up.
Discussion

The present study investigated the effects of cognitive-behavioral therapy (CBT) on the symptoms of post-traumatic stress disorder (PTSD) among individuals who have experienced a traumatic event. The results of the study indicated that participants who received CBT showed a significant reduction in PTSD symptoms compared to those in the control group. The findings suggest that CBT is an effective intervention for managing PTSD symptoms.

In addition to the primary outcomes, the study also explored potential moderators of the treatment effect. For instance, the level of social support and the severity of the traumatic event were found to influence the effectiveness of CBT. These results highlight the importance of considering individual differences when planning and implementing treatment strategies.

The study has several implications for clinical practice. First, it underscores the need for increased access to evidence-based interventions such as CBT for individuals with PTSD. Second, it highlights the importance of tailored approaches that take into account individual characteristics such as social support and traumatic event severity.

Future research should focus on refining these interventions and understanding the mechanisms underlying the treatment effects. Additionally, it would be valuable to explore the long-term outcomes of CBT interventions and their sustainability over time.

In conclusion, the present study provides valuable insights into the effectiveness of CBT in managing PTSD symptoms. The findings support the continued investigation of CBT as a viable treatment option for PTSD and encourage further research to enhance the efficacy and accessibility of this intervention.
Key words: Impaired auditory discrimination disorders. Persistent auditory memory difficulties.

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References


