


# A Commentary on “The Association Between Specific Oral Behaviors and the Number of Temporomandibular Disorder Symptoms in the General Population: A Cross-Sectional Study” [Response to Letter]

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## Dear editor

We are grateful to Dr Zhang et al for the thoughtful comments on our article.<sup>1</sup> We appreciate the opportunity to clarify our methodology and address the concerns raised.

First, we acknowledge that objective clinical assessments can provide more comprehensive insights, particularly in differentiating subtypes and ensuring diagnostic accuracy. However, in large-scale surveys of the general population, performing standardized clinical examinations on every participant presents significant practical challenges. Such examinations would also necessitate rigorous evaluator calibration to ensure inter-examiner reliability. Our study relied on self-reported data obtained through validated questionnaires,<sup>2</sup> a widely recognized and cost-effective approach in epidemiological research. It is important to note that we are a relatively young research team operating under limited funding. While we recognize the value of more extensive clinical assessments and large-scale representative sampling, our current resources constrain the scope of our investigations.

Secondly, our study primarily aimed to explore the association between oral behaviors and the number of TMD symptoms, rather than focusing on detailed TMD subtypes (eg, muscle-related pain versus intra-articular disorders). Our group has previously investigated specific TMD subtypes, and we would direct readers to those publications for further insights.<sup>3–5</sup> We recognize the importance of subtype distinctions in TMDs research and welcome additional efforts to investigate more refined classification approaches.

Thirdly, the interpretation of correlation coefficients (eg, labeling 0.32 as “moderate”) adheres to conventional epidemiological thresholds. These associations provide preliminary indications and indeed need further validation. Finally, the educational homogeneity of our sample (77.34% university-educated) indeed limits generalizability to populations with diverse socioeconomic or cultural backgrounds. While our sample reflects urban demographics in China, we are collaborating with other research teams to initiate multicenter studies targeting underserved regions. These efforts aim to broaden the applicability of our findings and address disparities in TMDs awareness and healthcare access.

In closing, we deeply appreciate your letter. TMD's multifactorial etiology demands interdisciplinary collaboration,<sup>6</sup> and we are committed to advancing this field through rigorous, inclusive methodologies. We welcome continued engagement with the scientific community to translate these insights into improved patient outcomes.

## Disclosure

The authors report no conflicts of interest in this communication.

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