

FAST FACTS

- Bruxism is common in young children but generally goes away by age 9.
- Increased stress, anger, frustration and anxiety can also lead to teeth grinding
- The condition is common with adults in their 40s. It tends to decrease with older age.
- Avoid chewing gum as it allows your jaw muscles to get used to clenching and makes you more likely to grind your teeth.
- According to American Dental Association 30-40 million people grind their teeth while sleeping

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VOLUME VI

Bruxism

Bruxism is one of the most common sleep disorders and occurs in most people at some time in their lives. It is characterized by the grinding of the teeth and is typically accompanied by the clenching of the jaw. In most people, bruxism is mild enough to not be a health problem. While bruxism may be a diurnal or nocturnal activity, it is bruxism during sleep that causes the majority of health issues.

Signs & Symptoms

Most are not aware of their bruxism, and only 5% go on to develop symptoms, such as jaw pain and headaches, which will require treatment. In many cases, a sleeping partner or parent will notice the bruxism before the person experiencing the problem becomes aware of it. Bruxism can result in abnormal wear patterns and fractures in the teeth. Over time, dental damage will usually occur. Bruxism is the leading cause of occlusal trauma and a significant cause of tooth loss and gum recession.

Patients may present with a variety of symptoms, including: anxiety, stress, depression, earache, eating disorders, headache, insomnia, chewed tissue on the inside of their cheek, and sore or painful jaw.

Diagnoses

Bruxism can sometimes be difficult to diagnose by visual evidence alone, as it is not the only cause of tooth wear. Over-vigorous brushing, abrasives in toothpaste and foods, and acidic soft drinks can also be contributing factors, although each causes characteristic wear patterns that a trained professional can identify.

The most reliable way to diagnose bruxism is through EMG (electromyographic) measurements. These measurements pick up electrical signals from the chewing muscles. This is the method used in *sleep labs*. EMG units pick up signals from facial muscles through wires connecting the unit to electrodes that are adhesively attached to the user's face. TENS electrodes or ECG electrodes may be used.



Because bruxism often goes unnoticed, be attentive of its signs and symptoms. See your physician or dentist if you have damaged teeth or pain in your jaw, face and/or ear.

Treatment

There is no single accepted cure for bruxism. However, treatments are available. Bruxism may be reduced or even eliminated when the associated factors, e.g. sleep disorders, are treated successfully. Other options include: mouth guards and splints, nociceptive trigeminal inhibitor, biofeedback, botox, and dietary supplements.

Sleep Apnea and Bruxism

It was found that obstructive sleep apnea (OSA) was the highest risk factor for teeth grinding during sleep. One report evaluated the effect of continuous positive airway pressure (CPAP) on sleep bruxism in a patient with both severe OSA and sleep teeth grinding. Two polysomnographic (PSG) recordings were carried out. The first showed 67 events of sounded tooth grinding, most of them appearing as an arousal response at the end of apnea/hypopnea events in both the supine and lateral postures. During the CPAP titration night most breathing abnormalities were eliminated and a complete eradication of the teeth grinding events was observed. The results of this study suggest that when sleep bruxism is related to apnea/hypopneas, the successful treatment of these breathing abnormalities may eliminate bruxism during sleep.

For more information on Sleep Disorders or if you would like to inquire about getting tested, please visit www.remsleplabs.com

Toll Free (888) 866-1211 Fax (888) 866-1311