



The Hub Dental Practice



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Mouth Guards – Sleep Guards

Bruxism - Grinding

Introduction

Many patients grind their teeth, and this can have varying effects from none to severe complications. When patients have complicated treatments eg Veneers the grinding can be a major cause of treatment failure.

Causes of Bruxism

Why bruxism occurs is not always clear. In the dental profession the belief that bruxism and dental occlusion are causally related has been widespread. However there is little evidence to support this belief.

Recent research concluded that neither occlusal interference nor factors related to the oral facial skeleton have a role in the etiology of bruxism. Recent studies suggest that sleep bruxism is secondary to problems with sleep disorders.

Sleep Disorders

It is known that bruxism rarely occurs alone. Research has consistently found that bruxism is found more frequently in those individuals who have an existing sleep disorder such as snoring, breathing pauses during sleep and Obstructive Sleep Apnoea (OSA).

Other parasomnias such as sleep talking, violent or injurious behaviors during sleep, sleep paralysis, hypnagogic/hypnopompic hallucinations (semi-consciousness between sleep and wake) are also more frequently reported by bruxists and tooth grinding individuals.

Of these, OSA appears to be the highest risk factor as it is associated with an arousal response. The termination of the apnoea event is often accompanied by a variety of mouth phenomena such as snoring, gasps, mumbling and tooth grinding.

Lifestyle Factors

Demographic and lifestyle factors such as young age, higher educational status, smoking, caffeine intake and heavy alcohol consumption are associated co-factors of bruxism. The use of psychoactive substances (tobacco, alcohol, caffeine, or medications for sleep, depression, and anxiety) increases arousal and leads to problems falling asleep, staying asleep and daytime sleepiness. Bruxism is significantly higher in individuals whose lifestyle includes the use of these psychoactive substances.

Stress, Anxiety & other Psychological Components

Mental disorders, anxiety, stress and adverse psychosocial factors are significantly related to tooth grinding during sleep and it has been found that nearly 70% of bruxism occurs as a result of stress or anxiety.

It is well documented that job related stress is detrimental to good sleep and as a consequence can be responsible for daytime sleepiness. But, it is also the most significant factor associated with bruxism.



One study found that shift workers who suffered stress due to dissatisfaction with their shift-work schedule were more susceptible to bruxism than those who were satisfied and not stressed. Interestingly, the men in this study demonstrated high levels of job stress, depressive symptoms and bruxism whereas none of these symptoms were significant for the women.

These adverse symptoms were particularly evident in male workers who experienced low social support from supervisors or colleagues.

Many physical ailments have psychological components that may influence a person's vulnerability to illness as well as their ability to recover. Stress levels and personality characteristics are often considered as initiating, predisposing and perpetuating factors for several diseases.

The workplace offers a unique environment where stress and personality play a major role in performance.

Personality variables include the individual's coping style both in perception and coping techniques.

Some people are less resilient to stress and therefore suffer more from the physical and psychological consequences.

Previous research findings point to the possibility of a link between bruxism and the work environment, especially the coping strategies for work related stressful demands. Some people of course, may be exposed to high levels of stress unrelated to their job, but still affect bruxism.

What does a night guard look like?

On the right is a typical example.

Do they work?

In many cases they do but in some cases where they are not effective patients end up being referred to the local specialist Max-Fax consultant.

Are Bite Guards easy to use?

In our experience after 2 or 3 days the patients don't realize they are wearing it. But some patients can't tolerate them at all.



Our experience is that after a few days the patients feel a marked reduction in the discomfort that they experienced as a result of the grinding. They also enjoy more restful sleep and wake up with less jaw ache.

Advantages of the Bite Guard

The Bite Guard protects your teeth from the forces of grinding or clenching

Since acrylic is softer, grinding against the Bite Guard does not harm the teeth.

The forces are distributed more evenly on the whole bite rather than on an individual tooth. The new position of the bite changes the muscle signals to the brain and for many patients the grinding/clenching eases or ceases completely.

How often do you have to wear the Bite Guard?

It depends and for some patients they need to wear the Bite Guard every night for the rest of their lives.

But some patients will wear it less frequently and for a shorter duration and this maybe just as effective.

Should I speak to my own GP?

Definitely, yes, because there are very often other causal problems which may be complicating the grinding.

That's why it is essential that patients have a check up from their GP.

The GP may then suggest a referral for further investigations related to sleep problems etc.

What's involved in getting a Bite Guard?

We take an impression of the upper teeth.

A few days later (the Bite Guard can sometimes be done the same day) we give you the Bite Guard and explain how to wear it. The procedure of getting and wearing the Bite Guard is actually very easy and painless.