

Why More Dentists Should Screen for Bruxism



Bruuxism, a condition where patients grind or clench their teeth during sleep, is one of over 80 sleep disorders we know about today. During deep stages of sleep, the jaw and tongue relax, causing obstruction of already tight anatomical airways. Research suggests that clenching and grinding may be the brain's protective mechanism against suffocation. During this obstruction, as the brain senses low-oxygen blood levels and wakes you up, teeth grinding and gasping apneic cycles can occur several times a night.

While bruxism has many contributing factors outside the immediate realm of dentistry—including anxiety, stress, smoking, caffeine, use of amphetamines, snoring, fatigue, and sleep apnea—dentists are in a unique position to screen for it and the commonly associated sleep apnea, and in the process, we can save lives.

Expanding the Standard of Care

Teeth grinding is now considered an indicator of obstructive sleep apnea (OSA), and studies suggest that treating sleep apnea can help alleviate bruxism. Stereotypically, we think OSA only affects middle-aged, obese men, but OSA affects males and females alike. In fact, a Swedish study revealed that about 50% of women ages 20 to 70 suffer from mild-to-severe sleep apnea.

With this expanding population of OSA sufferers comes expanded guidelines. The new standard of care when patients are grinding their teeth is to refer them to a sleep study, as they are likely to be experiencing episodes of interrupted sleep. Screening patients for bruxism will encourage them to get tested by their physicians for OSA and allow them to take precautions against this life-threatening condition that increases the risk of cancer, high blood pressure, depression, diabetes, and obesity.

The Role of Malocclusion

When screening for bruxism, it is imperative to evaluate for malocclusion by looking at the entire mouth prior to doing any restorative work. When a patient has malocclusion and lacks canine guidance, the bruxism disorder affects the patient even more by exerting excessive pressure on the teeth. This results in more posterior tooth wear, as well as increased emergencies from patients breaking their teeth and an increased need for restorations.

Dentists should screen for bruxism because identifying and treating it will prevent patients from continuously breaking their teeth or needing more expensive reconstructive dentistry. Looking at the malocclusion and treating it also will extend the lifespan of patients' teeth and restorations.

A Quality of Life Issue

By screening our patients for bruxism, we can educate them about how to protect their teeth from the intense vertical and lateral forces of grinding, which results in cracked teeth, pain, and gum recession. Long-term, we can help them enjoy a better quality of life by identifying OSA, referring them for a definitive diagnosis, and treating them with a sleep device if they are diagnosed with mild-to-moderate sleep apnea.

When we pay closer attention to bruxism and malocclusion, treat the patient holistically, and look at the entire mouth, we can help patients better protect their teeth and their restorations, and we as clinicians can deliver better care.

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