

Bruxing Differential Diagnosis:
 Awake Clenching
 Awake Grinding

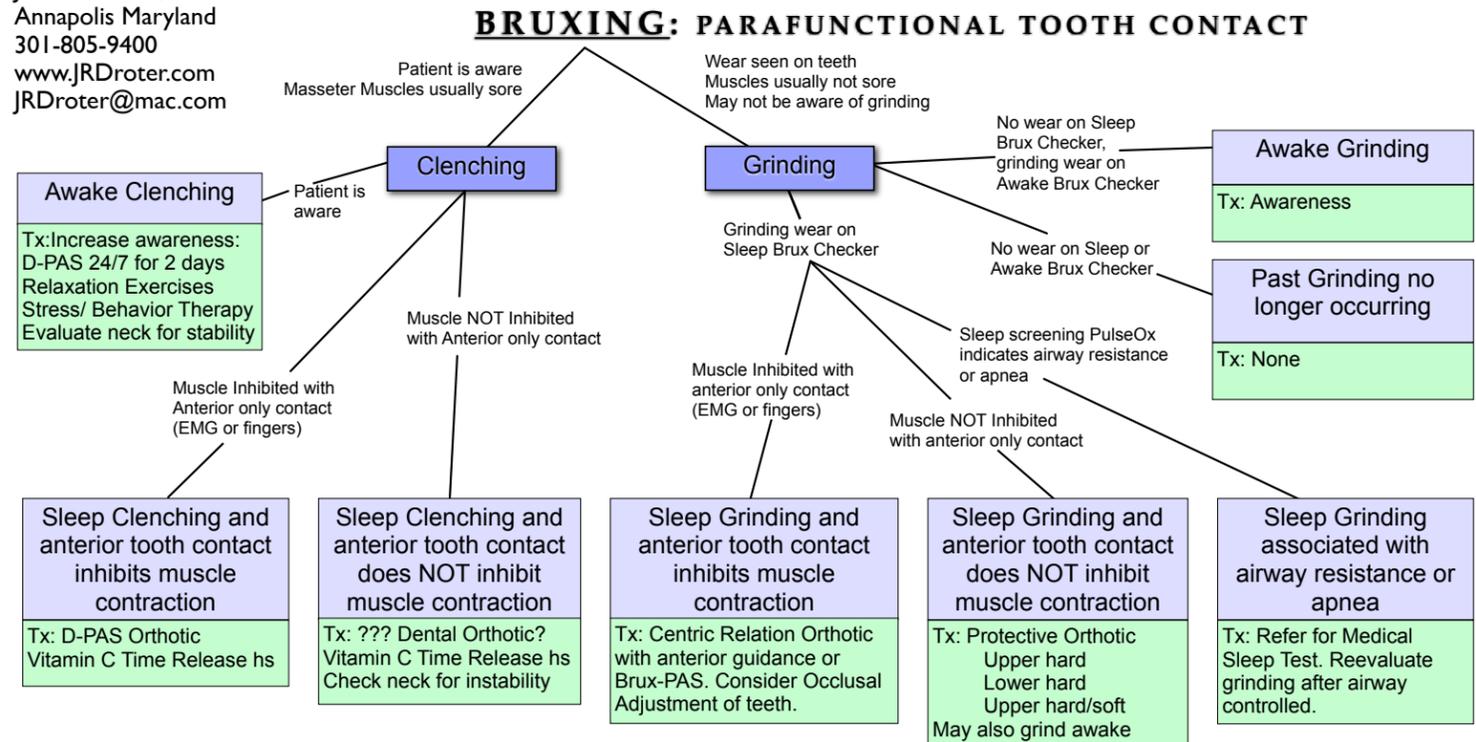
Sleep Clenching and anterior tooth contact inhibits muscle contraction
 Sleep Clenching and anterior tooth contact does NOT inhibit muscle contraction
 Sleep Grinding and anterior tooth contact inhibits muscle contraction
 Sleep Grinding and anterior tooth contact does NOT inhibit muscle contraction
 Sleep Grinding associated with airway resistance or obstructive sleep apnea

5 Questions that will help identify the specific bruxing disorder

1. Does the patient grind or clench their teeth?
2. When does/did this occur? (Awake or during sleep, past or present)
3. Are the TMJ muscles inhibited from full contraction with anterior only tooth contact?
4. If sleep grinding, is there an airway issue? (Upper Airway Resistance or Obstructive Sleep Apnea)
5. Does the dental orthotic make the airway better or worse?

Diagnostic Tests for Occlusal Muscle Disorder, Bruxing
 Night 1- Brux Checker
 Day 1- Brux Checker Clear
 Night 2,3- Pulse Ox Sleep Screening
 Night 3,4- D-PAS and Pulse Ox
 Night 5,6- D-PAS
 Re-evaluate
 Brux-PAS with lower essex

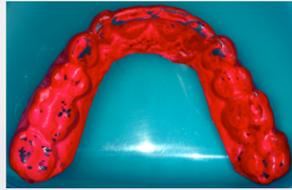
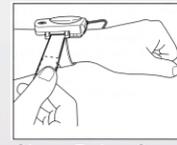
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Diagnostic Flow sheet for a General Dentists for patients with TMD pain

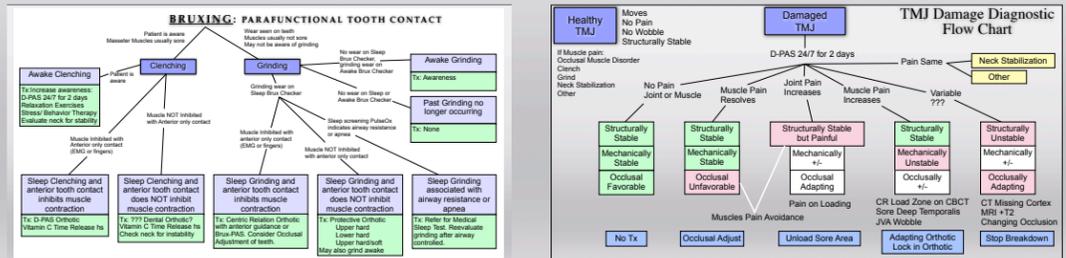
Diagnosing Occlusal Muscle Disharmony (OMD), Grinding, Clenching, TMJ Damage

1. Exam/Differential Diagnosis: What is sore- Is it joint, muscle or neck? Take History, Palpate TM Joints, Palpate TM muscles, Palpate Neck Rule out dental causes. What are the choices?
2. Diagnostic Tests: Sleep Brux Checker 1 night, High Resolution Pulse-Ox Airway Screening 2 nights no orthotic, 2 with D-PAS, D-PAS Orthotic for 1 week, Night wear only. Test for Clenching, D-PAS Orthotic for 2 days, 24 hr wear except to eat, Awake Brux Checker, CBCT, JVA



Bruxing

TMJ Damage



Occlusal Muscle Therapy: Full coverage orthotic 3-6 weeks, Occlusal Adjustment



TMD Myalgia as primary source of pain

- Occlusal Muscle Disharmony (OMD)
 Muscle Hyperactivity
 Parafunction- Grinding of Teeth
 Muscle Bracing, Stabilizing, Tonic Contracture
 Clenching Teeth
 Mechanically Unstable TMJ: Deep Temporalis, Deep Masseter
 Pain Avoidance: Painful TMJ, Muscle or Teeth: Temporalis,
 Digastric
 Tongue: Stabilize Neck, Stabilize TMJ, Occlusal Cushion
 Muscle Dysfunction, Disharmony, Incoordination in movement
 Muscle Weakness
 Muscle Hypertrophy
 Overuse Myalgia
 Triggerpoints/Myofascial Pain
 Muscle Spasm

5 Levels of Occlusal Orthotic Therapy

- Level 1- Protective guard
 Protective therapy for Grinding or clenching
 Joint status- healthy or fav adapt
 Occlusal status- Non pathologic
- Level 2- Anterior Stop Orthotic
 Tx Clenching
 Joint status- healthy or favorable adaptation
 Occlusal status- Non pathologic
- Level 3- CR Orthotic
 Tx OMD
 Joint status- healthy or favorable adaptation
 Occlusal status- Pathologic
 Occlusal Equilibration
- Level 4- Orthopedic Orthotic
 Tx unfavorably adapted damaged joint
- Level 5- Orthopedic Orthotic
 Tx actively degenerating joints
 Orthopedic and Medical Management

An upper anterior stop orthotic is very effective in both diagnosing and controlling sleep clenching. Vertical dimension is opened a minimal amount (1mm), just enough so posterior teeth do not contact on clenching. Any tooth contact in excursions is not relevant as the patient does not move the jaw parafunctionally in excursions. A full coverage orthotic is contraindicated as it may increase the power of the clenching.

An antioxidant like time release vitamin C (Country Life Time release vitamin C 1,500mg) will help protect the cartilage from hypoxia reperfusion injury on waking.



D-PAS: Diagnostic Palatal Anterior Stop

Vertical is opened a minimal amount (1mm). Natural Teeth will eventually contact in excursive movements.

These are difficult patients to treat as there is no way to decrease the forces with an orthotic. The benefit of an orthotic is questionable but a full coverage orthotic may help with force absorption.

The TMJ cartilage is being damaged from the continuous cartilage compression. An antioxidant like time release vitamin C (Country Life Time Release Vitamin C 500 mg, take 1,500 mg just prior to sleep) will help protect the cartilage from hypoxia reperfusion injury on waking.

Check the neck for signs of mechanical instability as a possible source of TMJ muscle bracing.



A full coverage centric relation orthotic with anterior guidance will work well. A lower is preferred over an upper as it is more comfortable and less intrusive for most patients. It must be hard, fit solidly on the teeth, and not have any rocking or squishing movements. A relin of the orthotic is very beneficial to assure a proper fit. A dual arch anterior stop orthotic can also work well (Upper palatal anterior stop orthotic with a lower essex, Brux-PAS)



Lower hard CR Orthotic



Brux-PAS with lower Essex

Anterior stop extends beyond incisal edges #8, 9. All excursive contact on anterior stop



The goal is to protect the teeth and distribute the forces across as much surface area as possible. Upper is preferred as it reinforces the maxilla. The lower arch is contained within the upper and can better resist excessive force. Material may be hard, hard with a soft liner, or soft rubber. My preference is a hard orthotic but patients may prefer one material over the other.



Upper Hard CR Orthotic

Sleep grinding can occur in response to microarousals in patients with upper airway resistance (snoring) or with obstructive sleep apnea. A home sleep screening with a high resolution pulse oximeter (PULSOX 300i, Konica Minolta with data analysis Patient Safety, Inc.) is an effective way to identify patients who may have airway related grinding. Patients who have signs and symptoms of airway deficiencies are then referred to a pulmonologist for a medical sleep study. Appropriate therapies are then prescribed which may include CPAP or a dental mandibular advance orthotic. The sleep grinding needs to be reevaluated after the airway issues are resolved.



MyTAP Orthotic

Which Dental Orthotic for Bruxing?

Bruxing is not a single disorder. Bruxing as defined by the American Academy of Orofacial Pain (2008) is “A diurnal or nocturnal parafunctional activity that includes clenching, bracing, gnashing and grinding of teeth.” Bruxing includes both grinding and clenching, both awake and asleep. There are many different disorders under the umbrella term of bruxing. Each different disorder requires a different therapy to be most effective. Identifying the specific bruxing disorder and then administering the most effective therapy will improve patient outcomes.

5 Questions that will help identify the specific bruxing disorder

1. Does the patient grind or clench their teeth?

Clenching- Teeth are squeezed together

Patient is aware that they clench

Masseter is sore, Masseter is strong

Slight wear around tooth contacts

Fremitus of teeth on tapping

TMJ cartilage becomes damaged

Grinding- Teeth are rubbed together

Observable tooth wear

Strong Masseter and Temporalis

Slight to no soreness of TMJ muscles

If tooth mobility, will be on excursions

2. When does/did this occur: Awake or asleep, past or present?

Identifying whether the patient is bruxing while awake, asleep, or both is critical. A sleep dental orthotic will be useless if the parafunction is done while awake. Utilizing Brux Checker (Great Lakes Orthodontics) will identify if grinding or clenching is occurring during sleep. The device is a very thin 0.1 mm material that has one side covered with red ink that will rub off under load. It is worn for one night of sleep. The wear pattern, or lack thereof, can be observed the next day. If no results, repeat. If no wear pattern is seen after 3 nights of sleep, bruxing is not occurring. Clenching will appear as small marks around tooth contacts, whereas grinding will appear as large streaks on the teeth being rubbed and will correspond to the areas of tooth wear. Brux Checker will identify if grinding is ongoing or if it was a past event that is now no longer occurring. A clear version of Brux Checker (Great Lakes Orthodontics) is also available for awake brux testing. Microetching the surface of the clear 0.1 mm material will allow identification of awake.

3. Are the TMJ muscles inhibited from full contraction with anterior only contact?

Contact of a posterior tooth is required to allow full contraction of the masseter, temporalis and medial pterygoid muscles in a healthy individual. With only anterior teeth contacting, there is a muscle inhibition that occurs decreasing the strength of muscle contraction by 50-80%. In some individuals this inhibition does not occur as they have full strength on both posterior or anterior only tooth contact. This muscle inhibition can be detected clinically by either utilizing electromyography (EMG) or by direct muscle palpation. To directly palpate the muscles, the clinician places their hands on the masseter and temporalis muscles while the patient squeezes their teeth together as hard as they can in maximum intercuspation. This test can then be repeated with anterior only tooth contact and the two results compared. While not as precise as an EMG, the presence or absence of muscle inhibition can be effectively determined.

Whether this inhibition occurs or not, will affect orthotic choice. With muscle inhibition present, an orthotic that has anterior only contact or immediate anterior guidance will decrease the forces and thereby decrease the damage. Patients where full power always occurs are the most difficult to treat. Therapy is aimed at distributing the destructive forces evenly across as much surface area as possible to minimize the destruction.

4. If sleep grinding, is there an airway issue?

Sleep grinding can occur in response to microarousals in patients with upper airway resistance (snoring) or with obstructive sleep apnea. The grinding pattern observed is lateral (side to side) and does not usually involve a protrusive movement. A home sleep screening with a high resolution pulse oximeter (PULSOX 300i, Konica Minolta with data analysis Patient Safety, Inc.) is an effective way to identify patients who may have airway related grinding. Patients who have signs and symptoms of airway deficiencies are then referred to a pulmonologist for a medical sleep study. Appropriate therapies are then prescribed which may include CPAP or a dental mandibular advance orthotic.

5. Does the dental orthotic make the airway better or worse?

Dental orthotics can affect the airway during sleep. Opening the vertical dimension as occurs in all dental orthotics can help open the airway in some patients, while in others it can increase airway resistance. Neuromuscular orthotics with the jaw slightly forward may be beneficial to the airway in some cases. A dual arch mandibular advancement orthotic may or may not be effective. It is important to measure in a reliable manner what effect the orthotic has on the airway since the orthotic may be beneficial or detrimental to the patient's sleep respiration. Utilizing a high resolution pulse oximeter (PULSOX 300i, Konica Minolta with data analysis Patient Safety, Inc.) is an effective way to determine an orthotic's effect on the airway during sleep. The sleep grinding need to be reevaluated after the airway issues have been resolved.

Genesis of Sleep Bruxing³

Rise in autonomic cardiac sympathetic dominance

Withdraw of cardiac parasympathetic dominance

Rise in brain EEG activity

Rise in heart rate

Rise in suprahyoid muscle tone

Two big breaths

Rhythmic masticatory muscle activity (RMMA)

Medications that affect Bruxing:

SSRI that increase bruxing: Prozac, Zoloft

SSRI neutral on bruxing: Cymbalta, Wellbutrin

Clonazepam may decrease bruxing-

addiction potential, causes low BP

Increasing Severity of Airway Obstruction

Snoring

Upper Airway Resistance Syndrome (UARS)

Partial collapse of airway

Obstructive sleep apnea (OSA)

Mild Apnea Hypoxia Index (AHI) 5-15

Moderate AHI 15-30

Severe AHI 30+

Both UARS and OSA will lead to

Respiratory Event Related Arousals (RERA)

Some observations from my practice:

Airway related grinding is a lateral movement of mandible.

Protrusive grinding does not seem to be related to the airway.

In patients who grind laterally, centric relation equals maximal intercuspation.

Do not build anterior guidance with posterior disclusion when restoring a severe lateral grinder.

Soft orthotics increase the muscle force of clenching or grinding.

Full coverage hard orthotics can increase clenching in clencher.

Patients with neck stability issues will splint both neck and TMJ muscles.

Clenching can be a neck stability issue

Some stuff from the literature:

Grinding and clenching are different disorders.^{3,5}

Most Sleep Bruxing occurs in light sleep- Stage 2. Most Sleep related breathing events occur in light sleep stage 2 and REM.³

Night grinding can be related to upper airway resistance and/or obstructive sleep apnea.^{1,2,3,8}

Sleep grinding occurs after a micro arousal.^{1,3,9}

Repetitive jaw movements in rabbits decreases heart rate, a parasympathetic activity.⁶

Grinding of teeth is a parasympathetic activity and will help to offset the increase in heart rate from the micro arousal.^{1,9}

Tooth wear is exacerbated due to an increase in friction between teeth during sleep.³

There is very little saliva made at night.³

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