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Dentistry

AWARENESS OF BRUXISM AND CLENCHING HABIT AMONG PATIENTS VISITING SAVEETHA DENTAL COLLEGE.

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ABSTRACT **AIM:** To asses the awareness of bruxism and clenching habits among patients visiting saveetha dental college. **OBJECTIVE:** A survey on awareness of bruxism and clenching habits. **RESULTS:** From this survey it can be concluded that 85% of the population were not aware of the term bruxism.Only 30% of the patients have noticed clenching or grinding their teeth in the last six months.Only 29.4% of the participants have been aware of heard of people telling about their habits of clenching or grinding their teeth frequently during night time.Only 10% of the population wake up in the morning or during night times clenching their teeth.85% of the patients does not experience any discomforts on awakening. **CONCLUSION:** The results was then used to design programs for increasing the knowledge on bruxism (tooth grinding) among the general population as it was found that there was poor knowledge and awareness regarding bruxism and clenching habits and their ill effects.

KEYWORDS :

INTRODUCTION:

Bruxism (New Latin 'bruxis'to mean gnashing, also from the Greek (brugmosi, "gnashing of Teeth", "clenching") is the involuntary gnashing, grinding, or clinching of the jaw. It is an oral Parafunctional activity that occurs in most humans at some time in their lives and is usually anUnconscious activity. In most people, bruxism is mild enough not to be a health problem(1).Bruxism is defined by the American Academy of Orofacial Pain as a diurnal or nocturnal parafunctional activity including clenching, bracing, gnashing, and grinding of the teeth. It is difficult to report the prevalence of this habit in the general population because there are no gold standard methods to measure itthe etiology of bruxism is also uncertain, but the Hypotheses fall into three major categories."

1.Local/mechanical factors
2. Systemic/neurological factors
3. Psychological factors

These categories are not mutually exclusive, and one or the other can be true in different situations, even in the same subject.Within the first category great importance has been given to occlusal factors with an attempt at interpreting bruxism as an automatic reaction of the body to occlusal interferences with the purpose of eliminating them by grinding. Even though there are some data suggesting that occlusion affects muscle activity leading to parafunctions most of the studies seem to deny this correlation.(2).A lot of people suffer from this disorder unknowingly, as it usually occurs during sleep. And, unless the constant racket of your grinding is keeping someone else awake, you may not think your sore jaw, restless sleep and general fatigue are symptoms of bruxism(3). Left untreated, it could lead to painful or loose teeth, or teeth that are literally ground down, leaving worn surfaces or fractured enamel. While CDA member dentists can usually detect the telltale signs of wear on your teeth, if you suspect you might have a grinding problem, be sure to mention it at your next visit. You and your CDA dentist can then determine the cause and appropriate treatment of your problem.A major cause of bruxism is stress. Your CDA dentist may recommend that you wear a plastic mouth guard at night to prevent grinding. The custom-made guard keeps the upper and lower teeth from coming together, helping to relax your jaw muscles, and making it impossible for you to grind Your teeth against one another. Your CDA dentist may also prescribe muscle relaxants or antiinflammatory medications.If an abnormal bite, or crooked or missing teeth are causing you to grind, your CDA dentist may treat your bruxism by removing the high spots on the problem teeth. (4).In more serious cases, he or she will reshape or reconstruct the biting surfaces of the problem teeth with crowns or inlays or may even suggest orthodontic treatment to establish a more functional bite.(6).

If you want to get your grinding under control, talk to your CDA dentist. With the proper treatment, he or she can help alleviate the pain in your jaw, improve your sleep, and protect your teeth from abnormal wear(3). Sleep bruxism (SB) with concomitant tooth grinding was recently reclassified as a sleep- related oromotor movement disorder falling within sleep medicine. Over several decades, however, the clinical relevance and pathophysiology of SB has been discussed by dental professionals rather than by sleep physicians, because SB has been associated with orodental consequences such as tooth wear, masticatory muscle and temporoman- dibular joint problems, and dental work fractures, rather than severe sleep disturbance and daytime sleepiness (rare in patients with SB). In this article, the authors review the current knowledge of SB in terms of prevalence, risk factors, diagnosis, path- ophysiology, and management(7).The aim of this survey and determine the determine the knowledge attitude and perception towards bruxism and tooth clenching among patients visiting saveetha dental college.

MATERIALS AND METHODS:

A questionnaire based study was conducted among patients visiting saveetha dental college.A closed ended questionnaire was used to awareness regarding bruxism and clenching habits in patients visiting saveetha dental college.Questionnaires were given to the patients visiting saveetha dental college.A set of 15 questions was asked which assessed the awareness of bruxism and clenching habit among patients.

RESULTS AND DISCUSSION:

From this survey it can be concluded that 85% of the population were not aware of the term bruxism.Only 30% of the patients have noticed clenching or grinding their teeth in the last six months.Only 29.4% of the participants have been aware of heard of people telling about their habits of clenching or grinding their teeth frequently during night time.Only 10% of the population wake up in the morning or during night times clenching their teeth.85% of the patients does not experience any discomforts on awakening.The kind of discomforts includes pain or fatigue of masticatory muscles, temple pain or headache in awakening.57.9% of the patients consider themselves as nervous persons.60% of the population are stressed with their jobs. the survey. However, the number of the subjects (1014) should be high enough to help reduce this bias.

Comparing male to female subjects we could not detect any significant difference in parafunctional habits. This result agrees with Glaros, et al.'s4 study were overall parafunctions where equal in men and women, but they found gender differences between diurnal and nocturnal clenching and grinding behavior, with more men report- ing diurnal bruxism and more women reporting nocturnal bruxism. Even though our results show a slightly higher number of females reporting nocturnal parafunction, this trend did not reach statistical significance, and no differ- ences were found regarding diurnal and diurnal/nocturnal bruxism. InIn fact, different job categories did not seem to be asso- ciated with different parafunctional activity, neither assessing it as a whole nor separately as diurnal and/or nocturnal parafunctional activity. We could have expected categories including jobs that share high responsibility (health care professional, law

enforcement, manager) or high competition (professional, salesperson, student) to show higher bruxism, but we did not detect this differ- ence, even though students and health care professionals seem to report more parafunctional activity(8).If we consider that job is probably one of the most common sources of stress, we may conclude that, in light of the results of this study, stress has no role in causing bruxism, agreeing with other previous studies. fact, different job categories did not seem to be asso- ciated with different parafunctional activity, neither assessing it as a whole nor separately as diurnal and/or nocturnal parafunctional activity(9).We could have expected categories including jobs that share high responsibility (health care professional, law enforcement, manager) or high competition (professional, salesperson, student) to show higher bruxism, but we did not detect this differ- ence, even though students and health care professionals seem to report more parafunctional activity.(10).

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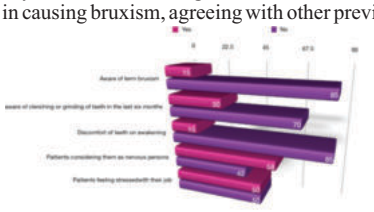

CONCLUSION:

The aim of this study is to determine the knowledge, attitude and perception of tooth grinding among patients visiting saveetha dental college.The results was then used to design programs for increasing the knowledge on bruxism (tooth grinding) among the general population as it was found that there was poor knowledge and awareness regarding bruxism and clenching habits and their ill effects. Interdisciplinary research focused on the relationship between sleep disorders & related conditions and chronic orofacial pain and dysfunctions including bruxism is needed as this condition cuts across many fields of study.

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