

BRUXISM affects around 8-10% of the population. It commonly presents with grinding of the teeth and clenching of the jaw resulting in painful tooth fractures after some time. It can also present as persistent tenderness of the cheek muscles and headaches. Clenching and grinding can occur when the person is awake or asleep. Stress and anxiety are also known to exacerbate teeth grinding during sleep.

Over time chronic grinding results in a hypertrophied jaw (Masseter) muscles, much like lifting weights will increase the bulk of other muscles. The stronger the muscle, the more damage to your teeth and jaw joints.

What is botulinum toxin and how does it work? This product is a protein from bacteria and has been available since 1989. It is commonly known as Botox, which is used to temporarily eliminate frown lines. The toxin blocks nerve transmission resulting in muscle weakness and over time atrophy or shrinkage of the main muscle responsible for grinding (Masseter muscle). This treatment may break the habit of teeth grinding.

WHO CAN HAVE TREATMENT? Any adult can have injections **unless** you are planning to become **pregnant**, currently pregnant or breastfeeding, have a disorder affecting your nerves and muscles or taking the following antibiotics; gentamycin, streptomycin, tobramycin, neomycin, kanamycin.

Prior to any treatment, you will require an assessment by our experienced doctors who will assess and determine if this is the right treatment for you.

THE PROCEDURE involves several tiny injections directly into the Masseter muscles. The entire procedure takes approximately 15 minutes. There is minimal discomfort during the procedure.

AFTER THE INJECTION

You should notice an improvement in your grinding within 2-3 weeks. The effects can last up to 4 months. It is important to realise, results vary from patient to patient. It is also important to note that most patients are not symmetrical and may notice greater benefit on one side.

HOW OFTEN ARE THE INJECTIONS GIVEN?

Most patients have these injections every 4 months initially. With continued injections, the benefits generally last longer and the dose will either be decreased or the time between injections increased.

HOW MUCH DOES EACH TREATMENT COST?

The costs will vary depending on the amount used and the severity of grinding. An estimate of cost will be discussed with you at your initial consult.

SIDE-EFFECTS ARE UNCOMMON AND INCLUDE

- + Flu-like symptoms
- + Redness or bruising at the injection site- 1-2 days
- + Muscle weakness
- + Dry mouth temporarily
- + Change in smile temporary
- + Allergic reactions rarely
- + No reaction very rare

Post treatment – Exercise the injected muscle for 1 hour but do not massage the injected site for at least 4 hours to avoid spread.

Bruxism

Bruxism is a habit that affects around 8-10% of the population. It is broadly characterised by grinding of the teeth and clenching of the jaw that causes tooth wear and breakage, disorders of the jaw (pain and limited movement) and headache. Bruxism occurs in both children and adults but is most common in 25-44 year olds. However, most people grind and/or clench their teeth occasionally to a certain degree.

Bruxism is classified into awake bruxism and sleep bruxism. Awake bruxism is characterised by involuntary clenching of the teeth and jaw bracing in reaction to certain stimuli. There is generally no tooth grinding with awake bruxism. Sleep bruxism is characterised by automatic teeth grinding with rhythmic and sustained jaw muscle contractions.

Bruxism is further divided into primary, (that occurs without any prior medical condition) and secondary bruxism, where a medical or psychiatric condition is known. The teeth grinding observed during wakefulness and secondary bruxism can be associated with certain medications such as antidepressants or recreational drugs such as cocaine and ecstasy, and disorders such as Parkinson's disease, depression and major anxiety.

Many studies have found that there are other characteristics associated with sleep bruxism because it rarely occurs alone. Sleep bruxism occurs as a response to arousals during sleep (periods of awakening), indicating that it may also be a sign of a sleep disorder. Nearly 80% of bruxism episodes occur in clusters during sleep and are associated with these arousals. The strongest association has been found between sleep bruxism and Obstructive Sleep

Apnoea (periods of stopping breathing during sleep), which is a condition that is often accompanied by daytime sleepiness and non-restorative sleep. Individuals with OSA have many arousals during the night due to their breathing difficulties. The termination of the apnoea event is often accompanied by a variety of other events such as snoring, gasping, mumbling and teeth grinding. OSA has been found to have the highest risk factor for tooth grinding during sleep than any other sleep disorder.

Significant associations with sleep bruxism have also been found with other sleep conditions such as sleep talking, hypnagogic (state of consciousness between sleep and wakefulness) hallucinations, violent or injurious behaviours during sleep and REM sleep disorders. Psychological disorders such as stress and anxiety are also known to exacerbate teeth grinding during sleep. In one study, around 70% of sleep bruxists related their nocturnal teeth grinding to stress and anxiety. Bruxism is also more prevalent in individuals who regularly use alcohol, tobacco and caffeine (6 cups or more per day).

There is no specific cure for bruxism and it is important to manage the consequences of the disorder. Various preventative measures including mandibular advancement devices, drugs, stress management and occlusal splints have been used. However all but occlusal splints have demonstrated adverse effects which reduce their appropriateness.

Consent

I (.....) agree I have read and fully understand the background information on the procedure. I understand the nature of the procedure, the associated benefits and risks, as well as the available treatment options.

Photos may be taken before treatment as a visual record.

In a minority of patients, the injections may not work satisfactorily or may not last for the expected period of time.

A top up treatment may be undertaken 1 month after the initial injection session.

By signing the informed consent, I acknowledge that all the above issues relating to the procedure have been addressed; and that ample opportunity has been given to ask further questions and raise any concerns relating to the procedure.

Name of patient _____

Signature _____ Date _____

Dentist _____

Bruxism

Bruxism is a habit that affects around 8-10% of the population. It is most common in 25-45 year olds and presents with grinding and clenching of the jaw resulting in increased tooth wear and breakage, pain and tenderness of the jaw, and headache. Bruxism can occur in both children and adults; awake or asleep.

When awake, patients will involuntarily clench their teeth and jaw brace in reaction to certain stimuli. There is generally no tooth grinding with awake bruxism. Sleep bruxism is characterised by automatic teeth grinding.

Many studies have found other conditions associated with sleep bruxism. The strongest association has been found between sleep bruxism and Obstructive Sleep Apnoea (periods of stopping breathing during sleep). This presents with chronic tiredness during the day and non restful sleep.

Bruxism is also more prevalent in individuals who regularly use alcohol, tobacco and caffeine (6 cups or more per day).

There is no specific cure for bruxism and it is important to manage the consequences of the disorder. Various preventative measures including mandibular advancement devices, drugs, stress management and occlusal splints have been used to help manage this condition.