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| **Name:** |
| Cameron Young |
| **Group:** |
| 5A-5 |
| **Pathology Question:** |
| What are the contributing factors for bruxism? |
| **Report:** |
| According to Lobbezoo et al., bruxism can be defined as “repetitive jaw-muscle activity characterized by clenching or grinding of the teeth and/or by bracing or thrusting of the mandible.” Bruxism can be divided into two types, sleep bruxism which occurs during sleep and awake bruxism which occurs during wakefulness. The exact etiology of bruxism is complex, controversial and most likely multifactorial, however many of these factors can be attributed to central disturbances (impacts on the central and autonomic nervous systems). Contributing factors of bruxism can be categorized into groups which include drug use, psychological traits and oral habits/malocclusion. Prevalence of sleep bruxism is highest in children and decreases in the adult population, but still impacts enough patients where better understanding the contributing factors is important in its diagnosis and treatment. |
| **References:** |
| Bertazzo-Silveira, Eduardo, et al. “Association between Sleep Bruxism and Alcohol, Caffeine, Tobacco, and Drug Abuse.” The Journal of the American Dental Association, vol. 147, no. 11, 2016, doi:10.1016/j.adaj.2016.06.014.  Feu, Daniela, et al. “A Systematic Review of Etiological and Risk Factors Associated with Bruxism.” Journal of Orthodontics, vol. 40, no. 2, 2013, pp. 163–171., doi:10.1179/1465313312y.0000000021. |