

Awake Bruxism: Current Insights into Etiology, Diagnosis, and Management

Hande Uzunçibuk

World Journal of Dentistry (2023): 10.5005/jp-journals-10015-2296

Dear Editor,

Awake bruxism, a parafunctional activity involving rhythmic teeth grinding and clenching during wakefulness, is an intriguing yet challenging phenomenon to understand and manage. This condition has gained increasing attention due to its potential consequences for dental health, craniofacial pain, and quality of life.¹⁻⁴ Despite its prevalence, awake bruxism remains an enigma, with various contributing factors making diagnosis and treatment complex. The exact mechanisms underlying this condition remain incompletely understood; recent advances have shed light on its multifactorial nature, involving biological, psychological, and environmental elements. Genetic predisposition, neurotransmitter imbalances (such as dopamine and serotonin), stress, anxiety, and sleep-related factors have been implicated in initiating and exacerbating bruxism episodes. Moreover, factors like occlusal discrepancies, lifestyle habits (e.g., caffeine intake and smoking), and psychosocial stressors contribute to the complex etiological landscape of awake bruxism (such as various diseases or pregnancy).⁵⁻⁸

Awake bruxism exerts a substantial impact on oral health and overall well-being. Prolonged grinding and clenching can lead to dental attrition, enamel erosion, and microfractures, compromising tooth structure and integrity. Furthermore, the excessive forces exerted on the temporomandibular joint and surrounding muscles can result in temporomandibular disorders and craniofacial pain. Psychological implications such as anxiety and sleep disturbances may also arise due to the chronic nature of this condition.

Accurate diagnosis of awake bruxism is paramount for effective management. Self-report questionnaires, clinical assessments, and polysomnography play integral roles in diagnosing this condition. Patient interviews and dental examinations aid in identifying dental wear, muscle tenderness, and temporomandibular joint dysfunction. Polysomnography provides valuable insights by recording electromyographic activity, jaw movements, and audiovisual data during sleep. Combining these diagnostic tools enhances the precision of identifying awake bruxism and differentiating it from sleep bruxism.⁹⁻¹¹

Management of awake bruxism encompasses a multidisciplinary approach. As the field continues to evolve, collaborative efforts between dental professionals, sleep medicine specialists, psychologists, and physical therapists aim to provide holistic management. Behavioral interventions, stress reduction techniques, and cognitive-behavioral therapy (CBT) can address underlying psychological triggers. Pharmacological interventions, such as muscle relaxants and anxiolytics, may be considered in severe cases. Occlusal splints or nightguards, fabricated by dental professionals, offer protective measures against dental wear and

Department of Orthodontics, Dentistry Faculty, Trakya University, Edirne, Turkey

Corresponding Author: Hande Uzunçibuk, Department of Orthodontics, Dentistry Faculty, Trakya University, Edirne, Turkey, Phone: +90 5363678627, e-mail: handeuzuncibuk@trakya.edu.tr

How to cite this article: Uzunçibuk H. Awake Bruxism: Current Insights into Etiology, Diagnosis, and Management. *World J Dent* 2023;14(8):655-656.

Source of support: Nil

Conflict of interest: None

muscle strain. Patient education regarding lifestyle modifications, relaxation exercises, and proper sleep hygiene can also contribute to successful management.^{12,13}

Cognitive-behavioral therapy (CBT) has shown promise in addressing the underlying anxiety and stress that often exacerbate bruxism episodes. CBT helps patients develop coping strategies, manage triggers, and modify maladaptive behaviors. Relaxation techniques, mindfulness meditation, and biofeedback training are valuable tools to reduce stress and promote overall well-being.^{14,15}

Sharing expertise and insights can lead to tailored treatment plans that address the condition's oral health and psychological components. Regular communication among healthcare providers ensures a well-rounded approach to patient care.^{16,17}

Advances in technology offer new avenues for understanding and managing awake bruxism. Wearable sensors can monitor jaw movements, muscle activity, and sleep patterns, providing real-time data for diagnosis and treatment monitoring. These devices can raise patient awareness by providing immediate feedback about bruxism episodes. Integrating artificial intelligence and machine learning algorithms may enable predictive models to anticipate and prevent bruxism episodes based on individualized patterns.

Long-term monitoring and follow-up are crucial aspects of awake bruxism management. Regular dental check-ups enable the assessment of dental wear, occlusal changes, and the effectiveness of protective measures such as nightguards. Periodic evaluation of psychological well-being and stress levels ensures that interventions remain tailored to the patient's evolving needs. Longitudinal studies tracking the progression of bruxism and its potential impact on quality of life can provide valuable insights into the efficacy of various management strategies.¹⁸⁻²⁰

Ethical considerations come to the forefront when managing awake bruxism. Informed consent is essential when recommending

interventions, and patients should be educated about each approach's potential benefits, risks, and limitations. Patient autonomy should be respected, and treatment decisions should be made collaboratively, considering individual preferences and values.

Awake bruxism remains a challenging condition requiring a comprehensive, patient-centered approach.^{21–23} Advances in understanding its etiology, diagnostic methods, and interdisciplinary management strategies hold promise for improving patient outcomes. By fostering collaboration among healthcare professionals, promoting patient education, and harnessing technological innovations, the field is poised to provide more effective and personalized solutions for individuals affected by awake bruxism. Continued research and clinical advancements will contribute to a deeper comprehension of this complex condition and ultimately enhance the quality of life for those affected.

REFERENCES

- Prado IM, Abreu LG, Pordeus IA, et al. Diagnosis and prevalence of probable awake and sleep bruxism in adolescents: an exploratory analysis. *Braz Dent J* 2023;34(3):9–24. DOI: 10.1590/0103-6440202305202
- Schappo C, Garanhani RR, Cordeiro MEW, et al. Assessment of awake bruxism and oral mucosa indentation in adolescents. *J Oral Rehabil* 2023;50(8):671–678. DOI: 10.1111/joor.13473
- Ribeiro-Lages MB, dos Santos EC, Bendo CB, et al. Association between attention-deficit/hyperactivity disorder symptoms and sleep, bruxism and dental trauma in pediatric population: a study preliminary. *J Dent Child* 2023;90(1):22–30. PMID: 37106529.
- Minervini G, Franco R, Marrapodi MM, et al. Economic inequalities and temporomandibular disorders: a systematic review with meta-analysis. *J Oral Rehabil* 2023;50(8):715–723. DOI: 10.1111/joor.13491
- Minervini G, Franco R, Marrapodi MM, et al. Prevalence of temporomandibular disorders (TMD) in pregnancy: a systematic review with meta-analysis. *J Oral Rehabil* 2023;50(7):627–634. DOI: 10.1111/joor.13458
- Minervini G, Franco R, Marrapodi MM, et al. Prevalence of temporomandibular disorders in subjects affected by Parkinson disease: a systematic review and metanalysis. *J Oral Rehabil* 2023;50(9):877–885. DOI: 10.1111/joor.13496
- Bracci A, Lobbezoo F, Colonna A, et al. Research routes on awake bruxism metrics: implications of the updated bruxism definition and evaluation strategies. *J Oral Rehabil* 2023. DOI: 10.1111/joor.13514
- Jahanimoghadam F, Tohidimoghadam M, Poureslami H, et al. Prevalence and risk factors of bruxism in a selected population of Iranian children. *Pesqui Bras Odontopediatria Clin Integr* 2023;23. DOI: 10.1590/pboci.2023.020
- Rius-Bonet O, Roca-Obis P, Zamora-Olave C, et al. Prevalence of dental attrition and its relationship with dental erosion and salivary function in young adults. *Quintessence Int* 2023;54(2):168–175. DOI: 10.3290/j.qi.b3622405
- Tatlı EC, Arslan ZB. Probable bruxism effects on masseter muscle thickness in children: ultrasonographic evaluation. *Oral Surg Oral Med Oral Pathol Oral Radiol* 2023;135(3):456–461. DOI: 10.1016/j.oooo.2022.10.040
- Minervini G, Franco R, Marrapodi MM, et al. Correlation between temporomandibular disorders (TMD) and posture evaluated through the diagnostic criteria for temporomandibular disorders (DC/TMD): a systematic review with meta-analysis. *J Clin Med* 2023;12(7). DOI: 10.3390/jcm12072652
- Reda B, Lobbezoo F, Contardo L, et al. Prevalence of oral behaviours in general dental patients attending a university clinic in Italy. *J Oral Rehabil* 2023;50(5):370–375. DOI: 10.1111/joor.13427
- Osses-Anguita AE, Sánchez-Sánchez T, Soto-Goñi XA, et al. Awake and sleep bruxism prevalence and their associated psychological factors in first-year university students: a pre-mid-post COVID-19 pandemic comparison. *Int J Environ Res Public Health* 2023;20(3). DOI: 10.3390/ijerph20032452
- Vlăduțu DE, Ionescu M, Noveri L, et al. Aspects of dental occlusion assessed with the T-scan system among a group of Romanian dental students in a cross-sectional study. *Int J Environ Res Public Health* 2023;20(6). DOI: 10.3390/ijerph20064877
- Barragán Nuñez MI, Flores DM, DE LA Torre Canales G, et al. Influence of awake bruxism behaviors on fatigue of the masticatory muscles in healthy young adults. *Braz Oral Res* 2023;37:e080. DOI: 10.1590/1807-3107bor-2023.vol37.0080
- Reddy LKV, Madithati P, Narapureddy BR, et al. Perception about health applications (apps) in smartphones towards telemedicine during COVID-19: a cross-sectional study. *J Pers Med* 2022;12(11). DOI: 10.3390/jpm12111920
- Rathi S, Chaturvedi S, Abdullah S, et al. Clinical trial to assess physiology and activity of masticatory muscles of complete denture wearer following vitamin D intervention. *Medicina (Kaunas)* 2023;59(2). DOI: 10.3390/medicina59020410
- Nykänen L, Lobbezoo F, Kämppi A, et al. Awake bruxism in temporomandibular disorders patients referred to tertiary care: a retrospective study on its assessment and TMD management. *J Oral Rehabil* 2023. DOI: 10.1111/joor.13559
- Rauch A, Nitschke I, Hahnel S, et al. Prevalence of temporomandibular disorders and bruxism in seniors. *J Oral Rehabil* 2023;50(7):531–536. DOI: 10.1111/joor.13450
- Al-Moraissi EA, Ho YS, Christidis N. Publication performance and trends in bruxism research: a bibliometric analysis. *J Oral Rehabil* 2023. DOI: 10.1111/joor.13544
- Qamar Z, Alghamdi AMS, Haydarah NKB, et al. Impact of temporomandibular disorders on oral health-related quality of life: a systematic review and meta-analysis. *J Oral Rehabil* 2023;50(8):706–714. DOI: 10.1111/joor.13472
- Colonna A, Bracci A, Ahlberg J, et al. Ecological momentary assessment of awake bruxism behaviors: a scoping review of findings from smartphone-based studies in healthy young adults. *J Clin Med* 2023;12(5). DOI: 10.3390/jcm12051904
- Mortazavi N, Tabatabaei AH, Mohammadi M, et al. Is bruxism associated with temporomandibular joint disorders? A systematic review and meta-analysis. *Evid Based Dent* 2023. DOI: 10.1038/s41432-023-00911-6