functional loading. Factors such as intensity and duration must be considered. Bruxism can be divided into three types: direct trauma (result of a sudden and forced opening of the mouth, often due to an accident), indirect (sudden blow without direct contact), or mixed. The result of these may be dislocation of the tooth, broken teeth, halitosis, sore tongue, or worn-down teeth. Bruxism may occur during sleep or be conscious. Stress is considered the most important cause of bruxism, but other factors such as fatigue, dental malocclusion, and functional loading may also contribute.

Materials and methods

Bruxism has been underestimated by the majority of the population. 15% of Americans adults die from heart disease, the recommended amount of daily sunlight, and sleep, as well as the risk of developing symptoms associated with dysfunction. Sleep disturbances can exacerbate symptoms associated with dysfunction. Sleep disturbances can exacerbate symptoms associated with dysfunction, which can lead to a decrease in functional loading.

The TMD examination requires a comprehensive approach understanding all potential factors. The physical examination should include a review of signs and symptoms, as well as the patient’s history, the nature of the problem, and the cause of dysfunction in the masticatory system.

Basic assessment of all TMD patients should include behavioral and psychological screening by the dentist during the history-taking process. The history should include questions to evaluate behavioral, social, emotional, and cognitive factors that may initiate, maintain, or exacerbate symptoms associated with dysfunction. Behavioral and psychological factors have been found to be associated with dysfunction in the masticatory system.

Sleep bruxism is reported by 4% of the population and is mainly associated with rhythmic masticatory muscle activity, characterized by repetitive muscle contractions primarily during the REM stage of sleep. The reduction in the inhibitory control of the brain during sleep makes bruxism more likely to occur during nocturnal bruxism 3 to 4 times greater than during waking hours, potentials that are significantly increased during sleep. Sleep bruxism may eventually lead to many signs and symptoms associated with dysfunction, such as headaches, muscle tension, and pain.

Sleep bruxism is considered a multifactorial disorder involving both genetic and environmental factors. It is also associated with a range of physical and mental health problems, including sleep disturbance, fatigue, anxiety, and depression.

Sleep bruxism can also be associated with other conditions, including sleep apnea, restless legs syndrome, and sleepwalking. It is also associated with fatigue, depression, and anxiety. Sleep bruxism is also associated with a range of physical and mental health problems, including sleep disturbance, fatigue, anxiety, and depression.

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