I have there was an appropriate time for raising awareness of bruxism, the parafunctional grinding and clenching of teeth, and the problems it causes, this could be it.

As a dentist with a special interest in migraine and pain management, Pav Khaira of the Migraine Care Institute says the condition is becoming increasingly common as the economic crisis takes its toll on the nation’s health.

“I think bruxism is definitely becoming more common,” says Pav. “The symptoms and fallout of bruxism that we see are more common too, such as frequent headaches and migraines, and increased facial pains.”

Dozens of new cases arrive in his practice every month and between 80 and 90 per cent of patients show some signs of at least some historic bruxism, he adds.

Many of the new patients presenting with these issues may have always suffered from bruxism to some extent, but found that their symptoms are increasing as their stress levels rise along with debt or job security worries.

“From my point of view stress is a modifier to bruxism, not a driving force,” adds Pav. “And it is a complex subject that highlights biodiversity. It’s like a threshold. For some people, as their stress drops below the threshold, their symptoms will resolve. But other people always seem to be above their threshold, even if their stress levels are low.”

For many patients, arrival in a migraine and pain management practice might follow months or years of shuttling between different medical practitioners in search of help. A lack of knowledge about bruxism throughout the medical education system is to blame for that, suggests Pav. “It’s not about a lack of empathy; it’s about a lack of knowledge,” he adds.

In general practice there can be gaps in knowledge about bruxism, or where to send sufferers, according to Pav. “If I see somebody who has really crooked teeth, I send them to my orthodontist. If I’ve got somebody with raging toothache and I can’t do the root treatment I send them to my endodontist. Where do you send patients who’ve got these types of problems?”

People often say to me, “Isn’t that just placebo effect?” But other people always seem to be above their threshold, even if their stress levels are low.

As well as substantially improving quality of life for patients, successful management of bruxism can also save them from future dental problems that might necessitate invasive and expensive treatment. “Bruxism can cause extensive damage in the long term,” says Pav.

To treat the condition effectively and efficiently, practitioners must take the time to make the fullest diagnosis possible, Pav believes: “We do a very in-depth history, a very in-depth analysis. I talk to the patient about whether they have ever had jaw popping and clicking, locking jaw joints, any sinus pain, any ear pain, any joint pains elsewhere. I also do a full muscular examination, a full ligament insertion examination.”

This process is used to tease as much information from the patient as possible. "If I see somebody who has really crooked teeth, I send them to my orthodontist. If I’ve got somebody with raging toothache and I can’t do the root treatment I send them to my endodontist. Where do you send patients who’ve got these types of problems? There is no set speciality.”

“It’s not about a lack of empathy; it’s about a lack of knowledge.”

Sometimes, asking the right questions can open the floodgates of medical history. If a patient feels they are finally being listened to after years of migraines or jaw pain, they may have a lot to say. “Sometimes it turns out that the problems stem back to an old whiplash injury from five, ten, 15 or even 20 years earlier,” says Pav.

“Quite often people say, ‘I’ve had a clicking jaw joint for several years, and it was really painful for four or five months. But then it settled down by itself. But of course it didn’t settle down by itself. Something happened and you have to try to get to the bottom of it.’”

To make sense of all the information gleaned without being overloaded, it is important for practitioners to change their mind set, says Pav: “You have to take off your dental shoes and put on your pain management ones.”

This means assessing all of the body’s systems independently of each other, and accepting that patients can appreciate, and benefit from, alternative treatments.

Pav is licensed to practise acupuncture, and often refers patients to a chiropractor. People say to me, “Isn’t that just placebo effect?”

Well, it might be. But if the patient gets pain free, does that matter?

It is vital to remember that being pain free and having an improved quality of life is the ultimate goal for most patients. Pav relates a story of two recent female patients, both of whom had been suf-
ferring from between 15 and 18 migraines a month. After treatment both patients were happy, even though the frequency at which they suffered the migraines had remained constant. The improvement had been in the duration of the migraines: instead of suffering for up to two days each time, the migraines were lasting for an hour and could, literally, be slept off.

To treat bruxism effectively, practitioners must be open-minded about issues such as occlusion, says Pav. “The fact is that occlusion is not the driving factor in a lot of these issues. It can sometimes be a modifying factor but it is not a driving factor. That is not to say that doing something occlusally will not give pain relief, but it is still not the driving factor,” he insists.

“What a lot of dentists say is that, if your teeth do not fit perfectly where your jaw joints and muscles harmoniously want to contract, your muscles will fight to find a comfortable position. The theory is that if you remove these interferences from your bite, you let the patient close their mouth correctly and their problems go away. My take on this is actually the other way around: if you suffer from bruxism you are going to clench and grind your teeth, no matter what. And there is strong scientific evidence to support this. Sometimes your teeth will get in the way, which will exacerbate the pain. Sometimes by harmonising the bite you can get resolution of these symptoms, but that doesn’t make it the driving factor.”

Pav’s treatment model assumes that patients are suffering a neurological phenomenon, rather than an anatomical one. He achieves considerable success in treating patients with the NTI-tss occlusal splint. This small device fits over the front teeth, and reduces muscle tension intensity by about 75 per cent when patients try to clench and grind. The bite is not the driving factor.”

“People need to realise that NTI-tss is part of a philosophy. The device itself is the easiest way to deliver that philosophy, but it is not the only way to do it,” says Pav. While some dentists fear, incorrectly, that the device can overload the jaw joint, Pav says that a success rate of over 90 per cent means that patients like the NTI-tss a great deal.

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