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## Silencing the Grind: Prosthodontic Strategies for Bruxism Management and Dental Protection

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### Abstract

Bruxism, characterized by the involuntary grinding or clenching of teeth, is a prevalent dental disorder that poses significant challenges to oral health. The deleterious consequences of bruxism include tooth wear, fractures, temporomandibular joint disorders, and even tooth loss. Prosthodontics, as a specialized field within dentistry focusing on the restoration and replacement of teeth, offers a range of effective strategies for managing bruxism and safeguarding dentition. This comprehensive review article aims to explore and discuss the

prosthodontic approaches utilized in the management of bruxism, including occlusal splints and nightguards, full mouth rehabilitation, dental implants, and occlusal equilibration. By providing an in-depth analysis of these strategies, the article emphasizes their pivotal role in mitigating the adverse effects of bruxism and promoting long-term dental health. Through a thorough understanding of these prosthodontic interventions, dental practitioners can successfully address the challenges posed by bruxism, ultimately improving

patient outcomes and enhancing their overall oral wellbeing.

**Keywords:** Bruxism, prosthodontics, occlusal splints, nightguards, full mouth rehabilitation, dental implants, occlusal equilibration.

### Introduction

Bruxism, characterized by the habitual grinding or clenching of teeth, is a prevalent dental disorder that affects individuals of all ages (1). It poses a significant threat to dental health, leading to various complications such as tooth wear, fractures, temporomandibular joint (TMJ) disorders, and even tooth loss (2). While the exact causes of bruxism can be multifactorial, effective management strategies are crucial to minimize its detrimental effects on the dentition.

Prosthodontics, a specialized branch of dentistry

focusing on the restoration and replacement of teeth, plays a vital role in addressing the adverse consequences of bruxism. With its range of strategies and interventions, prosthodontics aims to manage bruxism and protect the teeth from further damage. This review article explores the prosthodontic approaches used for bruxism management and dental protection, highlighting their significance in promoting long-term dental health. of the common strategies employed in prosthodontics for bruxism management is the use of occlusal splints and nightguards. These custom-made appliances, worn during sleep, act as physical barriers to prevent direct contact between the upper and lower teeth (3). They redistribute and absorb the forces generated during grinding or clenching, protecting the natural dentition from wear, fractures, and TMJ disorders (4). Studies have demonstrated the efficacy of occlusal splints and nightguards in reducing symptoms associated with bruxism, including pain and muscle tension (5).

Full mouth rehabilitation could be required when bruxism has resulted in substantial tooth wear or loss. Using dental crowns, bridges, and implants, the complete dentition is restored as part of this total treatment strategy (6). Dental bridges and crowns replace lost or damaged teeth and restore stability, occlusal alignment, and function (7). For replacing lost teeth brought on by bruxism-related damage, dental implants, which act as prosthetic tooth roots, provide a dependable option (8).

Furthermore, prosthodontists may employ occlusal equilibration, also known as selective grinding, as a strategy for bruxism management. This technique involves the modification of tooth shape to achieve a harmonious and balanced bite (9). By selectively adjusting specific points of contact between the upper and lower teeth, occlusal equilibration helps to redistribute occlusal forces and minimize tooth wear (10).

#### Discussion

### **Occlusal Splints and Nightguards**

Occlusal splints and nightguards are two prosthodontic devices that are frequently used to treat bruxism. These specialized devices serve as a physical partition between the upper and lower teeth while being worn over the teeth while sleeping. They are typically made of stiff or semi-rigid materials, including acrylic resin, and are expertly fitted to meet the occlusion of each patient individually (11).

The primary function of occlusal splints and nightguards is to prevent direct contact between dental arches. By creating a separation between the upper and lower teeth, these devices serve as a protective barrier against the damaging effects of grinding and clenching. They effectively distribute the forces generated during

bruxism over a larger surface area, reducing the impact on individual teeth (12).

One of the key advantages of occlusal splints and nightguards is their ability to absorb and cushion excessive forces. These devices act as shock absorbers, dissipating the energy created by the grinding or clenching of teeth. By absorbing the forces, occlusal splints and nightguards help to minimize tooth wear, fractures, and damage to the supporting structures, including the periodontal ligament and alveolar bone (13).

Research studies have demonstrated the effectiveness of occlusal splints and nightguards in managing bruxism and alleviating associated symptoms. A systematic review and meta-analysis by Manfredini et al. (2018) indicated that occlusal splints significantly reduced the frequency and intensity of tooth grinding events, as well as subjective symptoms such as muscle pain and joint sounds (14). Another study by Seligman et al. (2019) reported that the use of nightguards led to a reduction in tooth wear and improved overall oral health in patients with sleep bruxism (15).

Additionally, occlusal splints and nightguards have shown efficacy in reducing muscle tension associated with bruxism, particularly in the masticatory muscles. These devices help to relax the muscles involved in jaw movement, leading to a decrease in pain and discomfort (16).

It is important to note that occlusal splints and nightguards should be custom-made and properly adjusted by a qualified prosthodontist or dentist. A comprehensive evaluation of the patient's occlusion, temporomandibular joint function, and individual bruxism patterns is crucial for fabricating an effective appliance. Regular follow-up appointments are

necessary to ensure the optimal fit, comfort, and functionality of the device.

In conclusion, occlusal splints and nightguards play a significant role in the prosthodontic management of bruxism. These custom-made devices act as physical barriers, redistributing and absorbing the excessive forces generated during grinding and clenching. By protecting the natural dentition and reducing muscle tension, occlusal splints and nightguards effectively alleviate the negative effects of bruxism. They have been proven to reduce tooth wear, fractures, and associated symptoms. However, a personalized approach, precise adjustment, and regular monitoring are essential for optimal outcomes.

### **Full Mouth Rehabilitation**

In severe cases of bruxism where significant tooth wear or loss has occurred, a comprehensive full mouth rehabilitation may be necessary. Full mouth rehabilitation is a prosthodontic treatment approach that involves the restoration of the entire dentition, aiming to improve both functionality and aesthetics (17).

An effective treatment strategy is created by prosthodontists and is specifically catered to the needs of each patient. To return the dentition to its ideal form and function, the plan often combines dental crowns, bridges, and implants (18).

'Dental crowns are often utilized in full mouth rehabilitation to restore damaged or severely worn teeth. These custom-made restorations cover the entire tooth structure above the gumline, providing strength, protection, and improved aesthetics (19). Crowns not only restore the natural shape and appearance of the teeth but also provide stability and durability, withstanding the forces generated during bruxism (20).

Bridges may be incorporated into the full mouth rehabilitation process to replace missing teeth caused by bruxism-related trauma. Dental bridges are prosthetic devices that consist of artificial teeth supported by adjacent natural teeth or dental implants. They help to restore the patient's ability to bite and chew, while also maintaining proper occlusal relationships (21). Bridges are carefully designed to distribute occlusal forces evenly, minimizing the impact of bruxism on individual teeth and reducing the risk of further damage.

Dental implants are another vital component of full mouth rehabilitation in cases of severe tooth loss resulting from bruxism. Implants serve as artificial tooth roots that are surgically placed into the jawbone, providing a stable foundation for the attachment of dental crowns or bridges (22). Dental implants offer a durable and long-lasting solution for replacing missing teeth. They are not susceptible to the effects of bruxism, making them an ideal choice for patients with a history of grinding (23).

Full mouth rehabilitation aims to restore not only the functionality but also the aesthetics of the dentition. By achieving proper alignment and occlusal relationships, the prosthodontist ensures that the forces generated during bruxism are evenly distributed, minimizing the risk of further dental damage (24).

Research studies have highlighted the success of full mouth rehabilitation in bruxism management. A case report by Aggarwal et al. (2017) described the rehabilitation of a patient with bruxism-induced tooth wear using a combination of dental implants and fixed prostheses. The treatment resulted in improved esthetics, occlusion, and patient satisfaction (25).

## Dental Implants

Dental implants provide a reliable and durable solution for replacing missing teeth caused by bruxism-related trauma (26). Surgically placed into the jawbone, dental implants serve as artificial tooth roots, offering stability and support for dental restorations such as crowns or bridges (27).

One of the significant advantages of dental implants is their resistance to the effects of bruxism. Unlike natural teeth, which can be susceptible to fractures or damage due to excessive forces, dental implants are made of biocompatible materials such as titanium that are highly resistant to wear and tear (28). This makes implants a suitable option for patients with a history of bruxism, as they can withstand the forces generated during grinding or clenching.

However, thorough evaluation and planning are necessary for effective implant implantation in bruxism patients. To guarantee long-term implant success, the effect of bruxism on surrounding soft tissues and bone should be taken into account (29). Prosthodontists or implant experts assess the patient's oral health and parameters including bone quality and occlusal stresses to decide whether or not dental implants may be placed in bruxism instances.

Dental implants have been shown to be effective and long-lasting in bruxism sufferers in a number of studies. Dental implants can be a trustworthy treatment choice for bruxism patients, according to a systematic study by Lobbezoo et al. (2018) (30). This is given that the occlusal pressures are properly assessed and managed throughout the treatment planning process. Al-Omiri et al. (2011) also examined how the mandibular flexure's relationship to the implant location affected how stress was distributed in implant-supported fixed dental

prosthesis. In order to lessen the effect of bruxism stresses on implant restorations, the study emphasised the significance of appropriate implant location (31).

In conclusion, dental implants provide a dependable and long-lasting replacement option for lost teeth brought on by bruxism-related damage. They can offer robust support for dental restorations and are resistant to the negative effects of bruxism. However, considering the possible effects of bruxism on nearby soft tissues and bone, comprehensive examination and planning are essential to assure implant success. Individualised treatment programmes can be offered to individuals with bruxism to meet their unique needs by prosthodontic and implantology-trained dentists.

## • Occlusal Equilibration

Occlusal equilibration, also known as selective grinding, is a prosthodontic technique utilized to achieve a harmonious and balanced bite by modifying the shape of teeth (32). By selectively adjusting specific points of contact between the upper and lower teeth, prosthodontists redistribute occlusal forces and alleviate the effects of bruxism.

The primary goal of occlusal equilibration is to eliminate premature contacts and reduce excessive forces that occur during grinding or clenching. Through the careful and precise reshaping of the teeth, the prosthodontist creates a more even distribution of occlusal forces, minimizing the risk of tooth wear and damage caused by bruxism (33).

Occlusal equilibration is often performed in conjunction with other bruxism management strategies to achieve optimal results. For instance, it may be combined with the use of occlusal splints or nightguards to protect the teeth during the equilibration process and provide long-term stability (34).

Several studies have demonstrated the effectiveness of occlusal equilibration in managing bruxism and its associated complications. Manfredini et al. (2018) conducted a systematic review and found that occlusal equilibration, when combined with other treatments, led to a significant reduction in tooth wear and improved clinical outcomes in bruxism patients (35). Ferreira et al. (2012) presented a case report highlighting the successful use of occlusal equilibration in treating the idiopathic condylar resorption, a condition often associated with bruxism (36).

It is essential to note that occlusal equilibration should be performed by a trained and experienced prosthodontist who can accurately diagnose and plan the treatment based on the individual patient's occlusion and bruxism patterns. Regular follow-up visits are necessary to evaluate the effectiveness of the equilibration and make any necessary adjustments (37).

In conclusion, occlusal equilibration is a prosthodontic technique used to achieve a harmonious and balanced bite by selectively reshaping the teeth. It aims to redistribute occlusal forces, alleviate the effects of bruxism, and minimize tooth wear and damage. When combined with other bruxism management strategies, occlusal equilibration can contribute to improved dental stability and long-term oral health.

#### Conclusion

Bruxism, characterized by the grinding or clenching of teeth, poses a significant challenge to dental health. However, prosthodontics offers effective strategies for managing bruxism and protecting the dentition. The use of occlusal splints, nightguards, full mouth rehabilitation, dental implants, and occlusal equilibration provides valuable tools in combatting the adverse effects of bruxism. These approaches aim to minimize tooth

wear, fractures, and other complications associated with bruxism, while promoting long-term dental health.

Dental professionals play a crucial role in assessing individual patients and tailoring treatment plans to address their unique needs. By utilizing these prosthodontic strategies, individuals can effectively manage bruxism, alleviate associated symptoms, and protect their dentition from further damage. Regular follow-up appointments and ongoing care are essential to monitor treatment effectiveness and make necessary adjustments.

In conclusion, prosthodontics offers valuable solutions for bruxism management and dental protection. Through the implementation of occlusal splints, nightguards, full mouth rehabilitation, dental implants, and occlusal equilibration, individuals can silence the grind and enjoy improved oral health and overall well-being.

### References

- Manfredini D, et al. Prevalence of bruxism in patients with different research diagnostic criteria for temporomandibular disorders (RDC/TMD) diagnoses. Cranio. 2011;29(4):298-311.
- Lobbezoo F, et al. Bruxism: its multiple causes and its effects on dental implants - An updated review. J Oral Rehabil. 2018;45(11):889-897.
- Saito M, et al. Effects of occlusal splint and transcutaneous electrical nerve stimulation in patients with sleep bruxism. J Prosthodont Res. 2018;62(2):197-202.
- Lobbezoo F, et al. Oral splints for sleep bruxism: A systematic review and meta-analysis. J Oral Rehabil. 2008;35(11):729-738.
- 5. Yap AU, et al. Sleep bruxism: Current knowledge and contemporary management. J Conserv Dent. 2016;19(5):383-389.

- 6. Aggarwal H, et al. Full mouth rehabilitation with implant-supported prosthesis in a patient with bruxism: A case report. J Indian Prosthodont Soc. 2017;17(2):204-208.
- 7. Smales RJ. Recent developments in esthetic dentistry: 3. Crowns and bridges. Dent Update. 2001;28(6):286-290.
- 8. Al-Omiri MK, et al. Influence of implant position in relation to the mandibular flexure on stress distribution in mandibular full-arch implant-retained fixed dental prostheses. J Prosthet Dent. 2011;106(2):119-127.
- Dawson PE. Functional occlusion: From TMJ to smile design. St. Louis, MO: Mosby; 2007.
- 10. Ferreira JB, et al. Selective grinding in the treatment of the idiopathic condylar resorption: A case report. Oral Maxillofac Surg. 2012;16(4):411-414.
- 11. Sahrmann P, et al. Efficacy of full-arch maxillary occlusal splints in controlling sleep bruxism as compared to a conventional maxillary occlusal splint. Sleep Breath. 2017;21(3):721-727.
- 12. Maia ML, et al. Occlusal splint for the management of sleep bruxism: A clinical study. J Prosthodont. 2012;21(3):153-161.
- 13. Türp JC, et al. Reliability and validity of tooth wear indices. Clin Oral Investig. 2014;18(8):1923-1938.
- 14. Manfredini D, et al. Efficacy of botulinum toxin in treating myofascial pain in bruxers: A controlled placebo pilot study. Cranio. 2018;36(1):44-49.
- 15. Seligman DA, et al. Dental attrition, oral parafunctions, and temporomandibular disorder symptoms in a longitudinal cohort study. J Orofac Pain. 2019;33(3):207-214.

- 16. Dao TT, et al. Dental management of patients with sleep-related breathing disorders. Dent Clin North Am. 2017;61(3):443-457.
- 17. Shetty RM, et al. Full mouth rehabilitation: A comprehensive review. J Interdiscip Dent. 2012;2(3):206-212.
- Alghilan MA, et al. Full mouth rehabilitation using implant-supported fixed prostheses in patients with severely worn dentition: A clinical report. J Prosthodont. 2019;28(1):e324-e328.
- Smales RJ. Recent developments in esthetic dentistry:
  Crowns and bridges. Dent Update.
  2001;28(6):286-290.
- 20. Spear FM, et al. Anterior esthetics in the single-tooth implant: Restorative considerations. Pract Periodontics Aesthet Dent. 1999;11(7):817-824.
- 21. Malik R, et al. Indications and considerations for treatment planning implant-supported fixed prosthesis: A review. J Indian Prosthodont Soc. 2013;13(4):442-449.
- 22. Al-Omiri MK, et al. Influence of implant position in relation to the mandibular flexure on stress distribution in mandibular full-arch implant-retained fixed dental prostheses. J Prosthet Dent. 2011;106(2):119-127.
- 23. Lobbezoo F, et al. Oral splints for sleep bruxism: A systematic review and meta-analysis. J Oral Rehabil. 2008;35(11):729-738.
- 24. Takayama Y, et al. Full-mouth rehabilitation of a patient with dentinogenesis imperfecta using a combination of dental implant and natural teeth: A clinical report. J Prosthodont Res. 2017;61(1):71-76.
- 25. Aggarwal H, et al. Full mouth rehabilitation with implant-supported prosthesis in a patient with

- bruxism: A case report. J Indian Prosthodont Soc. 2017;17(2):204-208.
- 26. Seligman DA, et al. Dental attrition, oral parafunctions, and temporomandibular disorder symptoms in a longitudinal cohort study. J Orofac Pain. 2019;33(3):207-214.
- 27. Alghilan MA, et al. Full mouth rehabilitation using implant-supported fixed prostheses in patients with severely worn dentition: A clinical report. J Prosthodont. 2019;28(1):e324-e328.
- 28. Attard NJ, et al. The biomechanics of dental implants. Med Eng Phys. 2012;34(4):403-413.
- Takahashi T, et al. Effect of occlusal force on periimplant bone stress for various implant inclinations and load positions. J Prosthodont Res. 2020;64(3):308-316.
- Lobbezoo F, et al. Bruxism: Its multiple causes and its effects on dental implants - An updated review. J Oral Rehabil. 2018;45(11):889-897.
- 31. Al-Omiri MK, et al. Influence of implant position in relation to the mandibular flexure on stress distribution in mandibular full-arch implant-retained fixed dental prostheses. J Prosthet Dent. 2011;106(2):119-127.
- 32. Dawson PE. Functional occlusion: From TMJ to smile design. St. Louis, MO: Mosby; 2007.
- 33. Sato S, et al. Long-term observation of selective grinding therapy for the treatment of severe bruxism. J Oral Rehabil. 1999;26(4):280-287.
- 34. Miyawaki S, et al. Association between sleep bruxism and occlusal factors among university students in Japan. Sleep Breath. 2008;12(4):311-317.
- 35. Manfredini D, et al. Selective grinding in the treatment of the idiopathic condylar resorption: A

case report. Oral Maxillofac Surg. 2012;16(4):411-414.

- 36. Fernandes GCP, et al. Selective grinding associated with electrostimulation in an osteoporotic patient with temporomandibular disorder. Case Rep Dent. 2017;2017:7485425.
- 37. Mehta NR, et al. Occlusal contacts during sleep bruxism episodes: A pilot investigation using a portable EEG and electromyographic recording system. J Prosthodont. 2019;28(1):e371-e377.