



Non-pharmacological Treatment of Bruxism in the Elderly

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Treatments for bruxism in the elderly is one of the major therapeutic challenges and is significant. Also, there is no definitive treatment, unit and specific instructions for treatment. The first line of treatment for bruxism is always non-drug treatment in the form of behavior therapy. In this article, we tried to have a brief discussion of non-drug treatments. Bruxism is defined as a daily or nocturnal functional activity, including squeezing, restraining, grinding teeth, severe contraction of facial muscles, annoying noises of grinding teeth at night, and tooth wear, which include sleeping and waking teeth [1,2]. Awakening teeth are more common in women than men, while sleeping teeth do not show such a gender prevalence [3]. Determining the exact prevalence of gritted teeth is difficult because most patients are unaware of their disease. In most studies, about 13% of adults aged 60-50 years and only 3% of the elderly grind their teeth during sleep [3,4].

Psychological approaches to managing bruxism include biofeedback, hypnosis therapy, cognitive therapy, biofeedback, behavior therapy, stress, and relaxation management. Despite documented links between gritted teeth and psychosocial factors, the effectiveness of these methods is not certain [5-7].

Bruxism can often be related to stress. Anger can also exacerbate bruxism. To cultivate calmness, we must have psychotherapeutic approaches. Patient counseling can reduce stress as well as raise awareness of the habit, in which the patient is trained to voluntarily relax the muscle group. This increases voluntary control and thus reduces functional movements. Also, if gritted teeth are

accompanied by muscle pain and stiffness, physiotherapy may be recommended.

In severe cases of bruxism, if there is severe erosion with bruxism, restorative treatment is recommended to the patient. If necessary, endodontic treatment is recommended. Combined restorations or fully covered crowns, depending on the case, restore vertical dimension and function [8].

Biofeedback and cognitive behavioral therapy

This method is used if you are aware of the undesirable activities of the jaw muscles for gnashing teeth when awake and also for gnawing teeth. In the waking state, patients can control the activity of their jaw muscles through auditory or visual feedback. They can also be trained to use auditory, electrical, vibrating, and even taste stimuli for feedback for clenched teeth, so that this device produces sound along with the contraction of the facial muscles during clenching teeth. This sound starts from lower degrees and it gradually rises until the gnashing tooth disappears, the goal being for the patient to stop gnashing his teeth without waking up [6]. Therefore, it is recommended that people who work with the elderly use biofeedback, cognitive therapy in the first line of treatment, such as stress reduction, taste stimulation, distraction, and behavioral therapy.

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Conflict of Interest

None.

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