

## Different Types of Treatment for Sleep Bruxism

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### DESCRIPTION

Treatment of Sleep Bruxism (SB) is based on a combination of behavioral therapy, pharmacological treatment and dental treatment suitable for the carrier's profile. Second-line SB treatment should be tailored to the specific cause, in addition to the necessary procedures outlined below.

Behavioral therapies include suppression of drug therapy, sleep hygiene measures, relaxation techniques, and behavioral therapies for anxiety. In primary and secondary SB pharmacology, dopamine agonists, antidepressants benzodiazepines, clonidine, buspirone, non-benzodiazepine hypnotics (zolpidem), muscle relaxants, antidepressants such as mirtazapine, antiepileptic drugs such as trazodone, and gabapentin. For secondary bruxism or severe SB, topical administration of botulinum toxin to the masseter and temporalis muscles can be given.

The combination of behavioral strategies and dental protection appliances seems to be the most appropriate treatment for medium- to long-term management of bruxism.

A few years ago, the objectives of primary SB treatment aim to prevent damage to the orofacial structure and relieve the symptoms of pain. Today, first-line SB treatment is also based on the physiopathological mechanism of the disease. The medical and dental objectives of SB and the intensity and frequency of subjective symptoms vary widely from broad inter- and intra-individuals. In addition, there are no clear clinical rates such as standardized scale or questionnaire for post-treatment reassessment. Use of golden standard, that is Video polysomnography is technically restricted, economically banned in some situations and regional, in addition to the above restrictions associated with inter-subject and intra-subject variability in sleep polysomnography marker intensity and frequency is limited by availability. SB treatment uses a combination of behavioral, dental, and pharmacological treatments, depending on the carrier's profile.

### Behavioral treatment

Behavioral therapies include sleep hygiene measures, biofeedback, relaxation techniques, stress control techniques, and hypnosis.

### Sleep hygiene

Sleep hygiene is a set of instructions aimed at modifying personal habits and environmental factors that affect sleep quality. These steps are as follows:

1. Avoid taking coffee, tea, stimulants, chocolate and caffeinated medicines.
2. Avoid drinking alcohol at least 6 hours before bedtime.
3. Avoid smoking at least 6 hours before bedtime.
4. Avoid heavy meals before bedtime
5. Relaxation techniques

Relaxation techniques include specific methods of relaxing the mandibular muscles. such as relaxing the jaw with the lips closed and apart, relax the jaw several times, allowing the two spontaneously clench its teeth and then release for 5 seconds each time. This exercise should be repeated 5 times per series, 6 sets per day, over a two-week period.

### Anxiety behavioral treatment

Personality profile, stress and anxiety are important elements of SB. However, no controlled trials have been developed to determine the effectiveness of behavioral anxiety treatment for clinical SB symptoms. Cognitive-behavioral psychotherapy, cognitive relaxation techniques for managing stress and anxiety associated with lifestyle changes have been proposed.

### Pharmacological treatment

Certain pharmacological treatments for primary SB or Daily Bruxism (DB) have not reported long-term efficacy. Many medicines have been proposed for pharmacological treatment:

**Buspirone:** Buspirone is a partial agonist serotonergic agent used to treat generalized anxiety disorder. Buspirone exhibits a pharmacological profile with post-synaptic 5-HT<sub>1</sub> receptor activity and 5-HT<sub>2A</sub> receptor antagonist activity. Normally introduction of 10 mg nocturnal dose of buspirone shows the subjective reduction from sleep bruxism patients. Buspirone (10-40 mg per dose) may be particularly useful in the treatment of SB when used in combination with selective serotonin reuptake inhibitors antidepressants and dual drugs such as venlafaxine.

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**Botulinum toxin:** Botulinum toxin type A (TXB-A) is an effective treatment for certain neuropathy. The mechanism of action of TXB-A is to block the release of acetylcholine to the neuromuscular junction, causing chemical denervation

with localized muscle paralysis. TXB-A has been used to treat secondary dentition associated with other movement disorders such as cervical dystonia, oral maxillofacial dystonia, and Huntington's disease.