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TMD News

A publication from the office of Bryan H. Burdette, DMD, MS

Temporomandibular Disorders/Orofacial Pain
Snoring/Obstructive Sleep Apnea
Headaches

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"Sleep That Knits Up The Ravell'd Sleeve Of Care"

Macbeth

An Active Brain...

The recent explosion of research into sleep has resulted in the knowledge that ***our brain is very active during sleep*** as our body is relatively motionless. The healthy brain uses this time efficiently to orchestrate many essential metabolic tasks. Research is showing that all of our body systems are influenced by the quality of our sleep and this knowledge is impacting all the healthcare disciplines, including dentistry.

Sleeping Beauty...

Our practice has been involved in the treatment of obstructive sleep apnea (OSA) for many years, because this is the sleep disorder that is most directly associated with orofacial pain. Sleep disorders such as OSA decrease the quality of one's sleep by interrupting its continuity, and these disorders can be frequent and/or long enough to cause serious problems. While the short-term effects of poor sleep can certainly be serious, especially if excessive sleepiness results in an accident, the long-term effects are potentially even more so. OSA is known to be a serious factor for cardiovascular disease, including heart failure and stroke. Orofacial pain may be associated with delayed sleep onset and disrupted sleep. ***Poor sleep is known to impair pain processing*** and can directly contribute to pain augmentation. Enhanced pain is a major cause of insomnia that may predispose patients to mood alteration and depression, resulting in a vicious pain/sleeplessness cycle. The snoring and tooth-grinding noise that often accompanies OSA can disrupt the sleep of the bed partner and cause marital conflict (Lavigne, Cistulli and Smith, 2009). Therefore, the dental management of sleep disorders becomes a routine and important component of our treatment plan for most chronic orofacial pain related conditions.

The Cardinal Sign...

Our evaluation of a new patient, and often of a returning patient as well, includes the Epworth Sleepiness Scale and other questions and clinical evidence that could suggest a sleep disorder. These can include a report of snoring, frequent waking and/or gasping for breath, insomnia, nocturnal bruxing, restless legs syndrome, vivid dreams and nightmares, persistent daytime fatigue and morning headache. A lot of our patients report one or more of these symptoms and, indeed, 20% of the general population is estimated to suffer from a sleep disorder. ***The cardinal sign of sleep apnea is the spouse's report that a person stops breathing*** at times during the night, but this does not have to occur for sleep apnea to be present. Clinical judgment is required to decide when a patient should be referred back to their primary care physician for a sleep study, which is the only definitive way to diagnose OSA.

Knitting Up...

Our practice uses various intraoral appliances to treat snoring and/or mild-to-moderate obstructive sleep apnea. These appliances are familiar to most dental practitioners and are effective 85% of the time in patients who meet the defined medical and dental indications for them. Some designs can also be adapted to protect the patient from nocturnal bruxing and occlusal trauma. Since ***most of our patients also present with complex pain and/or parafunctional problems,*** we routinely incorporate TMD management into the treatment planning and design of our OSA appliances.