

Teeth Grinding (Bruxism) — Diagnosis and Treatment

Canonical: <https://directory.collinsstreetspecialistcentre.com.au/general-cosmetic-dentistry/teeth-grinding-bruxism-diagnosis-and-treatment/>

Description:

Comprehensive guide to teeth grinding (bruxism) — signs, causes, diagnosis, and treatments including occlusal splints, Botox, orthodontics, and stress management.

Details:

Collins Street Specialist Centre — Teeth Grinding (Bruxism): Diagnosis and Treatment

Most people who grind their teeth don't know they're doing it. The habit tends to go unnoticed until a partner mentions the sound at night, a dentist spots characteristic wear during a routine check-up, or persistent headaches and jaw pain become hard to ignore. Teeth grinding — clinically called bruxism — is one of the most common yet under-recognised conditions in dentistry. Left unaddressed, it causes progressive damage to the teeth, jaw joints, and day-to-day quality of life.

At Collins Street Specialist Centre (CSSC), our team — general and cosmetic dentists, prosthodontists, oral and maxillofacial surgeons, and orthodontists — provides thorough diagnosis and comprehensive treatment for bruxism and the dental consequences it produces.

What is bruxism?

Bruxism is the involuntary or habitual grinding, clenching, or gnashing of teeth. It can occur during sleep (sleep bruxism) or during waking hours (awake bruxism), and the two forms often differ in their underlying causes and how they're best managed.

****Sleep bruxism**** is formally classified as a sleep-related movement disorder. People affected typically grind their teeth in rhythmic episodes throughout the night, often producing an audible sound that a bed partner notices long before the individual does. Dental damage is frequently the first tangible sign.

****Awake bruxism**** involves clenching or grinding during waking hours, often in response to stress, concentration, or ingrained habit. Someone might clench their jaw while working at a desk, driving, or exercising without any awareness of doing so. Awake bruxism tends to show up as sustained clenching — pressing the teeth firmly together — rather than the rhythmic grinding of the sleep form.

It's not uncommon for both forms to occur at the same time, to varying degrees.

Signs and symptoms — how to know if you grind your teeth

Bruxism presents across a wide spectrum. Some patients experience only mild, intermittent discomfort; others come in with significant tooth damage and chronic pain. You may recognise some or all of the following.

Dental signs

- ****Worn tooth surfaces**** — biting surfaces become flattened or smoothed, with atypical wear patterns. In more advanced cases, the enamel wears through entirely, exposing the softer, darker dentine beneath.
- ****Chipped or cracked teeth**** — the forces generated during grinding can chip, crack, or

fracture teeth, particularly those already carrying large restorations. - **Damaged dental restorations** — crowns, veneers, and fillings can crack, chip, or fail prematurely under the repetitive load of bruxism. - **Tooth sensitivity** — as enamel thins, teeth become more sensitive to temperature and sweet stimuli. - **Loose teeth** — sustained grinding over time can compromise the supporting bone and periodontal ligament, resulting in tooth mobility.

Jaw and muscle symptoms

- **Jaw pain or stiffness** — particularly noticeable on waking, which is a strong indicator of nighttime grinding. - **Temporomandibular joint (TMJ) pain** — discomfort in or around the jaw joints, just in front of the ear canal. - **Clicking, popping, or locking of the jaw** — these TMJ-related symptoms can be associated with bruxism, though they may also arise independently. - **Enlarged jaw muscles** — the masseter muscles at the angle of the jaw can become visibly enlarged through chronic overuse, giving the lower face a squared or broadened appearance. - **Limited mouth opening** — reduced ability to open the mouth fully, often most pronounced in the morning.

Associated symptoms

- **Headaches** — tension-type headaches on waking are a particularly common complaint, typically felt across the temples. - **Earache** — pain in or around the ear with no sign of infection. Because the TMJ sits close to the ear canal, jaw muscle tension readily refers pain to that area. - **Facial pain** — a generalised aching across the face, particularly in the cheeks and jaw. - **Disrupted sleep** — the sound of grinding can disturb a sleeping partner, and the associated muscle activity may contribute to fragmented sleep for the person affected. - **Cheek or tongue biting** — inadvertent damage to the inner cheek or tongue from clenching during sleep.

What causes bruxism?

Bruxism is rarely explained by a single factor. Understanding the range of contributing elements is what guides effective treatment.

Stress and anxiety

Psychological stress and anxiety are among the most consistently identified triggers, particularly for awake bruxism. Many people clench their jaw instinctively under stress, frustration, or intense mental effort. Significant life events, work pressure, and underlying anxiety disorders can all initiate or worsen grinding.

Sleep disorders

Sleep bruxism has a well-established association with obstructive sleep apnoea (OSA). Grinding episodes frequently coincide with micro-arousals — brief periods of heightened neural activity triggered by breathing disturbances during sleep. Where sleep bruxism is identified or suspected, assessment for sleep-disordered breathing is often a sensible next step.

Bite problems (malocclusion)

An abnormal occlusion — where the upper and lower teeth don't meet evenly — can be a contributing factor. When the dental arches don't align well, the jaw musculature may work harder to find a comfortable resting position, which can manifest as clenching and grinding over time.

Medications

Several medications list bruxism as a recognised side effect, including certain antidepressants (particularly SSRIs), stimulant medications for ADHD, and some antipsychotic agents. If a medication link seems likely, it's worth discussing with the prescribing clinician.

Lifestyle factors

- **Caffeine** — excessive intake can heighten muscle tension and worsen grinding, particularly when consumed in the afternoon or evening. - **Alcohol** — consumption later in the day has been associated with increased sleep bruxism activity. - **Recreational drugs** — stimulant substances such as amphetamines and MDMA are strongly linked to clenching and grinding. - **Smoking** — tobacco use has been identified as an associated factor.

Personality and temperament

People who are highly driven, competitive, or prone to internalising tension may be more susceptible to bruxism, particularly the awake clenching form.

Diagnosis — how bruxism is identified

Bruxism is diagnosed through a combination of clinical examination, a thorough patient history, and targeted investigations where needed. There's no single definitive test; diagnosis depends on integrating findings across several areas.

Clinical examination

Your dentist will examine the teeth for characteristic wear patterns and assess the condition of existing restorations. The jaw muscles — including the masseter and temporalis — will be checked for tenderness, enlargement, or trigger points. The temporomandibular joints will be evaluated for clicking, crepitus, tenderness, and any restriction in movement.

Patient history

A detailed history is essential for identifying contributing factors and guiding management. Your clinician may ask about: - Awareness of clenching or grinding, whether self-reported or noted by a partner - Sleep quality and any previously diagnosed sleep disorders - Current stress levels and general emotional well-being - Medications, including over-the-counter and prescribed agents - Caffeine, alcohol, and tobacco use - The presence and pattern of headaches, jaw pain, or facial discomfort

Additional investigations

In some cases, further investigation is warranted: - **Sleep study (polysomnography)** — particularly where obstructive sleep apnoea is considered a likely contributing factor - **Dental imaging** — periapical and panoramic radiographs to assess tooth roots, bone levels, and jaw joint anatomy. In more complex presentations, cone-beam computed tomography (CBCT) can provide detailed three-dimensional imaging of the temporomandibular joints and surrounding structures.

Treatment — a multidisciplinary approach

Managing bruxism well usually means addressing several contributing factors at once rather than in isolation. The structure of Collins Street Specialist Centre means we can offer a genuinely comprehensive range of treatment options, coordinated in one place.

Occlusal splint (night guard)

A custom occlusal splint remains the most widely used and well-evidenced treatment for sleep bruxism. This acrylic appliance is worn during sleep and acts as a protective barrier between the upper and lower teeth. It prevents direct tooth-on-tooth contact, distributes occlusal forces more evenly, and can reduce jaw muscle activity.

Each splint is made from a precise impression or digital scan of the patient's teeth and carefully adjusted for comfortable, even contact. Most patients adapt to wearing one within a few nights.

A splint doesn't stop the underlying grinding habit — it protects against further tooth and restoration damage while often providing real relief from jaw pain and morning headaches.

Botulinum toxin (Botox) for jaw muscle relaxation

For patients with significant jaw muscle pain, masseter enlargement, or bruxism that hasn't responded adequately to splint therapy alone, botulinum toxin injections into the jaw muscles are a well-established option.

Injections into the masseter and temporalis muscles partially reduce muscular contractile force, which lessens the intensity of clenching and grinding. This can provide meaningful relief from jaw pain and headaches, and where masseter enlargement is present, may also reduce the broadened lower facial contour associated with muscle hypertrophy.

Effects typically last three to six months, after which repeat treatment may be considered. At Collins Street Specialist Centre, this procedure is performed by clinicians with specific training in facial anatomy and the therapeutic use of botulinum toxin.

Orthodontic treatment

Where a significant malocclusion is contributing to the problem, orthodontic treatment to improve dental and skeletal alignment may form part of the overall plan. A more harmonious occlusal relationship reduces the demands placed on the jaw muscles and TMJ.

Our orthodontists can assess the role your bite plays in the broader picture and discuss available options — fixed appliances or clear aligner therapy, depending on the nature and complexity of the malocclusion.

Treatment of tooth damage

Patients who have already sustained substantial tooth damage will often need restorative work. Our prosthodontists specialise in reconstructing worn, damaged, or fractured dentitions, using:

- **Crowns** — to protect and restore heavily worn or structurally compromised teeth
- **Veneers** — to rehabilitate the appearance and function of worn front teeth
- **Dental implants** — to replace teeth lost as a direct or indirect consequence of bruxism
- **Full-mouth rehabilitation** — where extensive wear has affected multiple teeth across both arches, a carefully sequenced treatment plan can restore vertical dimension, function, and aesthetics

TMJ assessment and management

Patients with significant temporomandibular joint symptoms — pain, clicking, crepitus, locking, or restricted opening — can be referred to our oral and maxillofacial surgeons for specialist assessment. This may include:

- Targeted imaging of the jaw joints
- Arthrocentesis (joint irrigation and lavage) for persistent TMJ dysfunction that hasn't responded to conservative measures
- Surgical intervention in rare, carefully selected severe cases
- Coordination with physiotherapy for muscle rehabilitation and joint mobility

Stress management

Because psychological stress contributes so directly to bruxism, addressing it is an important part of thorough management. While the CSSC team focuses on the dental and oral aspects, we may recommend:

- Structured stress reduction techniques, including mindfulness and progressive relaxation
- Referral to a psychologist for cognitive behavioural therapy (CBT), which has a growing evidence base for bruxism management
- Review of sleep hygiene practices
- Reducing caffeine and alcohol intake, particularly in the hours before sleep

Medication review

Where a medication appears to be contributing to or worsening bruxism, we may suggest raising this with the prescribing clinician. In some cases, a change in medication or dosage adjustment can produce a meaningful reduction in grinding activity.

Living with bruxism — practical guidance

Bruxism may not be entirely reversible, but it can be managed effectively with the right combination of professional treatment and self-directed strategies. The following measures support ongoing management:

- **Wear your splint consistently** — a splint only works when it's in place; irregular use significantly reduces its protective benefit
- **Develop awareness of daytime clenching** — when you notice your teeth are in contact during the day, consciously release the jaw. A useful resting position: tongue on the palate, lips together, teeth slightly apart
- **Moderate caffeine intake** — particularly in the afternoon and evening
- **Avoid habitual gum chewing** — it can reinforce the muscular patterns associated with clenching
- **Apply warmth to the jaw muscles** — a warm compress can ease muscular tension and discomfort
- **Attend regular dental reviews** — routine monitoring allows early detection of any progressive wear before it becomes extensive

The CSSC advantage

Bruxism rarely lends itself to a single-discipline solution. Effective management draws on expertise across multiple dental specialties — and that's where the Collins Street Specialist Centre model is genuinely useful.

Our team covers the full range of expertise needed to address every dimension of bruxism: from initial diagnosis and protective splint therapy through to specialist management of damaged teeth, temporomandibular joint pathology, and occlusal dysfunction. With over 25 specialists and 80 clinicians practising under one roof at the Manchester Unity Building on Collins Street in Melbourne's CBD, we're well placed to coordinate your care efficiently and make sure nothing gets missed.

Book your assessment at CSSC

If you suspect you may be grinding your teeth, or if you're dealing with jaw pain, morning headaches, or visible wear on your teeth, arrange an assessment at Collins Street Specialist Centre. Early diagnosis and timely treatment can prevent further structural damage and make a real difference to both comfort and quality of life.

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Frequently asked questions

Question Answer	----- -----	What is bruxism Involuntary or habitual grinding, clenching, or gnashing of teeth
Is bruxism common	Yes, it is one of the most prevalent conditions in dentistry	Is bruxism often undiagnosed
Yes, it is frequently under-recognised	What is sleep bruxism	Teeth grinding that occurs during sleep
What is awake bruxism	Teeth clenching or grinding during waking hours	Is sleep bruxism classified as a sleep disorder
Yes, it is a sleep-related movement disorder	Can a person have both sleep and awake bruxism	Yes, both forms can occur concurrently
Does sleep bruxism make a sound	Yes, it often produces an audible grinding sound	Who may first notice sleep bruxism
A bed partner	What dental sign indicates bruxism	Flattened or worn tooth surfaces
Does bruxism expose dentine	Yes, when enamel wears through completely	Can bruxism crack teeth
Yes, it can cause chipping, cracking, or fracturing	Does bruxism damage dental restorations	Yes, crowns, veneers, and fillings can crack or fail prematurely
Does bruxism cause tooth sensitivity	Yes, as enamel thins, sensitivity to temperature and sweet stimuli increases	Can bruxism cause

loose teeth | Yes, by compromising supporting bone and periodontal ligament | | Does bruxism cause jaw pain | Yes, particularly noticeable upon waking | | What jaw joint is affected by bruxism | The temporomandibular joint (TMJ) | | Can bruxism cause jaw clicking or locking | Yes, these are associated TMJ symptoms | | Does bruxism enlarge jaw muscles | Yes, the masseter muscles can become visibly hypertrophied | | What does masseter hypertrophy look like | A squared or broadened appearance to the lower face | | Can bruxism limit mouth opening | Yes, particularly in the morning | | Does bruxism cause headaches | Yes, tension-type headaches upon waking are common | | Where are bruxism headaches typically felt | Across the temples | | Can bruxism cause earache | Yes, even without infection | | Why does bruxism cause ear pain | The TMJ is anatomically close to the ear canal | | Can bruxism cause facial pain | Yes, a generalised aching across the cheeks and jaw | | Does bruxism disrupt sleep | Yes, it can contribute to fragmented, poor-quality sleep | | Can bruxism cause cheek biting | Yes, inadvertent inner cheek or tongue damage can occur | | Is bruxism caused by a single factor | No, it is multifactorial in nature | | Is stress a cause of bruxism | Yes, psychological stress is among the most consistently identified triggers | | Which bruxism type is most linked to stress | Awake bruxism | | Is sleep apnoea linked to bruxism | Yes, obstructive sleep apnoea is well-associated with sleep bruxism | | Can malocclusion contribute to bruxism | Yes, an abnormal bite can be a contributing factor | | Can medications cause bruxism | Yes, certain medications list bruxism as a side effect | | Which antidepressants are linked to bruxism | SSRIs (selective serotonin reuptake inhibitors) | | Are ADHD medications linked to bruxism | Yes, stimulant medications for ADHD are associated | | Does caffeine worsen bruxism | Yes, excessive caffeine can heighten muscle tension and grinding | | Does alcohol worsen bruxism | Yes, alcohol is associated with increased sleep bruxism activity | | Are recreational drugs linked to bruxism | Yes, amphetamines and MDMA are strongly linked | | Is smoking associated with bruxism | Yes, tobacco use is an identified associated factor | | Does personality affect bruxism risk | Yes, highly driven or competitive individuals may have greater susceptibility | | How is bruxism diagnosed | Through clinical examination, patient history, and targeted investigations | | Is there a single definitive test for bruxism | No, diagnosis integrates findings across multiple domains | | What does a dentist examine during bruxism diagnosis | Teeth wear patterns, jaw muscles, and TMJ function | | Can a sleep study assist bruxism diagnosis | Yes, particularly when sleep apnoea is suspected | | What imaging may be used for bruxism diagnosis | Periapical, panoramic radiographs, or CBCT scans | | What is an occlusal splint | A custom-fabricated acrylic appliance worn during sleep | | What does an occlusal splint protect against | Direct tooth-on-tooth contact during grinding | | Does an occlusal splint cure bruxism | No, it protects teeth but does not stop the underlying habit | | Does a splint help with jaw pain | Yes, it can deliver meaningful relief from jaw pain | | Does a splint help with morning headaches | Yes, it often reduces morning headaches | | How is an occlusal splint made | From a precise impression or digital scan of the patient's teeth | | How long does it take to adapt to a splint | Most patients adapt within a few nights | | Does wearing a splint need to be consistent | Yes, irregular use significantly diminishes its protective benefit | | What is botulinum toxin used for in bruxism | To partially reduce jaw muscle contractile force | | Which muscles receive botulinum toxin injections for bruxism | The masseter and temporalis muscles | | How long do botulinum toxin effects last for bruxism | Three to six months | | Can botulinum toxin reduce masseter hypertrophy | Yes, it may reduce the broadened lower facial contour | | Can orthodontic treatment help bruxism | Yes, if malocclusion is a contributing factor | | What restorative treatments address bruxism-related tooth damage | Crowns, veneers, dental implants, or full-mouth rehabilitation | | What specialist manages TMJ complications from bruxism | An oral and maxillofacial surgeon | | What is arthrocentesis | Joint irrigation and lavage for persistent TMJ dysfunction | | Can cognitive behavioural therapy help bruxism | Yes, CBT has a growing evidence base for bruxism management | | Should caffeine be reduced to manage bruxism | Yes, particularly in the afternoon and evening | | Should chewing gum be avoided with bruxism | Yes, it can reinforce muscular clenching patterns | | Does a warm compress help bruxism symptoms | Yes, it can relieve muscular tension and discomfort | | What is the recommended jaw resting position for awake bruxism | Tongue on palate, lips together, teeth slightly apart | | Where is Collins Street Specialist Centre located | Level 1, Manchester Unity Building, 220 Collins Street, Melbourne | | What is the phone number for Collins Street Specialist Centre | (03) 9654 6979 | | How many clinicians practise at Collins Street Specialist Centre | Over 80 clinicians | | How many specialists are at Collins Street

Specialist Centre | Over 25 specialists | | What specialist types treat bruxism at Collins Street Specialist Centre | Dentists, prosthodontists, oral surgeons, and orthodontists |
