

Occlusal Dentistry

Why going to the dentist needn't be such a headache!

Have you or one of your close friends ever suffered from headaches, or neck and shoulder pain and wondered why? Well there's a good chance the answer lies in your teeth! Or at least in the way they come together... in other words your bite.

If your bite, or as your dentist would call it "your occlusion", is not perfect then you may be clenching your teeth during the day and grinding them at night. This, in turn, can cause spasm in the jaw and neck muscles, leading to episodes of headache and sometimes neck ache.

Unfortunately, most people who grind and clench (called bruxists) seem to be unaware that they are doing it. They can also often grind so quietly that their partner is also unaware of their destructive habit. Consequently, they rarely seek help from their dentist with

regards to their headaches.

As long ago as the 1920s a group of American dentists began to believe that there may be a relationship between the "bite" on some of their patients and the headaches that they were suffering.

They felt that with these patients, their bad bites seemed to make them subconsciously want to grind and clench their teeth.

Teeth are naturally covered by an outer coating of enamel, which is the hardest substance in the human body, and should last a lifetime of chewing the relatively soft foods that we now eat.

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However, teeth should only be in light contact for about 10 minutes a day, as they momentarily touch while we chew and swallow.

Alas, if you are a bruxist your teeth can be in contact for much greater periods of the day and night, and more importantly at much greater pressures than they were ever designed to take.

Occlusal disease – in other words the result of grinding and clenching – can show itself in many different ways.

Women can simply suffer from chronic head, neck or shoulder pain, while men with their stronger muscle basis, will often wear down their front teeth or break their back ones.

Those patients that are susceptible to gum disease may loosen their teeth at a rapid rate, or find that the gums recede causing the unsightly root-surfaces to become exposed.

Other patients may find that some of their teeth become very sensitive as they, in effect, give them a severe pounding while fast asleep, or that their jaw joints become sore and click or pop a great deal.

Even more remarkably tinnitus and vertigo have also been linked to occlusal disease.

Without a shadow of doubt these symptoms can get worse at times of high stress, as it has been known for a number of years now that occlusal disease is stress related.

In other words, the more stressed you are the more likely you are to grind or clench.

There are no hard and fast rules, though, as some men will get headaches with little sign of wear, or women can grind so heavily that they too can fracture teeth. Some patients may find that they have only one of the symptoms, while others may suffer with them all.

The symptoms and signs of occlusal disease have for many years been poorly understood and consequently little has been taught about them to dentists at undergraduate level.

Now, however, thanks to Societies such as the British Society of Occlusal Studies (www.bsos.org.uk) and the American Equilibration Society (www.occlusion-tmj.org), teaching in this area of dentistry to qualified dentists is finally beginning to take place, and the profession is waking up to its responsibility to patients in this area.

Dr Roy Higson (www.stockportdentalseminars.com), President of the BSOS, who has lectured all over the world on this subject, states that, "over the last 25 years our research tells us that around 80 per cent of head, neck and shoulder pains can be successfully treated by correct occlusal treatments".

Dr David Wright, a leading Harley Street general practitioner, (www.73harleystreet.co.uk), who has worked closely with Dr Higson and many American Specialists in this field for nearly 14 years, believes that the importance of the bite is still vastly underestimated by the most of the profession and has found that many of the patients who seek treatment from him with regards to their headaches have a very successful conclusion.

One of his recent success cases is Alex Little, who had regularly attended a Harley Street dentist. It was only when he retired, that she began to see Dr Wright.

She was a typical case, in that she had suffered with headaches for many years and was totally unaware that she was also grinding her teeth at night. Consequently, she often woke with headaches but did not understand why.

Dr Wright noticed on her first visit to him that she had signs of grinding and clenching, and then discovered that she also suffered with frequent headaches.

He simply corrected her occlusion with an acrylic bite guard that she wears at night, and Alex now wakes up headache free!

Dr Wright explained that treatment is possible for most patients with a poor bite by those dentists who have attended the relevant post-graduate courses. That treatment should always start with a full occlusal examination.

It is important at this stage that your dentist spends time assessing you to see if he feels he can help, as not all headaches are linked to poor bites.

The next stage is to construct a splint (bite guard) out of hard plastic which usually fits over the lower teeth and is designed to give the patient a perfect bite, perhaps relieving all of their symptoms. These splints sometimes have to be worn full-time and adjusted over several appointments as the bite "settles".

Once a stable bite has been achieved, and all the symptoms have disappeared, it is also sometimes necessary to adjust the teeth fractionally to the muscle relaxed position that has been achieved. This is called an equilibration and gives the patient a perfect bite without the need to wear a splint.

If you feel you are suffering from symptoms caused by grinding or clenching, ask your dentist to carry out an occlusal examination or ask him to refer you to a dentist who specialises in occlusion.

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