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# Bruxism

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**Characteristics:** Involuntary grinding of teeth, which especially occurs during sleep but can also occur in the daytime. In 5% of cases this can cause severe health problems, such as destruction of tooth structure, temporomandibular joint dysfunction, myofascial pain, and sleep disturbances.

**Meds That Cause It:** A variety of medications, including antidepressants (especially SSRIs and the SNRI venlafaxine), psychostimulants, and antipsychotics; drugs of abuse such as methamphetamine, cocaine, and ecstasy.

**Mechanism:** Unclear, but likely involves central dopaminergic and serotonergic systems.

**General Management:**

- Reduce dose or switch medication.
- Wear dental guards at night.
- Treat anxiety, which worsens bruxism.
- Decrease or stop using tobacco, caffeine, and alcohol.

**First-Line Medications:**

Buspirone (BuSpar) 10 mg BID or TID.

**Second-Line Medications:**

- Benzodiazepines, such as clonazepam (Klonopin) 0.5–1 mg at bedtime.
- Gabapentin (Neurontin) 300 mg at bedtime.

**Clinical Pearls:**

- Frequency of bruxism varies from day to day, but symptoms are usually induced or worsened by anxiety and stress.
- Watching and waiting may be indicated as spontaneous remission can occur after one month.
- Botulinum toxin (Botox) injections into the masseter muscle are effective for persistent bruxism.
- Risk factors include obstructive sleep apnea and parasomnias, anxiety, heavy alcohol use, loud snoring, caffeine intake, smoking, and other psychiatric and neurologic disorders.

**Fun Fact:**

People with bruxism are referred to as “bruxists” or “bruxers.”