

Modern Methods of Treatment of Night Bruxism in Children

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Relevance of the study: analyzing data from foreign and domestic literature, we can determine in several young people in the treatment of night bruxism: occlusion treatment (invasive interventions and occlusion devices), behavior improvement (feedback method, sleep hygiene, habit replacement) treatment by administering various medications. Occlusion treatments include two methods of patient management: invasive occlusion treatment and the use of adapted occlusion devices. However, confirmation of this theory requires extensive research at the population level. Selective grinding is currently not recommended as a treatment for chewy parafunction. It has been proven that such a correction of occlusions can lead to the development of "occlusive neurosis", which causes physiological and psychological problems that were not manifested before. Before grinding teeth, the central nervous system did not have problems, and such problems should be checked for patients who appeared after occlusive grinding of teeth. Bruxism incorrectly performed selective grinding leads to the appearance of early contacts on the opposite side, and the wrong tooth crown can cause compression, friction episodes. Special occlusion devices have been used effectively to treat patients with nocturnal bruxism. According to the purpose of application, they are divided into: separation, rearrangement and stabilizing occlusion devices. Muscle stabilizing devices can also be used to treat bruxism (usually in the upper jaw). Occlusion devices can be made of solid or elastic material. It is preferable to use occlusive stabilizers made of solid plastic. They help reduce the bioelectric activity of muscles, while soft devices, on the contrary, increase muscle activity. The use of soft devices is also important. On the one hand, the effect of muscles as a result of treatment is confirmed by the data of many EMG studies in the form of a decrease in the total bioelectric activity of chewing muscles. On the other hand, "high quality" clinical studies using polysomnography show mixed results regarding the effectiveness of the use of occlusion devices in the treatment of patients with bruxism. Among the behavioral treatments for chewy muscle parafunctions, the biofeedback (BFB) method occupies a special place. The basis of biofeedback is the idea that bruxism can "learn" the habit of squeezing and grinding teeth if certain stimuli warn patients about episodes of unconsciously unfavorable activity of the chewing muscles. In the treatment of nocturnal bruxism, auditory, electrical, vibrational, and even taste perception stimuli can be used for feedback. His behavior for bruxism also includes psychoanalysis, hypnosis, progressive relaxation, meditation, self-control, sleep hygiene, and habit switching. Olkinuora (1969) described bruxism and psychiatric treatments. The technique of controlling muscle contraction force during stressful periods has been effective for a number of patients, as symptoms of bruxism in the oral cavity have decreased. The method of hypnosis was considered thirty years earlier by Goldberg (1973) and others. Clark and Reynolds (1989), in their case control study using EMG records, argued that hypnotherapy alleviated symptoms of active brooksing behavior. The effectiveness of relaxation techniques, meditation, and habit reversal as a means of managing bruxism has not been scientifically proven. Behavioral approaches, as opposed to scientific literature data, include links to sleep hygiene. Thus, not getting talent from stimulants (such as caffeine, nicotine) for several hours before sleep and going to bed at the same time can help improve sleep quality. However, this method of behavior treatment is also considered

to need scientific confirmation.

Conclusion. The clinical picture of bruxism is multifaceted and variable, complicating its diagnosis. Since the disease can occur in a latent form, it is necessary to fully accumulate Anamnesis, determine living conditions and professional activity, the presence of psychotraumatic factors. The polysomnography method allows you to identify the disease with high accuracy. Obviously, the development of simple and convenient methods for diagnosing bruxism is a priority. This technique requires additional study and collection of topical and clinical material. Therefore, a more thorough study of nocturnal bruxism, its examination, monitoring, accurate diagnosis and the development of rational methods of treatment is one of the pressing problems of orthopedic dentistry to date.

Literature used

1. Аболмасов, Н.Н. Избирательное пришлифовывание зубов / Н.Н. Аболмасов, П.Н. Гелетин. // - Смоленск, - 2010. - С.160.
2. Бойкова Е.В. Диагностика и принципы комплексного лечения пациентов с бруксизмом. : дис. ...к.м.н. - Смоленск. - 2015.- С.151.
3. Виргунова Т.В. Бруксизм у лиц молодого возраста: особенности клиники, диагностики и лечения: Автореф. дис. ... к.м.н. / Виргунова Татьяна Владимировна. - Тверь. - 2013. - 27 С.
4. Логинова Н.К. Изменения функционально-диагностических показателей при восстановлении окклюзионных контактов в процессе ортодонтического лечения пациентов с резцовою дизокклюзией / Н.К. Логинова, О.И. Арсенина, В.В. Лукашин // Стоматология. — 2005. — №6. —С.63-66.
5. Парафункции жевательных мышц. Бруксизм. Этиология, клиника, диагностика, лечение, профилактика. / Е.А.Брагин и др. // Ставрополь: СГМА. - 2004. -С. 84.
6. Сидоренко А.Н. Диагностика и совершенствование комплексного лечения больных с нейромускулярным дисфункциональным синдромом височно-нижнечелюстных суставов /А.Н. Сидоренко// Казанский медицинский журнал. - 2012. - № 4. - С.627-631.
7. Трезубов В.Н. Энциклопедия ортопедической стоматологии / В.Н. Трезубов [и др.] // СПб.: Фолиант. - 2007. - С.664.
8. Хайбуллина Р.Р. Улучшение функциональной активности жевательных мышц с помощью электронейростимуляции при ревматоидном артрите / Р.Р. Хайбуллина, Л.П. Герасимова В.А. Хватова // Маэстро в стоматологии. — 2009. — №4. — С.39-41.