CONDITION

Teeth grinding

Teeth grinding is repeated clenching or grinding that may damage teeth or cause jaw pain.

WHAT IT IS
Repeated jaw clenching, grinding, bracing, or thrusting

BODY SYSTEM
Teeth, jaw muscles, and sleep

MAIN SYMPTOMS
Tooth wear, jaw pain, headaches, sensitive teeth

WHAT CAUSES IT
Stress, sleep arousals, medicines, and other factors

HOW IT IS DIAGNOSED
Dental examination; sleep study in selected cases

MAIN TREATMENT
Oral splints, habit change, and trigger management

CAN IT BE CURED?
Sometimes - triggers can resolve or be controlled

IS IT AN EMERGENCY?
No, though facial swelling needs urgent assessment

LONG-TERM OUTLOOK
Usually manageable, but tooth damage can be permanent

Overview

Teeth grinding, also called bruxism, is repeated activity of the jaw muscles. It can involve grinding the teeth together, clenching them, or holding the jaw in a tense or pushed-forward position.

There are two main types. Awake bruxism happens while you are conscious, often during concentration or stress. Sleep bruxism happens during sleep and may occur around brief changes in sleep activity called arousals. These types can have different causes and may need different management.

Bruxism is not always an illness by itself. Occasional jaw-muscle activity may cause no harm. It becomes important when it causes pain, disturbs sleep, damages teeth or dental work, or affects daily life.

Sleep bruxism is often noticed by a partner or family member who hears grinding. However, noise alone does not show how much damage is occurring. Some people clench silently and still develop symptoms.

Symptoms

Bruxism does not always cause symptoms. When symptoms occur, they may be more noticeable on waking or after periods of intense concentration.

Possible signs include:

Pain near the ear does not always come from the ear itself. The jaw joint sits just in front of the ear, so jaw-muscle or joint pain may be felt in that area.

Symptoms can overlap with tooth decay, gum disease, sinus problems, migraine, temporomandibular disorders, and other causes of facial pain. An examination is needed to work out what is contributing.

- Aching, tired, or tight jaw muscles
- Pain around the jaw joint, ear, temple, face, or neck
- Morning headaches, especially around the temples
- Flattened, chipped, cracked, or worn teeth
- Increased tooth sensitivity
- Damage to fillings, crowns, bridges, implants, or dentures
- Ridges along the sides of the tongue or cheek-biting marks
- Difficulty opening the mouth comfortably
- Grinding sounds during sleep
- Poor-quality sleep or waking with jaw discomfort

Causes and risk factors

Bruxism usually does not have one simple cause. It appears to result from a combination of brain activity, sleep patterns, emotions, habits, medicines, and other health factors.

Awake bruxism may happen during stress, anxiety, anger, or deep concentration. Some people develop a habit of keeping their teeth together while working, driving, exercising, or using screens. At rest, the upper and lower teeth would normally be slightly apart.

Sleep bruxism is linked to activity in the brain and nervous system during sleep. It is not simply a bad habit that can be stopped through willpower.

Factors associated with bruxism include:

A medicine may contribute without being the only cause. Do not stop a prescribed medicine suddenly because you suspect it is affecting your jaw. A prescriber can review its benefits, timing, dose, and possible alternatives.

Bruxism was once commonly blamed on teeth that did not fit together correctly. Tooth position may affect how forces are distributed, but an uneven bite is not considered the main cause in most people.

Children can also grind their teeth. It may happen during tooth development or sleep and often changes as they grow. A child should still have a dental assessment if there is pain, marked tooth wear, broken teeth, or disrupted sleep.

- Emotional stress or anxiety
- Smoking and nicotine use
- High intake of caffeine or alcohol, particularly later in the day
- Stimulant drugs, including some recreational drugs
- Certain medicines, including some antidepressants and medicines used for attention deficit hyperactivity disorder
- A family history of sleep bruxism
- Other sleep conditions, including obstructive sleep apnoea
- Some neurological or movement disorders

Diagnosis

A dentist usually assesses bruxism by asking about symptoms and examining the teeth, mouth, jaw muscles, and jaw joints. They may look for tooth wear, cracks, damaged dental work, muscle tenderness, and limits in jaw movement.

Tooth wear can suggest past or current grinding, but it does not prove that bruxism is still active. Acid from food, drinks, reflux, or vomiting can also wear away tooth surfaces. Normal chewing and some brushing habits may contribute as well.

Information from someone who hears grinding during sleep can be helpful. Phone recordings and consumer sleep trackers may capture sounds or movement, but they cannot reliably confirm the diagnosis or measure its severity.

A sleep study, called polysomnography, records sleep, breathing, heart activity, and muscle activity. Audio and video may also be used. This can provide stronger evidence of sleep bruxism, but it is not routinely needed. It may be considered when the diagnosis is uncertain, symptoms are severe, unusual movements are present, or another sleep condition is suspected.

If there are signs of sleep apnoea-repeated pauses in breathing during sleep-a sleep assessment may be recommended. Loud snoring alone does not confirm sleep apnoea.

Treatment and management

Treatment is based on whether bruxism is causing harm and what may be contributing. The aim is usually to protect the teeth, reduce pain, improve jaw habits, and address related sleep or health problems. No single treatment stops every form of bruxism.

A dentist may recommend a custom oral splint, sometimes called a night guard. This fits over the teeth and helps separate and protect them. A splint may reduce strain or discomfort for some people, but it does not necessarily stop sleep bruxism. It can wear down and needs periodic checks.

Poorly fitting over-the-counter guards can be uncomfortable or change how the teeth meet. Professional advice is especially important if you have significant dental work, jaw-joint symptoms, missing teeth, dentures, or possible sleep apnoea.

For awake bruxism, becoming aware of jaw position can help. Useful approaches may include:

Short-term measures such as softer foods, warmth, or cold packs may ease a painful flare. Pain relief should be chosen with a pharmacist or healthcare professional if you have other conditions, take medicines, or are unsure what is safe.

A prescriber may review medicines that could be contributing. Treatment for an associated condition, such as sleep apnoea, may improve overall sleep and could affect grinding, although it does not guarantee that bruxism will stop.

Medicines and botulinum toxin injections are sometimes considered for selected, severe cases. Evidence and long-term safety are more limited than for basic protective and behavioural measures. Botulinum toxin weakens injected muscles and can cause chewing difficulty, facial changes, or other adverse effects.

Permanent procedures that reshape teeth solely to stop bruxism are generally not a first approach. Damaged teeth may still need repair with fillings, crowns, or other dental treatment.

- Using reminders to relax the jaw during the day

- Keeping the lips together but the teeth slightly apart at rest
- Avoiding long periods of gum chewing or chewing hard objects
- Taking brief breaks during concentrated work
- Using stress-management or psychological support when stress is a trigger
- Following gentle jaw exercises advised by a qualified professional

Complications

Repeated heavy force can gradually wear, chip, or crack teeth. Existing fillings, crowns, bridges, dentures, and implants may also be damaged. Lost tooth structure does not grow back, although a dentist may be able to restore it.

Ongoing bruxism may contribute to:

Jaw pain can become self-reinforcing. Pain may increase muscle tension, while muscle tension may increase pain. Early management can help limit this cycle, even when grinding cannot be completely stopped.

- Persistent jaw-muscle or facial pain
- Temporomandibular joint symptoms
- Tooth sensitivity
- Broken teeth or dental restorations
- Reduced ability to chew comfortably
- Sleep disruption for you or someone nearby

Prevention

Bruxism cannot always be prevented, especially when it happens during sleep or is linked to inherited tendencies. Prevention is therefore often about reducing triggers and limiting damage.

For awake bruxism, regular reminders to release the jaw may prevent prolonged clenching. Stress support, enough sleep, and reducing nicotine, excess caffeine, or alcohol may help when these are personal triggers.

Routine dental checks can identify wear, cracks, or damaged restorations before they cause more extensive problems. A protective splint may reduce tooth damage when one is

recommended, but it should be checked for fit and wear.

There is no good evidence that routinely grinding down or reshaping otherwise healthy teeth prevents bruxism.

Living with it and what to expect

Bruxism may come and go over months or years. It can become more noticeable during stressful periods, disrupted sleep, illness, or medicine changes. Awake and sleep bruxism may also change independently.

Some people have mild activity that never causes meaningful damage. Others need long-term monitoring because they continue to wear their teeth or break dental work. A splint may need adjustment or replacement over time.

Jaw pain often improves with a combination of protection, reduced muscle overuse, and management of contributing factors. Tooth wear is permanent, but further damage may be limited. Restorative dental work can improve function when damage is substantial.

Children may grind at certain stages and later stop, but this cannot be predicted for an individual child. Ongoing pain, significant wear, sleep problems, or daytime tiredness should not simply be assumed to be part of growing up.

Living well with bruxism usually means noticing changes early rather than trying to eliminate every jaw movement. Regular dental follow-up is different from urgent care: it is used to monitor tooth wear, splint fit, pain, and dental repairs over time.

When to get medical help

Arrange a routine dental appointment if you notice persistent jaw pain, morning headaches, sensitive or worn teeth, broken dental work, or regular grinding sounds during sleep. A dentist can also assess whether a mouth guard is appropriate.

Contact a primary care professional or relevant prescriber if symptoms began after starting or changing a medicine. Do not stop the medicine on your own.

Ask about a sleep assessment if grinding occurs alongside loud snoring, witnessed breathing pauses, choking during sleep, or marked daytime sleepiness. These may point to a separate sleep problem that needs assessment.

Seek urgent dental or medical care for:

Call emergency services for difficulty breathing or swallowing, rapidly spreading swelling of the

face or neck, major facial injury, or bleeding that will not stop. These are not typical features of uncomplicated bruxism.

- A badly cracked or knocked-out tooth
- Severe pain that is rapidly worsening
- New facial or jaw swelling
- Fever with dental or facial pain
- An inability to open or close the mouth normally

Common questions

How do I know if I grind my teeth in my sleep?

A partner may hear grinding, or you may wake with jaw tightness, temple headaches, or tooth sensitivity. A dental examination can identify signs of wear or damage. These signs are not unique to bruxism, so they need to be considered alongside your symptoms.

Can teeth grinding go away on its own?

It can. Grinding may lessen when stress, sleep disruption, or another trigger improves. Childhood bruxism may also change with age. For some people it continues or returns, making monitoring and tooth protection important.

Will a night guard stop me grinding?

Usually, a night guard is intended mainly to protect the teeth. It may reduce discomfort for some people, but jaw-muscle activity can continue while the guard is being worn. The fit and condition of the guard should be checked regularly.

Is teeth grinding caused by stress?

Stress can contribute, especially to clenching while awake, but it is not the only cause. Sleep bruxism involves sleep-related brain and muscle activity. Medicines, substances, family tendency, and other sleep conditions may also play a role.

Is teeth grinding linked to sleep apnoea?

The two can occur together, but one does not automatically mean that the other is present. Breathing pauses, choking during sleep, loud snoring, or strong daytime sleepiness are reasons to discuss a sleep assessment.

Can teeth grinding change my face?

Long-term heavy jaw-muscle use can make the chewing muscles look larger in some people. Pain or swelling can also temporarily change facial appearance. New one-sided swelling,

especially with fever or severe pain, needs prompt assessment because it may have another cause.

Sources

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