TMJ Disorder Leading To Sleep Disturbances In Haryana

B Rai

Citation


Abstract

This study was conducted at GDC, Rohtak and Haryana in 102 patients of age group of 20 years to 30 years. We observed that Haryana females have more TJ problem as compared to males. In 65% of the females TMJ problems lead to sleep disturbances as compared to 37% of males.

INTRODUCTION

Temporamandibular joint disorders are the most misdiagnosed and mistracted maladies in medicine. Among many causative sources of chronic sleep disturbances two prominent dental factors include sleep disorder and neuromusculo-skeletal system pain (TMJ) disorder origin. Consequently, one of the effective treatment modalities as sleep disturbances is a 'Airway dilator' to keep airway open and 'intra oral orthatic' to relieve pain and muscle tension/spasm, which cause sleep disturbances.

OBSERVATIONS AND RESULT

From the statistical data

Figure 1

<table>
<thead>
<tr>
<th>Chief Complaint</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tmj disorder</td>
<td>35%</td>
<td>50%</td>
</tr>
<tr>
<td>Sleep disturbance</td>
<td>60%</td>
<td>37%</td>
</tr>
</tbody>
</table>

We found that restriction in mouth opening is rarely a chief complain.

Sleep disorder due to TMJ problem is more common in females which is 65% as compared to males with 37% only.

Two percent of people during dental treatment got pain and a prominent clicking sound.

Figure 2

Two percent of people during dental treatment got pain and a prominent clicking sound.

In males, 81% were perfectionist, compulsive and domineering. 87% of females were more introverted, neurotic with more trait anxiety.

Figure 3
ETIOLOGY FACTOR IN HARYANA PATIENTS

Figure 4

<table>
<thead>
<tr>
<th>Etiology Factor</th>
<th>Male Patients (%)</th>
<th>Female Patients (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trauma</td>
<td>12%</td>
<td>15%</td>
</tr>
<tr>
<td>Resting</td>
<td>14%</td>
<td>10%</td>
</tr>
<tr>
<td>Habituation</td>
<td>13%</td>
<td>42%</td>
</tr>
</tbody>
</table>

DISCUSSION

In temporal mandibular dysfunction syndrome following four signs of Laskin's

- Unilateral pain
- Muscular tenderness
- Clicking or popping noise
- Limitation of jaw function or deviation of the mandible on opening

Laskin emphasized that patient must also have these negative characteristics.

Absence of clinical radiographic or biochemical evidences in TMJ.

Lack of tenderness in TMJ area on palpation via external auditory meatus.

WHAT DEFINED TMD?

Symptoms and signs of TMJ can include some or all the following:

Risk factors for sleep disturbances:

There are many factors that restrict the air flow and distract normal sleep pattern. The following are well known causes.

Radiological diagnosis:

MANAGEMENT

CONCLUSION

Temporomandibular region should be examined properly because patients (in Haryana) don't have direct complaints of TMJ problems. In Haryana, females had more TMJ problems leading to sleep disturbances as compared to males. Treatment may be suggested by a physician, oral surgeon, orthodontist, psychotherapist, physical therapist or prosthodontist.

References

10. Oral Medicine : Burket's
11. Management of Temporomandibular disorders and occlusion.
Author Information

Balwant Rai
Intern, Pt. B.D. Sharma PGIMS