

## “The best thing that dentists can do for patients with bruxism”

- an interview with Professor Robert Cronin.

Professor Robert Cronin, from the University of Texas Health Science Centre, is the director of the post doctoral prosthodontics program and Professor at the San Antonio dental school.

**Prof. Robert Cronin:** If you have a patient in your practice over a long period of time who is bruxing and severely wearing his teeth, causing a deficiency aesthetically in vertical dimension of occlusion, and as far as the maintainability of his teeth, it's a pretty easy law suit for a lawyer.

**Dr Patrick Meaney:** *And what sort of therapy would you offer them in the first instance?*

**Prof. Robert Cronin:** Well the first therapy is patient education. It's surprising how many patients can grind their teeth but not really be totally aware of the tremendous aggressive loss of tooth structure that is secondary to this bruxing event.

So the first thing that we have to do, and it is our professional responsibility to do so, is to inform the patient of the severity of this habit and its affect on the entire oral mechanism. Because it can affect not just the teeth but obviously it can affect the temporomandibular joints, it can create muscular problems, headaches and all kinds of symptoms that we are aware of. Secondly, once the patient is informed, various treatment alternatives should be presented to the patient. The least of those is a protective nocturnal device because the placement of a nocturnal device can certainly stop 80-85% of the damage.

**Dr Patrick Meaney:** *So you're saying maybe the first resort wouldn't be a full mouth reconstruction?*

**Prof. Robert Cronin:** The best thing we can do for our patients is to be proactive in early diagnosis so we can prevent the need for this patient to spend ten's of thousand's of dollars and have a lifetime of prosthodontic maintenance secondary to full mouth reconstruction, but if we can get the practitioner involved in recognising the ideologies of wear early on, before the damage results in teeth that must be restored, we have done a far greater service for our patients than restoring those patients following severe wear.

**Dr Patrick Meaney:** *Any thoughts on splint design for that sort of patient? Are they complicated or simple?*

**Prof. Robert Cronin:** They can be complicated and they can be simple.... There's a myriad of different designs. The classic splint is a full maxillary splint that creates a harmonious contact on the posterior teeth in centric relation and creates anterior guidance, that's the classic splint.

**Dr Patrick Meaney:** *Two quick points: My big problem is lack of compliance and denial in these patients, any quick solutions?*

**Prof. Robert Cronin:** There are no quick solutions if you are a good communicator with your patients. I don't think anybody wants to accept the potential disease state that bruxism is going to inevitably result in, and they also are not too thrilled about accepting the financial problems that they are going to have with the full mouth reconstruction. So we use those two facts to our advantage and when we discuss this with the patient, the patient is made aware of the fact that they are not at a point where they absolutely have to be restored yet. We can buy them several years, sometimes 20 years, by absolute avoidance of the habit. So it's that 'c'mon' that gets the patients involved in their care.

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