

A Narrative review on the use of botulinum toxin in the treatment of bruxism

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Abstract

Bruxism, a parafunctional habit characterized by teeth grinding and clenching, is a common condition affecting daytime and nighttime functionality. It can lead to complications, including dental wear, jaw pain, and temporomandibular joint disorders. Despite the widespread occurrence of bruxism, effective treatments remain limited. Botulinum toxin (Botox), initially introduced for cosmetic purposes, has emerged as a promising therapeutic option for patients with bruxism, especially those who have not responded well to traditional treatments like occlusal splints. This review aims to examine the current literature on the use of botulinum toxin in bruxism management, focusing on its mechanisms of action, efficacy, injection protocols, and safety. Botulinum toxin exerts its therapeutic effects by inhibiting acetylcholine release at the neuromuscular junction, leading to temporary muscle paralysis and reduced muscle activity in the affected jaw muscles. Research indicates that botulinum toxin injections, particularly into the masseter and temporalis muscles, can significantly reduce muscle activity and alleviate associated pain, improving patient outcomes. Dosage and injection sites vary across studies, with most protocols involving 10–30 units per site. While botulinum toxin has demonstrated substantial efficacy in the short term, its effects typically last 3 to 6 months, requiring repeated treatments. Side effects are generally mild and transient, with muscle weakness and ptosis being the most common. Although botulinum toxin represents a valuable option for bruxism treatment, further studies are needed to optimize treatment protocols and understand long-term outcomes. This review underscores the potential of botulinum toxin as an

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effective, non-invasive treatment for bruxism, offering relief to patients who fail to benefit from conventional therapies.

Keywords: Autism spectrum disorder, Pediatric patient, DentisBruxism, Botulinum toxin, Teeth clenching, Temporomandibular joint, Muscle relaxation, Acetylcholine inhibition, Pain relief, Injection protocol, Side effects, Non-invasive treatment

Introduction

Bruxism, a term referring to the involuntary grinding or clenching of teeth, is a widespread condition that can significantly impact a person's oral health and overall well-being. It is typically categorized into two forms: diurnal bruxism (daytime grinding or clenching) and nocturnal bruxism (nighttime grinding, often occurring during sleep) (1–8). Both forms of bruxism can lead to significant consequences, including dental wear, jaw pain, temporomandibular joint (TMJ) disorders, muscle hypertrophy, and headaches. Estimates suggest that approximately 20% of the population may experience daytime bruxism, while around 10% suffer from the nocturnal form. However, bruxism is often undiagnosed due to the absence of noticeable symptoms in the early stages or because individuals are typically unaware of their nighttime teeth grinding. This underdiagnosis can delay appropriate treatment, which may ultimately exacerbate the negative impact on the individual's health (9–19, 307).

The etiology of bruxism remains a subject of ongoing research, and it is believed to arise from a combination of genetic, psychological, and environmental factors. Psychological stress and anxiety are among the leading risk factors, as individuals experiencing high levels of stress are more likely to engage in bruxism, both during waking hours and while asleep. Additionally, sleep disorders, such as sleep apnea, are frequently associated with bruxism, with research indicating that disturbed sleep can trigger or exacerbate teeth grinding (20–25). Certain medications, particularly antidepressants (SSRIs) and antipsychotics have also been identified as contributing factors, as these drugs can affect neurotransmitter regulation and muscle tone. Lifestyle habits such as excessive alcohol consumption, smoking, and the use of recreational drugs have been linked to an increased likelihood of bruxism. Furthermore, malocclusion or the misalignment of teeth is another commonly cited factor, as individuals with an improper bite may unconsciously grind their teeth to compensate for the discomfort (26–36).

While bruxism is often perceived as a relatively benign condition, its long-term effects can result in significant damage to the teeth and jaw structures, along with debilitating pain. In severe cases, chronic bruxism can result in tooth fractures, excessive tooth wear, gum recession, and TMJ disorders, leading to functional limitations and chronic pain. As a result, effective treatment is essential to alleviate symptoms and prevent further complications (37–48). Current management strategies range from conservative approaches, such as occlusal splints and stress management techniques, to more advanced interventions. However, not all patients respond well to these treatments, particularly those with severe or refractory bruxism. As a result, there has

been growing interest in exploring alternative treatment options that can provide more immediate and effective relief (49–58, 307).

In recent years, botulinum toxin (Botox) has emerged as a potential treatment for bruxism, particularly for patients who have not found relief through traditional therapies. Initially introduced for cosmetic purposes, botulinum toxin has shown promise in various medical applications, including the treatment of neuromuscular disorders. As an injectable neurotoxin, botulinum toxin temporarily paralyzes overactive muscles, thereby reducing involuntary muscle contractions (59–71). This review aims to assess the use of botulinum toxin as a therapeutic option for bruxism, examining its mechanisms of action, clinical efficacy, safety profile, and potential benefits compared to conventional treatments. By providing a comprehensive understanding of this novel approach, this review seeks to inform clinicians about the possible role of botulinum toxin in managing bruxism and contribute to developing more effective, targeted treatment protocols for this challenging condition (72–82).

Botulinum Toxin as a Treatment Option for Bruxism

Botulinum toxin is a potent neurotoxin that inhibits the release of acetylcholine at the neuromuscular junction, resulting in temporary muscle paralysis (83–108). In the context of bruxism, the toxin is typically injected into the masseter, temporalis, and medial pterygoid muscles, which are involved in jaw clenching and teeth grinding. Botulinum toxin reduces the intensity and frequency of muscle contractions, providing symptomatic relief from bruxism-related pain and discomfort. It is particularly beneficial for individuals with severe or chronic bruxism that does not respond well to traditional treatments (109–115).

Botulinum toxin's significant advantage over other treatment modalities is its noninvasive nature. Unlike surgical options or extensive physical therapy programs, botulinum toxin injections are relatively quick, minimally painful, and involve minimal downtime for patients. This makes the procedure attractive for individuals seeking effective treatment with minimal disruption to their daily activities. The introduction of botulinum toxin into the clinical management of bruxism represents an essential shift toward more targeted, muscle-specific therapies, offering an effective solution for patients who have exhausted other treatment avenues (116–127).

Mechanism of Action of Botulinum Toxin

Botulinum toxin, particularly botulinum toxin type A (Botox), is known for blocking acetylcholine release from presynaptic nerve terminals at the neuromuscular junction. By doing so, it prevents the activation of muscle contraction. In bruxism, the masseter, temporalis, and medial pterygoid muscles exhibit excessive activity due to overuse or hyperactivity (128–141). Injections of botulinum toxin into these muscles reduce their overactivity, leading to decreased muscle tone and reduced clenching and grinding of the teeth. The effect is temporary, typically lasting between three to six months, after which repeat injections may be required.

The use of botulinum toxin in bruxism explicitly targets the muscles responsible for the parafunctional behavior.

By reducing muscle strength and hypertrophy, botulinum toxin not only alleviates the discomfort associated with bruxism but also helps mitigate the progression of jaw muscle enlargement, which is often a result of long-term bruxism (142–151). Moreover, botulinum toxin has been shown to reduce the occurrence of headaches and facial pain, two common symptoms associated with bruxism. Additionally, the toxin has minimal systemic effects due to its localized application, making it a safe alternative for individuals who may not be suitable candidates for other, more invasive procedures (152–188, 308, 309).

Injection Sites and Dosage

The most common injection site for botulinum toxin treatment in bruxism is the masseter muscle. This is the primary muscle involved in jaw clenching and grinding, and it is responsible for most of the force during bruxism episodes (189–211). Depending on the severity of the bruxism, the standard dosage of botulinum toxin per site usually ranges from 20 to 30 units per muscle. Patients may sometimes require injections into multiple muscles, including the temporalis and medial pterygoid muscles, to provide more comprehensive treatment. The decision to inject multiple muscles is typically based on clinical assessment, the patient's specific needs, and their individual response to previous treatments.

The optimal injection technique and dosage are still subjects of ongoing research, as individual variations in anatomy and muscle hypertrophy can influence treatment outcomes. Clinical trials have suggested that botulinum toxin injections into the masseter alone may provide sufficient symptom relief in many cases. At the same time, other studies indicate that combining masseter injections with temporalis and medial pterygoid injections may improve overall effectiveness, especially for patients with nocturnal bruxism or multi-muscle involvement.

Effectiveness and Duration of Treatment

The duration of botulinum toxin's effects typically lasts for three to six months, although this can vary depending on the patient's individual response, dosage, and severity of bruxism. Research has demonstrated that patients experience significant improvement within the first few weeks after injection. A study published in the *Journal of Oral Rehabilitation* found that patients receiving botulinum toxin injections experienced substantial reductions in pain and jaw muscle tension, with effects lasting up to five months in some cases. The effects are generally more pronounced in the first three months following the injection, after which they gradually wear off.

The long-term effectiveness of botulinum toxin for bruxism remains a topic of ongoing investigation. While repeat injections are required to maintain the therapeutic effect, some evidence suggests that patients may experience longer-lasting relief with fewer injections as the muscles adapt to the reduced activity. Nevertheless, patients must continue to undergo follow-up assessments to determine the need for subsequent injections and to monitor for any potential adverse effects or changes in the condition.

Botulinum toxin injections are generally considered safe when administered by trained healthcare professionals. The treatment has a well-established safety profile, mainly when used to manage bruxism and other

muscular disorders. However, as with any medical intervention, potential risks and side effects should be considered before therapy (212–231). These side effects are typically transient and resolve independently within a few weeks, but patients and clinicians need to be aware of these possibilities.

The most common side effects associated with botulinum toxin injections are related to the temporary weakening of the targeted muscles. This can result in mild muscle weakness, which may cause symptoms such as a feeling of heaviness or fatigue in the jaw area (232–262). Patients may sometimes experience slight drooping of the eyelids (ptosis) or difficulty swallowing (dysphagia), particularly if the toxin diffuses to adjacent muscles. These side effects, though bothersome, are generally short-lived and subside as the impact of the toxin wears off. In sporadic cases, more severe symptoms such as difficulty breathing, muscle atrophy, or speech disturbances can occur, but these are typically associated with improper injection technique or excessive dosing.

Another important consideration is the potential for developing antibodies against botulinum toxin after repeated treatments. This can reduce the effectiveness of the injections over time, as the body may recognize the toxin as a foreign substance and mount an immune response (263–282). Though uncommon, this phenomenon has been observed in other therapeutic areas where botulinum toxin is used, and ongoing monitoring is necessary to detect any signs of resistance. Despite these potential side effects, the overall risk of serious complications is low when botulinum toxin is administered by a skilled practitioner who adheres to proper dosing guidelines and injection techniques (283–321). Patients should be carefully screened to ensure they are appropriate candidates for treatment, particularly individuals with certain medical conditions, such as neuromuscular disorders, which may increase the risk of adverse effects. By following safety protocols and ensuring proper patient selection, botulinum toxin can be a safe and effective option for many individuals with bruxism.

Conclusion

In conclusion, botulinum toxin has emerged as a promising and innovative therapeutic option for the management of bruxism, particularly in cases where conventional treatments have proven ineffective or insufficient. The ability of botulinum toxin to temporarily inhibit muscle contractions in the masseter, temporalis, and other jaw muscles offers a targeted approach to reducing the intensity of bruxism-related symptoms, such as jaw pain, muscle hypertrophy, and dental wear. Unlike traditional therapies such as occlusal splints or cognitive-behavioral interventions, which may not provide immediate or sustained relief for all patients, botulinum toxin offers a more direct intervention that specifically addresses the underlying muscle activity associated with bruxism.

The clinical evidence supporting the use of botulinum toxin in bruxism treatment is growing, with numerous studies demonstrating its effectiveness in reducing muscle contractions and providing relief from associated pain. The ability to reduce the intensity of bruxism episodes, even without eliminating the occurrence of

teeth grinding, is a notable benefit for many patients, particularly those with chronic or severe forms of the disorder. Moreover, the temporary nature of the toxin's effects allows for repeat treatments, enabling clinicians to tailor the dosing and frequency of injections based on the patient's needs. This flexibility in treatment regimens is advantageous in managing a condition that varies widely in its presentation and severity.

However, despite the promising results, several aspects of botulinum toxin therapy warrant further investigation. The optimal injection sites and dosages remain active research areas, as studies suggest that individualized treatment plans provide the best outcomes. The long-term effects of repeated botulinum toxin injections, including the potential for muscle atrophy or the development of resistance, also require more attention to ensure that the therapy remains both safe and effective over time. Additionally, further studies are needed to explore the potential synergistic effects of combining botulinum toxin with other therapeutic modalities, such as behavioral therapy or dental interventions, to address the multifactorial nature of bruxism.

In light of these considerations, clinicians should approach botulinum toxin as a valuable tool in managing bruxism but not as a one-size-fits-all solution. It is crucial to perform a thorough patient assessment to determine whether botulinum toxin is the most appropriate treatment option and to monitor the patient's response to therapy carefully. As research continues to evolve, botulinum toxin's role in the treatment of bruxism is likely to expand, offering new opportunities for patients seeking relief from this debilitating condition. With proper patient selection, technique, and monitoring, botulinum toxin can significantly improve the quality of life for individuals affected by bruxism, helping them achieve better outcomes and greater comfort in their daily lives.

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