



TMJ & Sleep Therapy Centre of San Diego
7879 El Cajon Blvd.
La Mesa, CA 91942

TMJ & Sleep Therapy Centre of San Diego

HEALTH CONNECTION



HOLIDAY HOURS:

Closed

December 23rd - January 2nd

Open

Mon - Thur

9:00am-5:00pm

Closed for Lunch

12:00pm - 1:00pm

Can facial pain be linked to daytime sleepiness ?

According to a 2011 Gallup poll, almost half of U.S. adults experience some kind of chronic pain. The Journal of the American Dental Association ran a series of articles this year demonstrating that one in six patients who visited a dentist reported craniofacial pain (affecting the mouth and face), especially pain in the temporomandibular joints and muscles (the jaw and temples). This type of pain was reported as frequently as tooth or gum pain, and it's estimated the craniofacial pain affects over 20 percent of the U.S. population. This series included data showing that one in six children (school and pre-school age) have chronic facial pain and TMD (temporomandibular dysfunction).

What general dentists may not realize is how this type of pain and jaw dysfunction can be related to daytime sleepiness and sleep-related breathing disorders (SRBDs). A study conducted by Dr. Steven Olmos of the TMJ & Sleep Therapy Centre and the University of Tennessee (Adjunct Professor) along with Drs. Franklin Garcia-Godoy, Timothy L. Hottel and Nhu Quynh T. Tran, found that patients who experienced chronic headaches, jaw locking were more likely to experience high levels of daytime sleepiness. When a patient experiences both craniofacial pain and daytime sleepiness, they are more likely to also be suffering from a sleep-related breathing disorder—which may be the underlying cause of both the pain and sleepiness. In fact, 87 percent of patients with obstructive sleep apnea report excessive daytime sleepiness.

Although symptoms like facial pain/jaw locking and daytime sleepiness are often treated separately (often a patient will only complain of one and not the other, even though he is experiencing both, without realizing that they may be related), chronic pain, especially headaches, and sleep quality are linked.

First, consider the biological changes pain causes in the body: pain stimulates the central nervous system, and when prolonged, this causes, among other things, increased cortisol levels. Cortisol accelerates the metabolic rate, heart rate and volume, which prevents you from being able to fall asleep (like when your mind is racing when you're stressed about giving a presentation at work) and can cause insomnia. A migraine, other type of headache or craniofacial pain can keep your body from relaxing enough to let you fall asleep, leading to feeling sleepy the next day.

Second, SRBDs, especially obstructive sleep apnea, can both disturb sleep quality and cause craniofacial pain. Pain in the temporomandibular joint (TMJ) may be related to sleep bruxism (teeth grinding). Researchers believe that when carbon dioxide levels rise in a patient with sleep apnea, the face and jaw muscles are triggered to contract (possibly to re-open the airway). Mouth breathing the result of nasal obstruction is related to bruxism and fatigue. This constant stress throughout the night causes lingering TMJ pain and stretching of the ligaments of the jaw resulting in jaw locking.

If you're experiencing chronic headaches or other craniofacial pain, pay close attention to your sleep quality and how sleepy you are during the day. Mention all your symptoms—pain and fatigue—to your doctor, who should ask you about both chronic pain and sleep patterns. It's important to treat the cause instead of just the symptoms, and for many patients, TMJ pain and sleepiness are actually symptoms of a sleep-related breathing disorder.



TMJ & Sleep Therapy Centre of San Diego, located in La Mesa, provides non-invasive treatment for patients with sleep-related breathing disorders, including obstructive sleep apnea, and TMJ disorders. For more information, visit www.tmjtherapycentre.com/sandiego.

TMJ & Sleep Therapy Centre of San Diego
619.466.2774

www.TMJTHERAPYCENTRE.COM

Happy Holidays

It's the most wonderful time of the year ...

The perfect time to show appreciation to our Referring Doctors & their Staff

“YOUR REFERRALS ARE OUR GREATEST COMPLIMENT”



Dr. Olmos & Dr. Smith

Thank You!

We invite you to come visit our Centre or contact us with any questions.

Cookies



AUTHOR: Danielle Walker - AgainstAllGrain.com



Ingredients:

2 tablespoons ground white chia seeds
1/2 cup unsalted unsweetened sunflower butter
1/2 cup pumpkin puree
2 tablespoons pure maple syrup
1 teaspoon lemon juice
1/2 cup arrowroot powder
1/3 cup coconut sugar
1/4 cup coconut flour
1/4 cup ground flaxseed
1 tablespoon + 1 teaspoon pumpkin pie spice
1/2 teaspoon baking soda
1/4 teaspoon sea salt
1/4 cup dark chocolate pieces

Instructions:

- 1.-Preheat the oven to 350°F and line two baking sheets with parchment paper.
- 2.-Whisk together 1/2 cup hot water and ground chia seed and let sit at room temperature while you prepare the remaining ingredients.
- 3.-Meanwhile, in the bowl of a stand mixer, combine the sunflower butter, pumpkin, maple syrup, and lemon juice. Mix on medium speed until combined.
- 4.-Add the arrowroot powder, coconut sugar, coconut flour, ground flaxseed, pumpkin pie spice, baking soda, and sea salt. Turn the mixer on medium speed until fully combined, scraping down the sides as needed.
- 5.-Add the thickened chia mixture to the bowl and beat again until fully combined. Stir in the chocolate pieces.
- 6.-Using a cookie scoop or a large spoon, drop dough onto the lined baking sheets. Wet fingers slightly with warm water and gently press the mounds down to flatten slightly.
- 7.-Bake for 20 minutes, until golden brown around the edges. Cool on a wire rack completely before serving.

Enjoy!

URL to article: <http://againstallgrain.com/2015/10/22/egg-free-nut-free-pumpkin-chocolate-chip-cookies/>

Sleep breathing disorders in children may go undiagnosed



Sleep breathing disorders in children, particularly pediatric obstructive sleep apnea (OSA), often goes undiagnosed. OSA can occur in children at all ages, including infants. However, children may instead be treated for ADHD, since hyperactivity can actually be a symptom of OSA. Untreated OSA can lead to more severe health problems, including diabetes, cardiovascular disease and hypertension.

In most cases, OSA is caused by a poorly positioned jaw or tongue that leads to a blocked airway. Sleep apnea, essentially, is the absence of breathing when asleep. The blocked airway causes slow suffocation, and the sleeper is briefly but abruptly woken up throughout the night in order to open the airway and breathe.

Bruxism, or teeth grinding, is also a symptom of sleep apnea — it's an unconscious movement to open the airway while sleeping. Children who suffer from this interrupted and poor sleep suffer from excessive sleepiness during the day, hyperactivity or irritability, migraines and even depression or cognitive impairments.

Luckily, pediatric OSA can be cured because in children, it's possible to manipulate the development of their airways so they aren't blocked or obstructed as they grow up. The American Academy of Pediatrics recommends all children get screened for snoring, and those who do snore should undergo further evaluation to test for OSA and other sleep disorders. Dentists are often able to provide a preliminary screening for OSA and can refer patients to a sleep specialist for further screening and treatment.

Signs to watch for

Snoring
Restlessness during sleep (are the sheets strewn all over the bed when the child wakes up?)
Gasping or choking when waking up
Difficulty waking up
Trouble concentrating, easily agitated
Nightmares or night terrors
Teeth grinding (bruxism)
Frequent headaches
Dark circles under eyes
Excessive daytime sleepiness

Talk about these symptoms with your child's pediatrician and ask to be referred to a sleep specialist. You can also use the "BEARS" sleep screening algorithm, which is a series of questions available at tmjtherapycentre.com/for-patients/sleep-apnea-take-test-children.

The BEARS screening tool provides information to help doctors assess whether a child likely has a sleep disorder.

Treatment

Adult therapies for OSA, including CPAP machines or oral appliances, are not appropriate for children. Pediatric OSA is usually treated with dynamic orthopedic therapies, with the goal of increasing airway volume and encouraging or correcting skeletal development. If it is diagnosed early, pediatric OSA can be completely cured in as little as three months; however, the time needed for treatment varies with each child.

When a child is diagnosed with OSA, the entire airway should be evaluated to determine where it is obstructed. There are four possible points of obstruction. Depending on the location and severity of the obstruction, treatment may include expanding the upper or lower jaw or correcting their alignment, tongue and lip exercises and lifestyle changes.

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