PATIENT INFORMATION SHEET

Teeth Grinding in Children

Teeth grinding, or bruxism, is one of the most common things parents ask us about after a broken night's sleep. Most of the time it settles on its own. Sometimes it is a clue that your child is not breathing well overnight, and that is the part worth paying attention to.

1 in 5 to 1 in 3	6 to 12	3×
Children who grind their teeth	Age range where grinding peaks	More likely if a parent grinds

How common is it?

Between one in five and one in three children grind their teeth, based on what parents report hearing at night. It peaks between about 6 and 12 years of age and becomes less common in the teenage years.

What causes it?

- **Secondhand smoke.** One of the strongest single links found.
- **Breathing and sleep.** Snoring, mouth breathing, restless sleep, and too little sleep.
- **Emotional factors.** Separation anxiety, emotional upset, and heavy screen use before bed.
- **Family history.** If a parent grinds, a child is about three times more likely to grind.

What does not cause it

Grinding is driven by the brain during sleep. It is not caused by the way the teeth bite together, and it is not caused by teething.

Despite the common belief, it is also not a simple stress signal. A study of over 3,000 children measured stress hormone levels in hair and found no link with grinding.

Will it go away?

Most children improve if there is no easily identifiable cause such as mouth breathing or snoring. Being honest about the evidence, a study following nearly 2,000 children from 18 months to 6 years found that about one in three ground more, not less, through the preschool years. Around one in five adults also grind.

So most children grow out of it, but it is fair to keep an eye on it rather than assume it will simply stop.

Does it damage teeth or jaws?

Teeth

Worn baby teeth are very common in children who grind, but some wear on baby teeth is normal, and baby enamel is naturally thinner.

Worth watching instead

Acid damage from reflux or from frequent acidic drinks and snacks is a bigger cause of tooth wear in children than grinding, and it is more often missed.

Jaw joint

Some children have jaw discomfort or headaches. There is no evidence that grinding causes lasting joint damage in children.

Face and jaw growth

There is no evidence that grinding changes how a child's face or jaws grow. What genuinely can affect facial growth is long-term blocked breathing: persistent mouth breathing, large tonsils and adenoids, or sleep apnoea. So grinding is best thought of as a signal of a potential problem, not a force that reshapes the face.

When should you see someone?

See an ENT specialist if your child…

- Snores most nights or has pauses in breathing
- Breathes through the mouth
- Is restless overnight
- Has started wetting the bed again
- Is unusually tired, irritable or unfocused by day

See a dentist if there is…

- Tooth wear clearly getting worse, especially on adult teeth
- Chipped teeth or sensitivity
- Jaw pain or locking
- Headaches on waking

What actually helps?

Start here

The best-supported first step is simple and free. In the strongest trial in children so far, good sleep habits combined with a short nightly relaxation or guided-meditation audio reduced grinding by about 46% over five weeks. In practice, that means:

- A consistent, calm bedtime with enough total sleep
- Screens off well before bed
- A dark, quiet room and a short wind-down
- A smoke-free home

- **Night guards** protect teeth but are used cautiously in children because the jaws are still growing. They are usually reserved for clear, worsening wear on adult teeth, and should be fitted and reviewed by a dentist who treats children.
- **Medications** are not recommended for grinding in children.
- **Braces and palate expanders** can widen the palate, and sometimes the breathing space along with it.
- **ENT surgery** can be indicated when there is a blockage in the nose or throat with associated teeth grinding. This is often considered if braces are being contemplated by the orthodontist.

If the grinding comes alongside snoring or a blocked nose, that is the thread worth pulling first. To discuss your child's breathing and sleep, call **02 8882 9477** or book at **hillsent.com.au**.

Based on medical research retrieved from PubMed and position documents from the American Academy of Pediatric Dentistry and the American Academy of Sleep Medicine. General information only, not a substitute for advice about your own child.