

ブラキシズムとストレスの関係 —エゴグラムの4つの基本パターンを指標として—

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The relationship between bruxism and stress using four basic patterns of egogram as evaluation index

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Abstract: Objectives: In the glossary of the American Academy of Orofacial Pain, bruxism is defined as a "total parafunctional daily or nightly activity that includes grinding, gnashing, or clenching of the teeth. Although there are a great number of studies on bruxism, there has not been a complete consensus on what activities constitute it, and its aetiology and treatment remains controversial.

The purpose of this study was to investigate the relationship between bruxism and stress associated with transactions.

Firstly, I describe the definition of bruxism, its prevalence, symptoms, causes and effects. Secondly, I summarize the concepts of Egogram and Transactional Analysis which involve Four Life Positions according to Eric Berne. Lastly, I classified bruxers into four categories using Egogram in order to determine which psychotherapy was most appropriate for their treatment.

Subjects and Method: There were 339 participants (154 male, 185 female) with an average age (\pm standard deviation) of 50.8 (\pm 17.3). They were divided into 123 non-bruxer, and 213 bruxer according to the diagnosis by dentists. A questionnaire (comprising an egogram and a stress self-evaluation) was completed. According to the existence of bruxism, the difference between appearance frequency in each type was verified by chi-square test. Next, it was verified whether there is a difference of stress degree between each type by analysis of variance.

Results: There was not a significant difference in the component ratio of Four Life Positions between bruxer and non-bruxer. While, there was a significant difference in stress score between each type.

key words: Bruxism, Egogram, Four Life Positions (as per Eric Berne)

キーワード: ブラキシズム, エゴグラム, 4つの基本的構え

はじめに

ブラキシズムとは、生理的な必要性から生じる異常機能であり、無意識下で行っている歯ぎしりや噛みしめの総称である。その行動が種々の要因と重なって、

歯牙の咬耗、歯根の破折、修復物の破折、知覚過敏、顎関節症などさまざまな口腔疾患を引き起こす。

文献的には、歯ぎしりの記載は旧約聖書や新約聖書の福音書に gnashing of teeth としての記述があり、怒りの感情を伴ったものとして比喩的に表現されてい

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高齢者の歯科治療を安全に遂行するための呼吸法の研究

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Study of effective breathing methods for the safety dental treatment of the elderly

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Abstract: In Japan, the number of elderly people is progressing at a speed which has not yet been experienced. Moreover, people who feel stress have increased in number by the rapid change of our social structure. Furthermore, patients associate dental treatments with "pain", so excessive strain arises from fear or anxiety. Accordingly these induce vasovagal reflex and hyperventilation syndrome as accidental systemic symptoms and severe complications include circulatory disease and disorder of neuro and vascular systems for the elderly.

In conventional dental treatment, in order to improve such states of intense stress, inhalational sedation is used with nitrous oxide and intravenous sedation temporarily. However, while the effect at the time of medical treatment is stabilization, the problem of side effects also arises. So a breathing method was used in dental examinations for patients to control undue stress, usable by anyone, at anytime, or in any place. As an index of the state of the sympathetic nerve, vital signs such as blood pressure, rate of cardiac beats, and SpO₂ were measured and salivary amylase was also measured as a biomarker.

Based on the results, comparison examinations were performed with the data of sedation method, and the effects were verified. The validity of the breathing methods were suggested by this research.

key words : breathing method, stress, sedation, elderly people
キーワード：呼吸法、ストレス、鎮静法、高齢者

はじめに

我が国は、何人も経験したことがないスピードと規模で高齢化社会を迎えている。加えて、急激な社会構造の変化により、ストレスを抱えている人も増加している。さらに、歯科受診者にとって、治療行為は「痛み」のイメージを伴うことから、恐怖心や不安感から過度の緊張が生じる。その結果、全身的偶発症として、血管迷走神経反射や過換気発作を誘発したり、全身の重要臓器の予備能力の低下した高齢者などの患者では、循環器系疾患や脳血管障害などの重篤な合併症の誘因になる。

日常の歯科治療では、このようなストレス状態を一

時的に回避する方法として、笑気吸入鎮静法や静脈内鎮静法を用いている。しかしながら、こうした中枢系に作用する薬物を用いた方法は治療時の効果が安定する反面、副作用の問題も生じる。そこで、薬物に頼らない呼吸法を用いて歯科診療を行い、交感神経の亢進状態の指標となる血圧、心拍数、経皮的動脈血酸素飽和度 (SpO₂) などのバイタルサインと唾液アミラーゼをバイオマーカーとして測定して、呼吸法と鎮静法のデータを比較検討した。

呼吸法は、ストレスの有効な対処法の1つで、いつでも・どこでも・誰にでも簡単に使うことができる。ストレス反応をコントロールするリラクゼーションの一技法である。今回我々は、薬物による副作用のない

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舌痛症の抗うつ薬への反応性に関する 因子についての臨床的検討

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Predictors of efficacy of antidepressants in patients with burning mouth syndrome

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Abstract: A relatively good response to antidepressants is obtained in many cases of burning mouth syndrome (BMS), but in some cases, satisfactory treatment is often not achieved. The aim of this study was to identify possible factors associated with the efficacy of antidepressants in BMS.

The subjects were 115 patients with BMS (17 males and 98 females, average age: 62.8 ± 11.9) who visited our clinic during the year following April 2011. Data on clinical characteristics were obtained by retrospective chart review. Six months after the first visit, therapeutic responses were evaluated using the Clinical Global Impression Scale. The subjects were classified by treatment outcomes into improvement and non-improvement groups.

A total of 96 subjects improved, with 24 being very much improved, 36 being much improved, and 36 being minimally improved. The specific antidepressants that were found to be effective were SNRIs in 32 cases, mirtazapine (NaSSA) in 24 cases, SSRIs in 27 cases, TCAs in 14 cases, aripiprazole (dopamine partial agonist) in 10 cases, and TeCAs in 8 cases.

Patient age, gender, pain characteristics, and secondary symptoms did not significantly predict antidepressant response. However, a history of depression or anxiety disorders significantly affected the treatment response. The improvement rate of subjects with a history of depression was 55% compared with 89% in those without a history of depression ($p < .001$). Likewise, the improvement rate of subjects with a history of anxiety disorders was 63% compared with 85% in those without a history of anxiety disorders ($p < .05$).

In addition, subjects with a history of depression scored significantly higher on the Zung Self-Rating Depression Scale than those without history of depression (46.35 vs. 41.50, $p < .05$).

Our findings indicate that patients' BMS symptom characteristics do not predict the efficacy of antidepressant treatment for BMS. However, screening for a history of depressive and anxiety disorders, using psychological tests, may be helpful in predicting patient response to antidepressants.

key words : burning mouth syndrome, antidepressants, predictors
キーワード : 舌痛症, 抗うつ薬, 治療予測因子

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