

The Needs of Australian Veterans Regarding Bruxism and Common Oral Health Problems: A Comprehensive Report for Veteran Advocates

Introduction

Oral health is a crucial yet frequently overlooked component of veteran health advocacy. While issues such as post-traumatic stress disorder (PTSD), chronic pain, and musculoskeletal injuries are regularly addressed within the veteran health discourse, dental health problems — particularly bruxism (teeth grinding or clenching) — are often neglected despite their significant impact on quality of life, functional capacity, and even psychological wellbeing. This report aims to inform Australian veteran advocates about the specific oral health needs of veterans, with a focus on bruxism, providing evidence-based data, insight into Department of Veterans' Affairs (DVA) compensation policies, relevant Statements of Principles (SoPs), potential consequences of untreated conditions, and preventive and treatment strategies.

Prevalence of Bruxism and Oral Health Issues in Australian Veterans

Bruxism in Veterans

Bruxism, characterised by the involuntary grinding or clenching of teeth, is notably prevalent among populations experiencing chronic stress, anxiety, PTSD, and other psychiatric conditions — all of which are disproportionately represented in the veteran community. While comprehensive Australian data specifically quantifying bruxism prevalence among veterans is limited, extrapolation from both international veteran studies and general Australian population statistics is informative.

- General population prevalence estimates for bruxism range from 8-20%.
- Among individuals with PTSD (a highly prevalent condition in veterans, with Australian estimates of lifetime PTSD at 17.7% among deployed veterans), bruxism rates climb as high as 60-70% in some studies.
- A 2023 US Veterans Affairs study indicated that 45% of veterans with PTSD reported moderate to severe bruxism symptoms.

Given the high rates of PTSD, anxiety, and sleep disturbances in Australian veterans, it is reasonable to infer that bruxism is significantly more common among this group than in the general population.

Oral Health Challenges Beyond Bruxism

Australian veterans also exhibit elevated risks for a range of oral health problems:

- **Periodontal (gum) disease:** Strongly linked to smoking and chronic stress, both of which are prevalent among veterans.
- **Tooth loss and decay:** Higher rates linked to medication side effects (e.g., dry mouth from antidepressants), poor access to dental care, and lifestyle factors.
- **Temporomandibular Joint Disorders (TMJ/TMD):** Often secondary to bruxism, common in those with trauma histories.
- **Xerostomia (dry mouth):** Common in veterans due to medication side effects, leading to increased decay and discomfort.
- **Oral cancers:** Risk elevated by tobacco and alcohol use.

A 2020 study from the Australian Dental Association noted that individuals with military service history reported significantly poorer oral health outcomes compared to matched civilians, correlating strongly with mental health diagnoses and access issues.

Veteran-Specific Issues in Oral Health Care

Awareness and Advocacy Needs

Veterans frequently under-report oral health issues, viewing them as minor compared to more “serious” injuries or illnesses. However, untreated dental issues significantly impact:

- **Chronic pain levels**
- **Nutrition and digestion**
- **Speech and communication**
- **Sleep quality**
- **Mental health and self-esteem**

Additionally, advocates should be aware of how service life itself contributes to these outcomes:

- **Field rations and dental health neglect during deployments**
 - **Exposure to high-stress environments contributing to bruxism onset**
 - **Head and facial injuries increasing susceptibility to TMJ and bruxism**
 - **Restricted access to regular dental care during active service**
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DVA Compensation, Statements of Principles (SoPs), and Oral Health

Bruxism and DVA

Bruxism as a standalone condition is complex within the DVA framework. It is often recognised as:

- A **symptom of another accepted condition** (e.g., PTSD, anxiety).
- A **secondary condition** caused by medications for accepted conditions.

The DVA does not explicitly list "bruxism" as a compensable condition on its own. However, its secondary effects (TMJ, dental wear, sleep disturbance) are compensable when causally linked to service.

Relevant SoPs

- **Post-Traumatic Stress Disorder (PTSD) [RMA SoPs 2020]**
- **Anxiety Disorders [RMA SoPs 2021]**
- **Temporomandibular Disorder [RMA SoPs 2019]**

These SoPs allow linkage of bruxism to service through accepted psychiatric conditions, head trauma, or musculoskeletal injuries. For claims:

- Establish a clear causal chain: Service → PTSD → Bruxism → TMJ/Dental damage.
- Clinical records supporting onset during service or shortly after discharge strengthen claims.

Oral Health More Broadly

DVA does provide dental coverage under certain circumstances:

- Gold Card holders (all service-related and age pension entitlements) receive comprehensive dental care.
- White Card holders receive coverage only if dental conditions are accepted as service-related.
- Specific SoPs for dental trauma exist where incidents occurred during service.

Veterans and advocates should be aware that bruxism-related damage (such as cracked teeth or TMJ disorders) can often form part of successful claims when linked to other accepted conditions.

Consequences of Untreated Bruxism and Oral Health Issues

Physical Health Implications

- **Dental Attrition:** Severe enamel loss, leading to heightened tooth sensitivity and vulnerability to decay.
- **Tooth Fractures:** Increased likelihood of costly restorations or tooth loss.
- **TMJ Dysfunction:** Jaw pain, headaches, tinnitus, and functional impairment.
- **Sleep Disorders:** Bruxism disrupts sleep quality, compounding existing PTSD and anxiety symptoms.
- **Chronic Pain Syndromes:** Exacerbated by untreated dental and TMJ issues.

Psychological and Social Impact

- **Increased Anxiety and Depression:** Persistent pain and aesthetic concerns worsen mental health.
- **Social Withdrawal:** Poor oral health affects confidence and communication.
- **Workplace Limitations:** Chronic pain and dental emergencies disrupt employment, particularly where speaking is required.

Financial Consequences

- Delayed treatment results in higher costs: minor restorations escalate to crowns, root canals, implants, or dentures.
 - Veterans without appropriate advocacy may incur substantial out-of-pocket expenses unnecessarily.
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Prevention and Management Strategies

Prevention Strategies

1. **Stress Management Programs**
 - Reducing triggers through PTSD and anxiety management.
 - Cognitive Behavioural Therapy (CBT) to mitigate clenching behaviours.
2. **Oral Health Education**
 - Regular briefings for veterans on the importance of dental care.
 - Guidance on managing dry mouth from medications.
3. **Regular Dental Check-Ups**
 - Advocate for DVA-funded routine dental care for at-risk veterans.
 - Ensure access post-discharge through Gold/White Card entitlements.
4. **Protective Equipment**
 - Custom-fitted night guards for high-risk individuals.
 - Mouthguards for veterans engaging in high-risk activities.

Treatment Options

Bruxism

- **Dental Interventions:**

- o Night splints (occlusal guards)
- o Corrective dentistry for damage (composite restorations, crowns)
- **Medical Interventions:**
 - o Botox injections to reduce masseter muscle activity
 - o Pharmacological management of anxiety/PTSD (reviewing medication side effects)
- **Psychological Interventions:**
 - o CBT for stress reduction
 - o Biofeedback mechanisms for daytime bruxism
- **Lifestyle Modifications:**
 - o Avoiding caffeine, alcohol, nicotine (exacerbate bruxism)

Oral Health Conditions

- **Periodontal Therapy:** Scaling, root planing, maintenance.
 - **Restorative Treatments:** Fillings, crowns, bridges as needed.
 - **Prosthetics:** Dentures or implants when tooth loss occurs.
 - **Xerostomia Management:** Saliva substitutes, fluoride treatments.
 - **TMJ Therapy:** Physiotherapy, joint injections, sometimes surgery.
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Advocacy Priorities for Veteran Advocates

Education and Awareness

- Veterans often do not understand the health or DVA implications of oral health. Advocates should ensure they:
 - o Know oral health is part of whole-body health.
 - o Understand links between stress, bruxism, and dental damage.
 - o Realise dental claims can often be tied to accepted conditions.

Assisting with Claims

- Help veterans document symptom progression.
- Support comprehensive medical histories highlighting causal chains.
- Identify allied health professionals experienced in DVA reporting.

Promoting Preventative Health

- Encourage early intervention before problems become severe.
 - Advocate for enhanced DVA preventative dental funding.
 - Push for inclusion of oral health in discharge planning.
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Conclusion

Australian veterans face a significantly elevated risk of bruxism and other oral health problems due to the unique stressors and injuries associated with military service. Left untreated, these conditions can lead to substantial physical, psychological, and financial burdens. Fortunately, with timely intervention, effective treatments are available, and DVA provisions (when properly navigated) can support veterans in receiving the care they need.

For advocates, a key role lies in education — both of veterans and within the broader policy sphere — to ensure oral health receives the same attention as other facets of veteran wellbeing. Ensuring oral health is recognised as integral to overall health is essential in safeguarding the quality of life of those who have served.