

## 磨牙症患者的心理特徵及人格特質

### Psychological Factor and Personality of Patients with Bruxism

#### 中文摘要

摘要：磨牙是一種發生在晚上或白天，通常無意識的異常功能，包含研磨 (grinding)，或緊咬 (clenching)。這種習慣會導致牙齒的損傷，如磨耗，敏感，牙根周圍骨肥大，牙周膜變寬，牙齒斷裂等等，也可能導致肌肉酸痛和顫顎關節障礙。產生磨牙的因素很多，包含精神因素，咬合因素以及中樞神經系統因素。本研究的目的在探討磨牙症患者的心理特徵及人格特質。研究對象共 42 人 (男 11 人，女 31 人，平均年齡  $30.81 \pm 9.05$  歲)。經咬合板牙齒磨痕確認研磨牙者 37 人，緊咬者 5 人。每人都有輕度肌肉症狀，86% 的人有關節障礙的問題。本研究利用各種精神量表如簡式症狀量表 (BSRS)，貝克焦慮量表 (BAI)，貝克憂鬱量表 (BDI)，匹茲堡睡眠品質量表 (PSQI)，家庭關懷度量表 (APGAR)，簡式性格量表 (MPI) 等，另由精神科專科醫師以結構性面談方式診斷 (MINI, HRSD, HRSA)。結果以貝克焦慮量表及貝克憂鬱量表計分分別為  $7.64 \pm 1.11$ ,  $8.52 \pm 1.28$ ，均在正常範圍。簡式症狀量表顯示強迫性，敵意及疑心症狀較明顯，但強迫性、敵意症狀與正常值比較偏差都在一個標準偏差之內，疑心症狀超過一個標準偏差。以簡式性格量表分析，神經質為  $9.79 \pm 7.20$  (正常值  $8.35 \pm 6.96$ )，外向為  $14.05 \pm 3.79$  (正常值  $16.54 \pm 5.52$ )，社會期望為  $4.74 \pm 1.30$  (正常值  $5.33 \pm 2.19$ )。結構性面談診斷 5 人 (12.8%) 有強迫性症狀，4 人 (9%) 趨近強迫性人格，8 人 (19%) 有輕或重度憂鬱症，2 人 (4.6%) 有自殺傾向，有上述症狀之一者合計 18 人佔 42.8%。如此偏高的精神科診斷，在處理磨牙症時除針對關節肌肉症狀外也應注意可能潛在的心理問題。同時也應建立一套初步診斷的方法以供轉介精神科之用。

#### 英文摘要

Abstract: Bruxism is a diurnal or nocturnal parafunctional activity including clenching, bracing, gnashing, and grinding of the teeth. This habit may cause trauma of teeth including teeth attrition, fracture, and sensitivity, hypermobility, masticatory and head/neck muscle pain, temporomandibular joint disorders. There are many theories behind Bruxism including occlusal theory, psychological theory and central nervous system theory. The purpose of this study is to investigate the psychological factors and personality among patients with Bruxism. There are 11 males and 31 female with average age of  $30.81 \pm 9.05$  years old, confirmed by occlusal wear over occlusal bite splint in this study. Questionnaire and structural interview were used for study. Questionnaire included Beck Anxiety Inventory (BAI), Beck Depression Inventory (BDI), Pittsburgh Sleep Quality Index (PSQI), Maudsley Personality inventory (MPI),

Brief symptom rating scale (BSRS). Structural interview based on Mini international Neuropsychiatric Interview (MINI), Hamilton Anxiety, and Depression rating scale. The result by(BAI is  $7.64 \pm 1.11$ , and  $8.52 \pm 1.28$  by BDI) all fall in normal range. BSRS shows higher rating for Obsession, Hostility, and Paranoid, yet Obsession and Hostility no more than a standard deviation away from normal. Paranoid more than a standard deviation away from normal. The MPI shows neurotism  $9.79 \pm 7.20$ , extroversion  $14.05 \pm 3.79$ , social desirability  $4.74 \pm 1.30$ , all within normal range. The diagnosis through structural interview shows 5 person have obsession symptom, 4 near obsession personality, 8 with mild to sever depression, 2 have tendency to suicide. 42.8% have one of above symptom. We may conclude that the psychological aspect should deserve much more attention when dealing with bruxism beside the tooth, muscle joint problems To set up a procedure to initial diagnosis of the potential psychological problems among patient with bruxism become a necessarily in the near future.