



Courtney Weathersby

Jaw Joint Pain, Sleep Issues

A Special Challenge for Women

The first steps on that path, recounts Courtney, “was to create custom daytime and nighttime appliances to move my jaw into the proper location. The result was that, in less than one year’s treatment, my pain has decreased tremendously.”

Although Courtney will continue to wear the nighttime maintenance appliance—and, ironically, will need braces again because of how much her jaw has moved—she is able to move forward to complete college and toward her goal of becoming a physical therapist, and avoid the dreaded jaw replacement surgery.

MOST PATIENTS ARE WOMEN

While extreme, Courtney’s story illustrates a common pattern—of significant differences between girls and boys related to orthodontic treatment. “Since girls are more likely to have orthodontic treatment before they fully mature,” explains Dr. Ferzli, “they may finish that treatment before their mandible finishes growing. That can cause more inflammation and compression of the jaw joint in its fossa.”

“That is among the reasons that the majority of the patients we see are teenage girls or older women,” notes Dr. Ferzli. “But early orthodontic treatment is certainly not the only reason—hormones and hormonal changes play a big role. And it’s also true that females have more peripheral pain receptors and can feel more pain.”

That sensitivity to pain, notes Dr. Ferzli, can create a negative cycle when it comes to inflammation and sleep. “If you have more inflammation, you have a harder time falling asleep. As a result of inflammation, cortisol build-up can cause insomnia, which can affect the quality of sleep and the ability of the body to heal and regenerate during that time. So you wake up with inflammation, feel more pain during the wake cycle, and it affects your ability to fall asleep.”

A further problem is what is termed secondary insomnia. “That is when,” Dr. Ferzli explains, “you wake up during the night and are not able to go back to sleep. I see this problem in many of my patients. They will tell me they sleep fine, but on further questioning they reveal that they wake up often during the night. And, ideally, you shouldn’t wake up at all during the night.”

INFLAMMATION: CONNECTING SLEEP AND JAW PAIN

It’s no accident that Dr. Ferzli’s practice is named the TMJ & Sleep Therapy Centre. “Jaw joint pain and sleep issues are nearly always connected,” he notes. “So,

addressing one problem typically involves multiple strategies. To fix sleep problems, for example, we need to be sure the airway is open, so that patients are breathing well during the night. But we also need to reduce inflammation and the levels of cortisol in the body, because inflammation is a fundamental cause of all these problems.

“Inflammation—which is caused or exacerbated by stress, disease, injuries, lack of sleep, and poor diet—is a serious and growing problem for women and men of all ages,” he observes. “One result of this is that we are seeing more patients complaining of jaw pain, headaches, and poor sleep. Inflammation affects breathing. When the airway tissue becomes inflamed it becomes narrower. As a result, there is more congestion from the nose and more mouth breathing and associated sleep problems.”

For that reason, says Dr. Ferzli, “A good deal of our treatment focuses on curbing inflammation. We encourage our patients to eat balanced diets, drink water, relax, exercise, sleep seven to eight hours a night. All of these many different factors come together to support proper health and decrease inflammation in the body.”

Dr. Ferzli points out that the multi-layered nature of sleep and jaw pain problems are challenging. “Other factors lead to complications that exacerbate these problems for many women. For example, when poor sleep leads to anxiety and depression, antidepressants are often prescribed. But these medications can also cause people to clench their teeth at night—a serious problem that interrupts sleep and continues the cycle of inflammation.”

DEALING WITH COMPLICATIONS

Women experiencing menstrual migraines can face similar medication challenges, as well as xerostomia (dry mouth) he notes, “since pain medication—like antidepressants—can dry out the mouth. That contributes not only to sleep problems, but to cavities and periodontal problems, since saliva and its protection are absent. I see that more often in female than male patients.”

Breaking the cycle, he explains, can be as simple as switching medications or using over-the-counter treatments to moisturize the mouth. “But the most important solution

is to teach patients to breathe through the nose and not the mouth.

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Dr. Ferzli holding the mouth appliances that often impact quality of life.

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“Once you identify what’s wrong with the patient, it’s easier to fix her sleep and make everything else better, too,” says Dr. Ferzli. “Decreasing inflammation in the whole body for better quality of sleep helps improve your oral health—less gum disease, fewer cavities in the mouth. It even helps decrease your blood pressure, because there is a strong correlation with poor sleep with high blood pressure, diabetes, and acid reflux, which are inflammatory conditions. All of these issues, and more, are inter-related and respond together to effective treatment.”

Dr. Ferzli’s unique healing gift is finding the right levers to push to help the body help itself. **h&h**

By the time 17-year old Courtney Weathersby came to see Dr. Charles Ferzli, she had already endured years of braces, physical therapy for extreme jaw pain, and years of subsequent work with an oral facial pain doctor.

“I had extreme overbite and a cross bite, so at a very young age I had braces on my teeth,” shares Courtney. “I actually had braces at the age of seven for about five and a half years. So, I was very young when I started to have jaw pain, probably 13 or 14; and it just wouldn’t go away.” That prolonged and early orthodontic treatment led to Courtney developing osteoarthritis in both jaw joints, according to Dr. Ferzli.

While physical therapy offered some relief, it didn’t last, and Courtney found little improvement with the oral facial pain specialist. “It ended up actually getting worse,” she says. “Besides the pain, there were other problems: thin slices of pizza, thin sandwiches—I couldn’t eat them because I couldn’t bite them with my front teeth.” When her doctor recommended jaw replacement surgery at age 20—which would have entailed breaking her jaw and a long, painful recovery—Courtney and her family decided to seek other options.

Her local dentist pointed them to Dr. Ferzli, who focuses his practice on temporomandibular joint (TMJ) and sleep issues at his TMJ and Sleep Therapy Centre in Cary. According to Courtney, “he was the first doctor I had seen who said: ‘Oh yeah, we see these types of cases all the time.’ Everyone else thought I was so unique and unusual, because they just didn’t really know what to do for me.”

But Dr. Ferzli did understand Courtney’s problems and was able to offer her a healing path that did not require surgery.

For more information, contact:

Charles Ferzli, DDS, FAACP, DABCP, DABCDMS, DABDSM
TMJ & SLEEP THERAPY CENTRE OF RALEIGH-DURHAM

1150 NW Maynard Road, Suite 140
Cary, NC 27513

Telephone: (919) 323-4242
RaleighTMJandSleep@gmail.com
www.RaleighTMJandSleep.com