

Bruxism is a behavior characterized by clenching and/or grinding of teeth, and/or by bracing or thrusting of the jaw muscles [1,2]. While upper facial movements were unaffected, the deficits in lower facial mobility underscore the broader neuromuscular implications of bruxism. First-line therapy involves raising the patient's awareness to monitor his parafunctional and deleterious behavior, and consequently to change and stop it. We will first clarify the definition and physiopathology of bruxism in the light of recent publications in addition to outlining the epidemiology with the various signs and etiological factors, as well as the different comorbidities. Genetics, Environment, and lifestyle factors have been associated with increased susceptibility of AB occurrence in different age groups [4]. But if occlusion is our concern both functionally and aesthetically, we must also monitor its physiological evolution. Clearer knowledge of these features will enable dental professionals to better screen those patients at risk and monitor them in order to prevent any worsening of their condition, whatever the prognosis, and to ask the relevant questions concerning potential risks for further growth in relation to temporomandibular dysfunction (TMD). Research by Manfredini et al. (2009) identified stress and psychosocial factors as primary contributors to AB. Importantly, these stressors not only exacerbate bruxism but can also perpetuate a cycle of worsening symptoms, impacting overall well-being. A study by Salah et al. (2022) found that individuals with bruxism exhibited significantly reduced lower facial movement coordination, particularly during tasks requiring dynamic facial expression. Therefore, this clinical study aimed to evaluate AB frequency in college preparatory students and its correlation with levels of anxiety, depression, stress, and Oral health-Related quality of life (OHRQoL). Although previous studies [15–17] have tried to associate the presence of oral parafunctions with the academic stage (high school, undergraduate, graduate), the correlation between AB frequency and psychological factors has not been described. Prevalence and Epidemiology Bruxism is a common condition worldwide, affecting approximately 12.8% of people for SB and between 22% and 31% for AB, based on population studies (Manfredini et al., 2013). Adolescents and young adults are disproportionately affected, with prevalence peaking in this demographic due to various factors, including academic stress, digital media usage, and erratic sleep patterns. Some authors [9] demonstrated high prevalence of TMD signs and symptoms in college preparatory students, which were associated with emotional tension, anxiety, and oral parafunctions. 1).