

## Hubungan sleep bruxism dan lebar pembukaan mulut (menggunakan kuesioner sleep bruxism dari American Academy of Sleep Medicine yang divalidasi) = Relationship between sleep bruxism and maximum mouth opening (using validated sleep bruxism questionnaire from American Academy of Sleep Medicine)

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### Abstrak

Latar Belakang: Etiologi temporomandibular disorder (TMD) adalah multifaktor, salah satunya adalah kebiasaan parafungsi yaitu sleep bruxism. Pasien sleep bruxism sering mengalami tanda dan gejala TMD yaitu nyeri dan keterbatasan pembukaan mulut. Oleh karena itu evaluasi deteksi lebar pembukaan mulut digunakan rutin untuk pemeriksaan sendi temporomandibula, namun hubungan sleep bruxism dengan lebar pembukaan mulut ini masih kurang jelas.

Tujuan: Menganalisis reliabilitas dan validitas kuesioner sleep bruxism dan menganalisis apakah terdapat hubungan antara sleep bruxism dengan lebar pembukaan mulut.

Metode: Desain potong lintang. Kuesioner sleep bruxism dievaluasi menggunakan internal consistency reability test dan metode test-retest (ICC value), sedangkan validitas diukur dengan validasi konvergen, dan untuk hubungan antara sleep bruxism dengan lebar pembukaan mulut dilakukan dengan analisa bivariat.

Hasil: Nilai Cronbach's alpha 0.515 menunjukkan konsistensi internal yang cukup baik, dan nilai ICC test-retest > 0.808 sehingga disimpulkan kuesioner adalah reliabel, sedangkan hasil uji validitas dengan uji korelasi koefisien kontingensi adalah berbeda bermakna ( $p < 0.05$ ) dengan nilai korelasi lemah 0.362. Dengan demikian, alat ukur kuesioner sleep bruxism versi Bahasa Indonesia reliabel dan valid. Untuk lebar pembukaan mulut maximum comfortable, tidak ditemukan perbedaan bermakna antara pasien sleep bruxism dengan non sleep bruxism, dan antara pasien sleep bruxism TMD dengan sleep bruxism non TMD ( $p > 0.05$ ), sedangkan lebar pembukaan mulut maximum assisted pada pasien sleep bruxism TMD dan sleep bruxism non TMD terdapat perbedaan bermakna ( $p < 0.05$ ). Berdasarkan jenis kelamin, lebar pembukaan mulut maximum comfortable antara pria dan wanita berbeda bermakna ( $p < 0.05$ ).

Kesimpulan: Kuesioner sleep bruxism dalam bahasa Indonesia reliabel dan valid sehingga dapat digunakan di Indonesia. Tidak terdapat hubungan antara sleep bruxism dengan lebar pembukaan mulut.

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Background: The etiology of temporomandibular disorders (TMD) is multifactor, one of them is parafunctional habit, such as sleep bruxism. Patients with sleep bruxism are more likely to experience jaw pain and limitation of jaw movement, than people who do not. Limitation of mouth opening is one of the cardinal signs found in TMD. Therefore, evaluation of maximum mouth opening is used as part of routine function assessment of temporomandibular joint, but the relationship between sleep bruxism and mouth opening is still unclear.

Objective: To analyze the reliability and validity of sleep bruxism questionnaire in Indonesia and also to analyze the relationship between sleep bruxism and mouth opening.

Methodolgy: Cross-sectional design. Sleep bruxism questionnaire was evaluated using internal consistency reability test and test-retest methods (ICC value), while the validity was analyzed by convergent validity.

The relationship between sleep bruxism and mouth opening was analyzed with bivariate analysis. Results: Cronbach's alpha showed moderate result (0.515), and ICC test-retest value was above 0.808, meaning the questionnaire was reliable. Validity analysis using coefficient contingency correlation showed significantly different ( $p < 0.05$ ) and weak correlation value (0.362). Thus, the Indonesian version of sleep bruxism questionnaire was reliable and valid. Relationship between maximum comfortable mouth opening on sleep bruxism and non bruxism, and between sleep bruxism non TMD and sleep bruxism with TMD were not significantly different ( $p > 0.05$ ), but relationship between assisted mouth opening on sleep bruxism non TMD and sleep bruxism with TMD were significantly different ( $p < 0.05$ ). Based on gender, maximum comfortable mouth opening were significantly different between sleep bruxism non TMD and sleep bruxism with TMD ( $p < 0.05$ ).

Conclusion: The Indonesian version of sleep bruxism questionnaire is reliable and valid, and there is no relationship between sleep bruxism and maximum mouth opening.