

apply guidance and technical authority through Defence health across key operating contexts of garrison, deployed and civilian influences.

The DHS assurance framework articulates how Health Strategy Office (HSO) will, in combination and coordination with existing audit and governance programs of the services and groups, provide positive systems wide assurance that Defence health capability is fit for purpose, ready to deliver, responsive to change and resilient in facing challenges.

Biography:

Lieutenant Colonel Fred Parker is a General Service Officer within the Royal Australian Army Medical Corps. On completion of university in Sydney he graduated as a Registered Nurse. Following a few years employed in acute care environments, he joined the Army 'just to have a look'. Over the last 28 years, he has undertaken variety of appointments across all military environments. He is currently the Deputy Director, Health Strategy Office at Joint Health Command

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Bruxism in military members – misconceptions and occupationally centred considerations in management

Jessica Kuk

Recognising the controversies and contention about bruxism, this presentation aims to identify and dispel misconceptions about its diagnosis, clinical consequences and associated disorders by drawing from current literature. It discusses important considerations of patient factors within the military population in order to provide appropriate patient centred care.

Patients presenting to the dentist frequently report grinding of teeth at night. This is often accompanied or preceded by reports of jaw joint and muscle pain, headaches and tooth wear. Historically, within the Defence population, there is an almost reflexive treatment to provide an occlusal splint or a 'nightguard' without further investigation or review. Unsurprisingly, patient compliance and success are either poor or unknown. Indeed, this is not always appropriate treatment and may even leave other associated conditions undiagnosed and untreated.

In some cases, the provision of a nightguard can cause further detriment.

In order to appropriately manage presentations of reported bruxism and its accompanying complaints, the dental practitioner must conduct accurate history taking and investigation. This should involve discussions and questions about any pain, parafunctional habits, psychosocial stressors and general health and wellness. In some cases, it may warrant collaboration with other health practitioners. Understanding the individual's military context, the lifestyle of the Defence member and its influence on these factors is crucial to comprehensively colour the presenting picture. Greater appreciation of these patient factors, facilitates provision of patient centred, holistic and where necessary, multi-disciplinary care.

There may be challenges in providing this care within the military context such as practitioner education, resource availability, environmental factors, availability to attend appointments and requirement to remain dentally and medically fit to deploy in accordance with conditions stipulated by Defence Health Policy. The practitioner's understanding of these challenges facilitates successful navigation and ultimately leads to better patient outcomes and ideally reduced risk of dental casualties and maintenance of capability.

In the current climate where retention of capability is a priority, the dental practitioner has a responsibility to empathetically deliver care to increase patient satisfaction and prevent deterioration of oral health that may hamper dental readiness– that is, healthcare to ensure members are Fit to Bite, Fit to Fight.

Biography:

LCDR Jessica Kuk joined the RAN as an undergraduate dentist studying at University of Adelaide. She began her Naval dental career in WA, prior to serving as a Fleet Mobile Dental Officer on multiple platforms. LCDR Kuk is currently enjoying her posting to HMAS Cairns, providing dental support to crews of hydrographic survey and patrol vessels, whilst studying a Master of Science in Medicine (Pain Management) Orofacial Pain. Through her further study, LCDR Kuk continues to develop interest in delivering evidence based, patient centred care within the military context.

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