Aim Sleep disturbances are frequently seen in the epileptic patients. This may be because of either own epilepsy, or by chance, or because of the antiepileptics used. We tried to figure out the effects of epilepsy and antiepileptic drugs on the sleep structure.

Methods We questioned 55 epileptic patients, who are followed up by Medical Faculty of Trakya University, Department of Pediatrics, Division Pediatric Neurology, and their 35 healthy siblings with Pediatric Sleep Questionnaires which were filled up by patients’ families. Patients’ structures of sleep were evaluated by asking the following questions regarding behaviours in night sleep and daytime sleep, behaviours in daytime, attention deficit disorder with hyperactivity.

Results We ascertained that totally questionnaire points of epileptic children’s behavioural problems, sleep-related behavioral disorders, breathe problems, frequency rate of wake up at nights, sweating during sleep, long lasting fall a sleep time, difficulty on fall asleep, nightmare problems, feeling weary after sleep, somnambulism scores were higher than the ones of their healthy siblings. Also as the epileptic group were evaluated according to their antiepileptic treatment we did not find a significant difference between the different antiepileptic treatments.

Conclusions Sleep disturbances frequently faces in the epileptic facts and there are few studies about this issue. As indicated in our study, sleep structure is not normal in epileptic patients even though seizures are under control by treatment. The evaluation of sleep disturbances should be the main part of further treatment of epileptic patients.

Background and Aim Sleep bruxism (SB) is a parafunctional oromotor habit that can pose a threat to the integrity of the masticatory system. Thus, this study aimed to evaluate temporomandibular disorders (TMD) and orofacial dysfunction in children and adolescents with SB, taking on a case-control study design.

Methods Three hundred and sixteen subjects aged from 7 to 17 years were examined. From these, 52 presented SB (Case Group) according to parent’s report about teeth grinding or clenching at least three times a week and presence of dental wear facets according clinical examination. The Control Group was composed by 104 gender/age/dentition phase-matched subjects. The mean age was 10.86±2.32 years. TMD was evaluated according to the Research Diagnostic Criteria for Temporomandibular Disorders (RDC/TMD) Axis I. For orofacial dysfunction diagnosis, it was used The Nordic Orofacial Test Screening (NOT-s). The data were analyzed using descriptive statistics, Shapiro-Wilks, unpaired t test, Mahan-Whitney, Qui-square and Fisher’s exact tests, when indicated, considering α=0.05.

Results The prevalence of SB was higher in boys (60%) than girls (P<0.05). The presence of TMD was similar in both groups (P>0.05). Subjects with SB presented NOT-S scores significant higher than subjects without SB (P<0.002), as well as girls in relation to boys in Case (P=0.010) and Control (P=0.019) groups for NOT-s interview. Habits, impairment in chewing, in swallowing and in masticatory muscles were determinant factors upon orofacial dysfunction.

Conclusions TMD was not implied in SB, but the orofacial dysfunction could be considered influencing factor in children and adolescents with SB.