

Approach to the Psychiatric Patient in the Dental Clinic

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*Lecture for Students of
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Oral Health & Mental Health

- **Oral health and mental health are interrelated and have mutual effects**
- **Absence of physical dental or oral disease does not mean that the patient is orally healthy**
- **Intact oral health requires intact mental health**

What is Mental Health (MH)?

- MH is more than the mere absence of mental illness.
- **MH refers to a state of psychological wellbeing of individuals, families and communities through which the person can:**
 - carry out his potentials,
 - positively face stressful situations in life,
 - be constructive and productive,
 - and to actively participate in his community.
- **No health or oral health without mental health**

Links between Oral Health & Mental Health

- Psychosocial factors play an important role in the origin & persistence of several dental problems
- Dentist must know the approach to the patients with mental disorder or patients with unhealthy life styles

Links between Oral Health & Mental Health

- The majority of dentists have a role in identifying patients with possible mental health problems.

This role includes being:

- able to identify patients with undiagnosed mental health problems
- aware of dental conditions which may be caused by mental health problems.

Dental Patients with Special Needs

- **Mentally disabled individuals**
- **Mentally ill individuals**
- **Children with behavioural and emotional conditions**
- **Individuals with mobility issues**
- **Aging and elderly people**
- **Imunocompromized people and those with complex medical problems**

Approach to Dental Patients with Special Needs

- **Efficient systematic assessment and treatment**
- **Knowledge of the physical, mental or behavioural condition**
- **More assistants**
- **short appointments or flexible appointment schedule**
- **Sedation for patients with long appointments**
- **Caregiver and case manager involvement in treatment planning**

Comprehensive Assessment prior to Dental Examination

Not only:

- Dental and Physical history
- Present symptoms

But also:

- Social background
- Psychological history & Mental functioning
- Observation of behaviour & mood

Common Psychological Interventions Useful in Dentistry

- ❖ **Explanation; Education; Emotional Support**
- ❖ **Modification of behaviour relating to:**
 - **Cigarette smoking**
 - **Cannabis use**
- ❖ **Hypnotism**
- ❖ **Antidepressants**

Problem Behaviours in Dental Clinic

❖ Anxiety & phobia

❖ Substance use

- Smoking

- Cannabis

❖ Mental retardation

❖ Psychosis

Psychiatric Disorders & Dental Treatment (Dental care of psychiatric patients)

- ❖ Anxiety & phobia
- ❖ Obsessive Compulsive Disorder
- ❖ Conversion disorder (Hysteria)
- ❖ Depression
- ❖ Psychosis

Dental Pain

- Dental pain is a **psychosomatic** experience has **physical, emotional and cognitive components.**
- **It occurs** in response to actual or threatening tissue damage
- It is received by receptors called **“Nociceptors”** at free nerve endings of peripheral and cranial nerves.

Lifestyle factors and oral health

- Alcohol and substance use adversely affect oral health.
- Chronic drinkers are vulnerable for anaemia, which leads to angular cheilitis, and glossitis.
- The combination of alcohol consumption and smoking constitute a risk factor for oral cancer.
- Smoking leads to an increased incidence of periodontal disease, erosion, gingival necrosis.
- Cocaine use results in mucosal lesions.

Oral Health Problems In Mentally Ill Patients

- Oral health contributes to:
 - general health,
 - self esteem
 - and quality of life
- The impact of mental illness and its treatment on oral health must be addressed.
- The relationship between socio-economic factors, illness, treatment, and oral health is well established.

Dental & oral health problems in mentally ill patients

- Oral symptoms may be the first or only manifestation of mental health problem e.g. Atypical facial pain, preoccupation with dentures, excessive palatal erosion or oral injury.
- Oral manifestations of bulimia nervosa can develop within six months of onset.
- Enamel erosion is reported in suffers of both anorexia nervosa and bulimia nervosa.
- TM joint dysfunction may be due to mental disorder

Oral health problems in mentally ill patients

- Chronic drug use is generally associated with depression and lack of motivation, all of which impact oral health and adversely influence dietary habits and oral hygiene.
- High sugar diet, poor diet, and use of methadone linctus in syrups leads to Caries.
- Neglect and smoking associated with increased incidence of periodontal disease.

Oral manifestations of psychiatric drugs

- Psychiatric drugs reduce salivary secretion causing dry mouth, which increases the risk of dental caries, periodontal disease and oral infections such as candidiasis, glossitis, generalized stomatitis and in extreme cases may cause acute inflammation of the salivary gland.
- Dryness of Mouth also causes difficulty with speech, chewing, swallowing, poor denture tolerance, problems with retention and stability of dentures or dental trauma.

Oral manifestations of psychiatric drugs

- **Dyskinesia and Dystonia are distressing side effect of long term anti-psychotic medication, characterized by abnormal jaw movements; tongue protrusion and retraction and facial grimacing are frequent presentations.**
- **Dyskinesia poses difficulties in the construction of retentive dentures and interferes with client's ability to manage and control.**

Dental Phobia

(odontophobia, dentophobia, dentist phobia, dental anxiety)

- Dental phobia is one of the specific phobias
- It is an **irrational, persistent and exaggerated fear** of dentists and dental procedures, which results in the individual's **avoidance** of attending a dentist at all costs
- Involves fear of needles, dental tools, or objects such as dentist drill is often a major factor in these fears.
- **Even thinking or hearing about going to the dentist will cause marked psychological distress**

Dental phobia

- Dental phobia is most commonly caused by **traumatic dental experiences**.
- Children are often influenced by their **parents' fears** and attitudes towards dental treatment.
- The phobia may **interfere with social functioning**
- Treated by **behaviour therapy** (Desensitization)

Eating Disorders in Dentistry

- Eating disorders are one of the nine most serious problems affecting adolescents and young adults
- Eating disorders include:
 - **Anorexia Nervosa**
 - **Bulimia Nervosa**

Eating Disorders In Dentistry

- Dental symptoms can be the presenting manifestations for **eating disorders**
- Dentists are often the first health professionals to **identify signs and symptoms of eating disorders**
- Dentists play a fundamental role in the **secondary prevention** of eating disorders

Anorexia Nervosa

Oral and physical manifestations

- **Onset usually 10 – 30 years**
- **Male – to – female ratio 1 : 10**
- **Most common in professions that require thinness**
- **Manifestations include:**
 - **Refusal to maintain body weight**
 - **Behaviour to reduce body weight**
 - **Loss of weight more than 15% of body mass index**

Anorexia Nervosa

Oral and physical manifestations

- **Parotid gland enlargement**
- **Lanugo (growth of fine body hair)**
- **Loss of head hair as a result of malnutrition**
- **Loss of body fat and weight (more than 15%)**
- **Growth or lipoma on the knuckle**
- **Erosion of the fingernail**

Bulimia Nervosa

Oral and Physical Manifestations

Episodic, uncontrolled, compulsive, and rapid ingestion of large amounts of food (Binge Eating) followed by self-induced vomiting, use of laxatives and diuretics, fasting or vigorous exercise to prevent weight gain

- Tooth erosion or decay**
- Tooth sensitivity**
- Xerostomia (dry mouth)**
- Atrophic oral mucosa**

Cigarette Smoking

Cigarette smoking is a leading cause of:

- **tooth loss.**
- **periodontal disease**
- **loss of bone structure**
- **inflammation of the salivary gland**
- **leukoplakia or oral cancer**
- **build up of plaque and tartar.**
- **stained teeth.**
- **bad breath.**

Cannabis and Dental Health

- **young adults who were regular cannabis (marijuana) smokers had a higher incidence of periodontal disease**

Mental Retardation and Dental Health

People with mental retardation have more:

- untreated caries
- higher prevalence of gingivitis
- other periodontal diseases

Atypical Facial Pain

- Pain is in the face, confined at onset to a limited area on one side of the face, deep ache, and poorly localized.
- Pain is present daily and persists for all or most of the day.
- Pain is not associated with sensory loss or other physical signs, with normal laboratory and imaging studies.

Atypical Facial Pain

- Patients frequently are misdiagnosed or attribute their pain to a prior event such as a dental procedure or facial trauma.
- Psychiatric symptoms of depression and anxiety are prevalent
- Treatment is less effective than in other facial pain syndromes and requires a multidisciplinary approach

Thank you