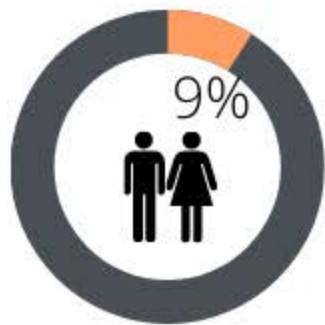




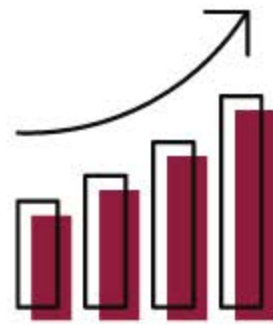
EATING DISORDERS AND ORAL HEALTH



EATING DISORDER GENERAL FACTS



9% of the US population (28.8 million) will have an eating disorder in their lifetime [1]



Since 2000, **eating disorder prevalence** in the world has **doubled** from 3.5% to 7.8% [2]



10,200 deaths per year as a direct result of an eating disorder:
1 death every 52 minutes [1]



People of color with eating disorders are **1/2 as likely** to be diagnosed or receive treatment [1]

Dental professionals are often the **first health care providers** to examine and recognize patients with eating disorders (ED), yet few dentists do so due to fear of losing the patient, **insufficient confidence** in their suspicion, **failure to initiate conversation** due to uncertainty how to broach the issue, and lack of office protocol and practice policy [3,9]



EFFECTS ON ORAL HEALTH



Anorexia Nervosa

Nutritional deficiencies from food restriction results in **insufficient**:

- **Vitamin C:** contributes to periodontitis [5]
- **Calcium:** promotes bone loss, decay, risk of osteoporosis [4,7]
- **Iron:** development of sores [8]
- **Vitamin A:** tooth brittleness and salivary gland degeneration [4]
- **Vitamin D:** enamel and dental hypoplasia, and periodontitis [4]
- **Vitamin B:** mouth ulcers, canker sores, burning tongue, gingivitis [4,6]

In addition, increases dry mouth, dental plaque accumulation, and reddened and cracked lips. [3]

Bulimia Nervosa

Regurgitation of gastric acid:

- erodes + demineralizes enamel [3]
- traumatizes mucosal membranes [3]
- heightens tooth sensitivity, hyposalivation, and dry mouth [3,8,9]
- increases gingivitis [9,10]
- creates ulcerations [3]
- contributes to periodontitis [3,8,11]

Further aggravated by:

- laxatives, diuretics, appetite suppressors, antidepressants for ED treatment (Reduced salivary flow rate and lowered pH increases the risk of tooth demineralization and decay) [12]
- obsessive-compulsive brushing behavior (increases erosion) [10]

DENTAL PRACTITIONERS' ROLE: HOW TO HELP



Protocol

Publicize familiarity with ED (on websites and waiting rooms). Include ED screening questionnaires with medical history. Ensure privacy in the dental office [3]



Detection

Look for dental erosion, soft tissue lesions, hyposalivation, globus sensation (difficulty swallowing), and negative body image + obsessive-compulsive behaviors [9]



Treatment

Provide fluoride trays to re-mineralize enamel, saliva substitutes for dry mouth, continuously stress maintenance checkups. [3]



Integration

Increase integrated assessment with primary care, behavioral care, and disease management to connect physical and psychiatric morbidities [3,12]

References

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