

Dental Treatment Protocol

Dental practitioners can provide general advice and routine treatment for the severely eroded dentition. Dental care for eating disordered patients is more specific but not necessarily specialized. The approach should always be non-judgmental and sympathetic. Some recommended treatments are:

- Recommend rigorous hygiene and home care.
- Advise patient that tooth brushing immediately after vomiting is inadvisable because the softened, demineralized tooth surface may be more susceptible to toothbrush abrasion.
- Tooth brushing should be gentle with a small amount of desensitizing or bicarbonate toothpaste.
- Provide regular professional dental cleanings.
- Fluoride applications to prevent further erosion and decrease sensitivity.
- Daily home application of fluoride to promote remineralization of the tooth enamel.
- Use of artificial saliva and/or lozenges for dry mouth.
- Reduce intake of acidic drinks. Even though low calorie beverages are usually consumed they still have erosive potential.
- Reduce consumption of fresh fruit especially citrus fruit.
- After self-induced vomiting chew gum or rinse mouth with water or milk.
- Rinse with an antacid preparation.
- Check that any medication prescribed does not cause dry mouth or nausea.
- Esthetic treatment should not be done during the active phase of this disorder. Restoring esthetics can be done in the recovery stage.
- Recommend a calcium supplement in addition to eating a healthy variety of foods.

Whenever possible, Dental Practitioners should collaborate with the patient's medical practitioner. The progress of behavioral therapy can help the Dentist to better plan the stages of dental treatment.

Dental Complications of Eating Disorders

Often the first manifestations of an eating disorder appear in the mouth and the first professional to detect an eating disorder is a dental professional. Bulimia Nervosa involves repeated episodes of binge eating followed by purging such as self-induced vomiting and abuse of laxatives, diuretics or diet pills. According to the National Eating Disorders Association, studies find that up to 89% of bulimic patients show signs of the tooth erosion, due to the effects of powerful stomach acid. Anorexia Nervosa is characterized by self-starvation leading to behaviors that rob the body of adequate nutrients needed for good dental health that could lead to potential injury to the teeth.

Some of the common oral complications are:

- Loss of tissue and erosive lesions on the surface of teeth. These lesions can appear as early as 6 months from the start of the problem. In extreme cases the pulp can be exposed and can cause infection, discoloration, or even pulp death.
- Changes in the color, shape, and length of teeth. Teeth can become brittle, translucent, and weak.
- Margins of filling on the back teeth may appear higher than the surfaces around the filling.
- Bad breath from constant purging.
- Xerostomia. The amount of saliva can be affected by abuse of laxatives, diuretics, and dehydration from fasting and vomiting or may be a side effect of certain prescribed medications.
- Decreased salivary pH.
- Increased cavity rate.
- Unprovoked, spontaneous pain within a particular tooth.
- Orthodontic abnormalities.
- Sore throat.
- Swallowing impairments.
- Oral sores with traumatic ulceration of the palate from forced vomiting.
- Irritation of the lips and other soft tissues.
- Dentinal sensitivity to temperature.
- Sensitivity to sweets.
- Swelling or enlargement of the parotid salivary gland, sublingual or submandibular glands.
- Trauma of oral and mucosal membranes.
- Impairment of taste perception.
- An open bite can occur due to loss of tooth structure.

What Should I Say?

Basic Guidelines for Dental Practitioners

Dental hygienists and dentists are often the first health professionals to observe signs and symptoms of disordered eating habits. However, according to the National Eating Disorders Association, recent studies cite two reasons why dental practitioners often do not address eating disorders with their patients:

- Lack of knowledge of the scope and severity of eating disorders, and
- Lack of comfort in discussing their concerns or suspicions.

Despite these deterrents, the role of dental practitioners in early detection, identification, and intervention is crucial. Here are some general guidelines that will help to identify a potential problem.

1. Include a general screening with including questions about eating and maintaining weight.
2. Introduce the Issue
 - I am noticing (name the condition) on your teeth, gums, tongue, throat, etc.
 - This is something I have seen in individuals who engage in (name the behavior: e.g. vomiting, consuming excessive diet soda, etc.).
3. Request More Information
 - Are there any behaviors you may be currently engaged in that could be having this effect on your mouth?
 - Are you currently seeking professional help related to these problems?
4. Provide Resources
 - Because eating disorders have a major impact on your oral, mental and physical health, it is very important that you seek help from a professional who specializes in the treatment of eating disorders.
 - For eating disorder information contact the National Eating Disorders Association at 800-931-2237 or visit www.NationalEatingDisorders.org
 - For treatment contact The Renfrew Center at 1-800-RENFREW or visit www.Renfrewcenter.com
5. Discuss the Next Steps
 - While you are seeking help and establishing healthier eating behaviors, I would like to suggest some immediate options for improving your oral health.