Serious Mental Illness and Oral Health... 
...if truth be told

• The Canadian Journal of Psychiatry 2016:
  – 40 years of data are available... covering the disparity of oral health for people with mental illness....yet it remains a forgotten problem...

• US Surgeon General’s Report 2000:
  – The mouth is a window to wellbeing...showing signs of nutritional deficiencies and serving as an early warning system for disease, general infection and stress
Serious Mental Illness and Oral Health

• Despite the known overall health implications of oral health... NH Medicaid is one of 12 states that covers 2 or fewer common oral health procedures:
  – Limited Oral Evaluation
  – Tooth Extraction

• 24 States offer 10 to 13 common oral health procedures

• Over 4 million people visited the ED for dental care costing 2.1 billion dollars (T. Wall 2013)
Serious Mental Illness and Oral Health

• 1 in 5 Americans is suffering from a Mental Illness

• Persons with Mental Illness are 3.5 times more likely to suffer tooth loss or serious decay as compared to those w/o Mental Illness

• Persons w/ Eating Disorders: 5 to 7x greater rates of dental erosion

• Conclusion: Mental Illness is a serious oral health risk factor
Psychosocial Factors contributing to poor oral health

- Persons with Mental Illness often suffer from:
  - Difficulty with concentration & executive functioning (Planning/ Organizing & Completing Tasks)
  - Feelings of worthlessness & hopelessness (why bother)
  - Withdrawal (don’t want to go)
  - Cognitive deficits & distorted perceptions
  - Poverty & lack of social supports
Iatrogenic effects of psychiatric medicine

• Many Psychiatric Medicines cause dry mouth (Xerostomia) resulting in:
  – Cavities, gingivitis and periodontal disease

• 35 to 45% of patients suffer dry mouth on:
  – Antidepressants: Prozac, Wellbutrin, Zoloft
  – Antimanic/Mood Stabilizers: Lithium, Tegretol
  – Anxiolytics/ Benzodiazepines: Ativan, Xanax
  – Antipsychotics: Seroquel, Risperidone

• Often there is 30 to 50% reduction in saliva flow before patients complain
Other contributing factors for poor oral health among persons with mental illness

• Use of carbonated sugary drinks in an effort to relieve dry mouth

• Tobacco Smoking:
  – 36% of adults with MI smoke vs 20% of adults without MI
  – Persons with MH are tend to be heavy smokers as they consume 31% of all cigarettes smoked.
  – 45-65% of people with MI have a co-occurring Substance Use Disorder, which contributes further to dry mouth and increased functional impairment.
Overall health and Psychosocial Vulnerabilities

• Secondary to bacteremia and inflammation, persons with mental illness have an increase risk for:
  – Pain
  – Serious oral diseases including Cancer
  – Cardiovascular disease
  – Chronic lung disease/ respiratory illnesses
  – Eating and speech difficulties
  – Unsightly dentition exacerbating social isolation, under employment and unemployment.
What can be done??

- **Policy/ State/ Public Health Level:**
  - Establish a comprehensive Medicare & Medicaid dental benefit
  - Sustain or expand community water fluoridation
  - Conduct basic screening surveys
  - Train dentists on meeting the unique treatment needs of persons with mental illness and integrate care
What else can be done??

• On the psychiatric provider level:
  – Conduct basic screenings:
    • Registered with a dentist and last visit
    • If none – what stopped the person from going
    • Teeth brushing
      – Do you have one…How new?
      – How often do you generally brush and floss?
    • History of oral health
    • Current/ recent pain and how managed
  – Education and compassionate support
  – Support local Oral Health Programs (FY 18 MHCGM invested $30K in The CMC Poisson Dental Clinic for Persons w/ Serious Mental Illness & SUD)
Failure to act leaves a person very much at risk