Serious Mental Illness and Oral Health

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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 <u>3.5 times</u> <u>more</u> 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
- <u>Conclusion</u>: 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

latrogenic 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

