Dear reader,

If you ever had to treat a patient with any kind of mental disorders, you may be aware of the fact that it can be quite a challenging task. Unfortunately, latest reports from clinicians are suggesting that most mental disorders are on the rise among almost all age groups, from common forms like depression, anxiety or dementia, to closely related conditions like burnout.

As different as these conditions might be on the first look, they all seem to be connected to deterioration of oral health. Therefore, patients suffering from these illnesses do not only increasingly require dentists to follow treatment protocols that are significantly different to that commonly used for patients who fall into the classification of being “normal” but also pose a heavy burden to many dental health care systems around the globe.

Precaution measures like additional training in dental schools or through postgraduate education will have to be taken to make sure that dental professionals will have the skills and, more importantly, the mindset to be able to cope with this challenges in the long-run.

Yours sincerely,

Daniel Zimmermann
Group Editor
Dental Tribune International

“Congrats, your treatment was a complete success.”

Care for mentally disabled

Many studies have shown that people with mental illnesses have poorer oral hygiene and oral health than the general population. They also have a lower utilisation of dental care than other disabled people. Amongst them, the most frequently observed component of the DMFT index is missing teeth. This finding indicates insufficient preventive and conservative dentistry in the community and long-term care units, and a growing need for prosthetic treatment aimed at people with mental disabilities. The high prevalence of dental diseases also creates an urgent need for dental treatments for the mentally ill.

Most individuals with mental disabilities are on medication for long periods, which frequently leads to increased risk of dental diseases and to more difficult dental procedures. However, according to the results of an oral health survey by the National Yang-Ming University here in Taipei for inhabitants with mental disorders, an important modifiable factor associated with the filling rate of the DMFT index is prolonged stay in long-term care institutions.

The results demonstrated that long-term care institutions and dental clinics in the community might have limited capability or willingness to offer essential oral health services to people with mental disabilities. Thus, accessibility to quality care, preventive oral health programmes and a proper budget are the three principle issues for enhancing the oral health of people with mental disabilities.

When conducting comprehensive assessments, psychologists should take dental treatments into consideration and design effective health care plans for people with mental disabilities. The present integration of general and oral health programmes is inadequate. Better cooperation amongst medical and dental professionals for long-term care could better meet the dental needs of the mentally ill. Financial support from the government could facilitate the above-mentioned reforms, and break the economic barrier to prosthetic treatments for people with mental disabilities.

To the Editor

Re: "Many errors are related to violation of the biological width" (Dental Tribune Asia Pacific Vol. 9, No. 7+8, page 6)

Indeed education in dental schools could be improved. But, today this is only possible by extending the study period because the programme is already full. Problems with ceramic crowns are a concern, as well as occlusion, a subject neglected for years. The simple implementation of proper form with chewing force is not respected. Implant-supported crowns are much more sensitive to errors and today overload on the supra-structures are common, mainly in fixed prostheses. With the scientific crash of gnathology in the ’70s, today few people want to expose themselves by talking about occlusion. As much as gnathological theories were treated like a doctrine, we shall not make the same error today by neglecting the importance of occlusion.

M. Bossard, 05 Aug. 2011

Re: "Editorial: Goodbye amalgam?" (Dental Tribune Asia Pacific Vol. 9, No. 1+3, page 4)

I would really like to see this “comprehensive research from South Africa” giving proof that glass ionomer crowns are going to outdo amalgam crowns in molar for a patient who cannot afford ceramic or gold restorations. What nonsense!

K. G. Amath, 19 Aug. 2011