The severely mentally ill are severely underserved

Dental hygienists have unique opportunity to provide high-value care

By Lisa Stillman, RDH

One in four families in the United States is affected by severe mental illness (SMI), a lifealtering disease that can be especially difficult when it emerges just as an individual is beginning to discover the freedoms of adulthood—a common age at which symptoms first present.

In addition to the psychosocial challenges faced by this population, many of these individuals also must confront a myriad of oral health issues that often end up being largely ignored—because individuals and families become overwhelmed by the chaos the illness typically brings into their lives.

With basic awareness of the unique needs of patients with an SMI, dental hygienists can play an important role in the effort to better meet not just the oral health care needs of this particularly vulnerable population—but also their overall physical and mental health needs. Three of the most likely mental illnesses that hygienists and other dental professionals should have a basic awareness of are schizophrenia, bipolar disorder and major depression (explained in more detail on page E2).

Correct diagnosis often a challenge

The most important aspect for treatment of an SMI is getting the correct diagnosis. Because of overlapping symptoms, the stigma of receiving a diagnosis, medical privacy laws, civil rights protection for the mentally ill, and a continuing lack of insight by patients, families and society, diagnosis can often be difficult.

At times medication is used to control symptoms before a correct diagnosis can be made.

Understand medication side effects

The health history is the biggest clue for the dental hygienist to consider to gain awareness regarding the possibility that a client is being treated for mental illness. Some clients diagnosed with mental illness will neglect to state the nature of their illness but will list the medications that they are currently using. These medications will consist of antipsychotics, antidepressants, mood stabilizers, anti-anxieties, anti-epileptics and sleep aids. Other clients might have an SMI that has not been diagnosed, or they might have received a diagnosis, but they are not taking medications. Clues here might include a somewhat disheveled appearance, odd behavior and consistently poor oral hygiene.

People being treated for mental illness often are on several medications, which can cause severe xerostomia, resulting in high caries, erosion, tooth loss, mouth infections, loss of taste and difficulty in chewing and swallowing. Other side effects include bruxism and metabolic cravings for foods high in carbohydrates. The plaque index in patients with an SMI is often quite high, causing calcification and severe sensitivity.

Brushing, substance abuse common

The need for thorough oral cancer screening is great because statistics show that SMI correlates with tobacco use, substance abuse and other high-risk behavior. General health disorders such as diabetes, high cholesterol, cardiac dysfunction, movement disorders and agranulocytosis are serious side effects that can be attributed to medications.

Changing my power brush preference

By Liz Nies, RDH-EA, AS

When I introduce new products and technologies to my patients, I often use analogies to help them understand how they work. For example, I compare a manual to a power toothbrush as a hand saw versus a chain saw. I start off by explaining that toothbrushes have been around for more than 5,000 years in much of the same design. You could never move your brush fast enough to break through the cell walls of oral bacteria as you can with a power brush. Just like if you were going to cut down a tree, which tool would you use to do it: a hand saw or a chain saw?

Recently I noticed that many of my patients who use Oral-B power brushes had improved oral health. I was quite surprised because that has not always been the case. This piqued my interest, so while attending a continuing education retreat, CAREERFUSION, I obtained two new Oral-B Deep Sweep Triaction 5000 power brushes—one for me and one for my husband. I was skeptical at first to try it out, but have been impressed with the results.

Like many of my patients, my husband has always preferred a manual toothbrush. I have made him switch because I know the benefits of using a power brush. However, even with a power brush, he still brushes in a back-and-forth motion. What I like about the new Deep Sweep brush head is that it combines pulsations and sweeps so it feels like a more traditional manual brushing motion. Now, I don’t have to correct him when he brushes as if he were using his old manual toothbrush.

While I have always liked using power brushes, the new Oral-B Deep Sweep Triaction 5000 has shown me that I haven’t been brushing as properly as I thought. This brush comes with a separate piece, the wireless Smart Guide, to place onto the sink to guide brushing and warn the user if they’re brushing too hard or not long enough. The Deep Sweep Triaction 5000 also has a red light built into the handle that indicates when you are using too much pressure. I had never realized before that I brush too hard until my handle started lighting up like a disco ball! Having the wireless Smart Guide feature feels like you have your own personal dental hygienist observing you while you’re brushing.

I now feel compelled to share my new preference of the Oral-B Deep Sweep with my patients, especially since studies show the effectiveness of plaque removal. Like with my saw analogy, I must now come up with a metaphor for the Oral-B Deep Sweep, demonstrating how the power brush has advanced even further.
Individuals affected by SMI often do not seek oral health care services, exacerbating existing disease and leading to new oral-health problems. The dysfunction in such patients’ lives caused by the symptoms of the illness, financial distress, lack of family support and possible hospitalizations or incarceration can interfere with any opportunity to secure consistent dental care. When these patients are finally able to see a dental health professional they might be extremely self-conscious about the detection of their mouth and concerned about facing disapproval — and fearful of that treatment might be painful. Depending upon the severity and symptoms of the patient’s mental illness, the patient’s beliefs about teeth might be altered — and fall outside the realm of standard beliefs. In particular, people with paranoid schizophrenia may be so concerned about the microbes in his or her mouth that he or she brushes excessively, causing damage to teeth and gums or oddly shaped structures. Another patient with an SMI might believe that dental plaque is natural and should remain on their teeth. Delusional beliefs may interfere with compliance.

Handle altered perceptions

When treating a client with an SMI, dental hygienists need to be aware that hallucinations can cause apparent changes. Therefore, a manual toothbrush with a comfortable handle and grip may be a better choice. Sometimes relying on xylitol gum and mints may be a better choice. Sometimes relying on audio to muffle dental sounds can be helpful. It also can help to quickly discard gauze splattered with blood and debris and if possible keep dental instruments out of sight.

Dependent on severity of the mental illness, a patient’s beliefs about teeth might be altered — and fall outside the realm of standard beliefs. Illustration/Provided by www.dreamstime.com

3 severe mental illnesses dominate

Schizophrenia

Schizophrenia is a chronic, severe and disabling brain disease characterized by a disintegration of the process of thinking, emotional responsiveness and contact with reality and consists of a group of symptoms that show wide variations in disordered thinking, feelings and behavior. One percent of the U.S. population is affected, primarily between the ages of 17 to 24 in males and 28 to 35 in females. The illness is universal in symptoms across all cultures. It is considered an epigenetic/genetic illness, which means if one carries the phenotype, certain environmental forces over time can cause the expression of those genes. These environmental forces can include social stress, drug abuse, head trauma, infections and outside factors that can contribute to dysfunctional brain development. Each case is unique and leading upon severity of the symptoms, lifelong treatment can include medication, hospitalization, psychotherapy, cognitive therapy, job coaching and alternative housing.

(Source: National Institute of Mental Health)

Bipolar disorder

Bipolar disorder is a medical illness that causes extreme shifts in mood, energy and functioning. These changes may be subtle or dramatic and typically vary greatly over the course of a person’s life as well as among individuals. More than 10 million people in the United States have bipolar disorder.

Major depression

Major depression is a serious medical illness affecting 15 million American adults, or approximately 3 to 8 percent of the adult population in a given year. Unlike normal emotional experiences of sadness, loss or passing mood states, major depression is persistent and can significantly interfere with an individual’s thoughts, behavior, mood, activity and physical health. Among all medical illnesses, major depression is the leading cause of disability in the United States as well as a number of other developed countries.

(Source: National Alliance on Mental Health)

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