



Eating Disorders & Oral Health

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Information for Dental Professionals

In association with



Eating Disorder
Centre **Cork**



UCC

University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

Dental School & Hospital

This leaflet has been designed to improve your understanding of how having an eating disorder (ED) could affect the oral health of your patients.



Oral Manifestations of Eating Disorders

Halitosis

Glossitis

Erosion (Particularly palatal surfaces
of upper incisors)

Chipped, Short Teeth

Recurrent Oral Ulceration

Xerostomia

Angular Cheilitis

Dentine Hypersensitivity

Salivary Gland Swelling

What should I do if my patient tells me that they have an eating disorder?

Like any medical condition, this is sensitive and confidential information. If your patient is comfortable telling you that they have an eating disorder they will be open and honest about the stage of the condition (if it is active or in recovery) and the names of their healthcare team (GP, dietician, therapist).

Be careful in the language you use when giving advice to your patient. As dental professionals, we frequently advise patients to avoid high calorie, sugary foods and snacking habits, but this may be misinterpreted by a person with an eating disorder (ED) into eliminating foods from their diet completely which they may require for nutritional value. It would be helpful to liaise with the patient's dietician and coming up with a dietary plan together.

"weight gain may have to take priority over dental care risks"

In order to gain weight to achieve a healthy BMI, your patient may need to supplement their food intake with nutritionally dense drinks. During this time, weight gain may have to take priority over dental care risks. They may also have a dry mouth as a side effect of some medications prescribed to aid their recovery (e.g. antidepressants).



"Eating disorders are not a choice."

You can support your patient by introducing them to good oral hygiene practices, prescribing them a high-fluoride toothpaste and advising them to attend for more regular dental examinations.

After examining the patient's teeth, it is important to avoid any language that places blame on the patient themselves. Eating Disorders are not a choice. You can tell the patient what the stomach acid has done to their teeth during vomiting, but avoid saying things like, "you've stripped the enamel" etc.

For aesthetic issues, let the patient guide the conversation and listen to their concerns. Pointing out minor imperfections in their smile (which they may not have noticed before) will only contribute to a negative body image.

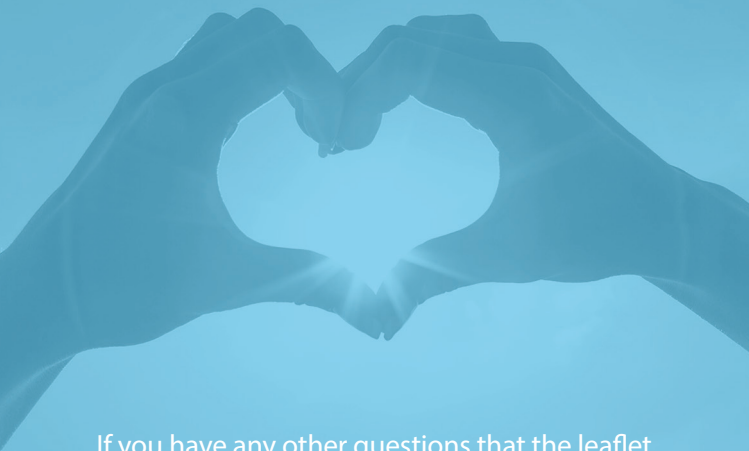
What should I do if I suspect my patient has an eating disorder?

If you feel comfortable, then gently broach the topic by telling the patient what you have seen during their dental examination. They may feel able to tell you. You can also share your findings with the patients GP. They may already be aware of an eating disorder which the patient did not feel comfortable disclosing to you. Otherwise, they can look at your findings in combination with other medical information (e.g. BMI) and they can decide if an Eating Disorder diagnosis is a possibility.



Recommendations to minimise dental problems in eating disorders

1. After self-induced vomiting, rinse mouth with water or milk but do not brush.
2. Rinse with an antacid preparation.
3. Switch to a soft-bristled toothbrush.
4. Check any medication for xerostomic potential.
5. For salivary hypofunction, prescribe neutral artificial saliva.
6. Consider prescribing 2800ppm or 5000ppm fluoride toothpaste.
7. Give dietary counselling regarding acidic foods and drinks such as fizzy drinks once you have liaised with the dietician.



If you have any other questions that the leaflet does not answer or you would like further explanation, please contact the Eating Disorder Centre Cork for more information.

Eating Disorder Centre Cork



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www.eatingdisordercentrecork.ie



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