



National
Eating Disorders
Collaboration

Dentistry and Eating Disorders



Dentists can help identify eating disorders too

Eating Disorders are serious and potential life threatening illnesses with both psychological and physiological effects. Eating disorders can occur regardless of gender, age or cultural background and they can develop due to a range of psychological, familial, cultural and environmental factors.

Dentists are potentially one of the first clinicians that a person with an eating disorder will come into contact with. As a dentist, you are in a key position to detect the presence of an eating disorder, encourage help seeking and assist the patient with referrals.

Early intervention is critical for any patient with an eating disorder. Research has shown that the sooner treatment occurs, the better chance the individual has of recovery.

What Does an Eating Disorder Involve?

An eating disorder occurs when a person regularly engages in unhealthy and destructive eating behaviours such as restrictive dieting or compulsive eating.

Examples of disordered eating behaviours include: fasting or restrained eating, self-starvation, binge eating, self-induced purging, use of diet pills, laxatives or other medications in order to maintain weight, steroid or creatine use, and dieting in general.

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) lists four threshold eating disorders: Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder and Other Specified Feeding and Eating Disorder. All are considered serious illnesses that can lead to life threatening symptoms and outcomes.

To learn more about these specific eating disorders, visit: www.nedc.com.au/eating-disorders-explained.

Who is At Risk of Eating Disorders?

While anyone can develop an eating disorder, including people of any gender, there are particular groups that can be at higher risk of developing eating problems.

These groups include: children and adolescents, women at key life transitions (puberty, pregnancy, adulthood, menopause), people with a family history of eating disorders, people seeking help for weight loss, women with diabetes or polycystic ovarian syndrome, and those engaged in competitive fitness/sports.

Oral Signs and Symptoms of Eating Disorders

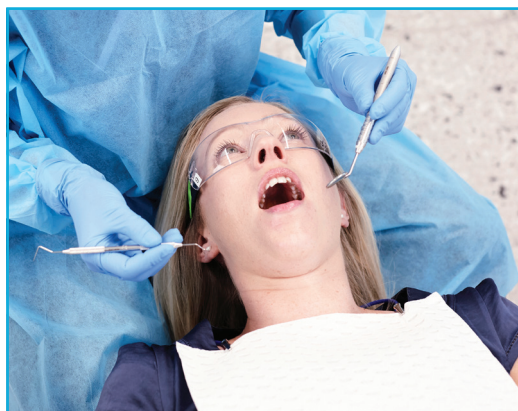
Oral health practitioners are in a unique position to detect and identify the presence of a possible eating disorder during oral check-ups. Encouraging the patient to disclose or discuss their problem and seek help is vital.

Oral signs and symptoms that can indicate an eating disorder is present include:

- Enamel erosion and erosive lesions
- Severe erosion on lingual surfaces of the maxillary anterior teeth
- Moderate erosion on lingual and occlusal surfaces on upper molars
- Erosion on lingual and occlusal surfaces on lower posterior teeth
- Mucosal lesions
- Weakening of incisal edges of incisor teeth
- Anterior open bite
- Loss of vertical dimension
- Bleeding gingiva
- Enlargement/swelling of salivary glands (especially parotid glands) or other swelling in cheeks/jaw
- Difficulty swallowing (i.e. lump in throat, globus sensation)
- Changes in colour, shape and length of teeth or teeth that are brittle, translucent and weak
- Moderate to high thermal sensitivity in teeth/gums
- Pulp exposure or pulp death
- Reports of frequent sore throats or dry mouth, burning tongue
- Dry, red or cracked lips

All of these may be signs or symptoms of disordered eating behaviour, including restrictive eating, frequent purging and starvation.

If you notice any of these signs, starting a discussion with the patient to determine the cause of the problems is essential.



Bear in mind that many patients may not be open or honest about their disordered eating behaviour. A person with disordered eating issues will often go to great lengths to disguise or hide their problem, they may be afraid to ask for help, and in some cases, they may not even realise they have a problem.

The Dentist's Role

As a dentist, your role is not to treat an eating disorder, but to encourage the patient to seek treatment. Creating a safe and comfortable environment for the patient is important in prompting disclosure and discussing next steps with them.

If you do suspect an eating disorder is present in your patient, you should:

- Discuss the problem privately, without others around
- Raise the issue in a kind, non-judgemental way (e.g. “There are several problems with your teeth, including x, y, z. These problems can be associated with vomiting or a lack of nutrients in your diet. Do you make yourself vomit regularly or are you trying to diet or cut out foods?”)
- Be positive in your approach; it is essential that dentists use the appropriate language and create a positive first disclosure experience for patients if they are to engage successfully with future treatment
- Commend the patient if they are willing to talk about their problem (e.g. “I understand how difficult this is” or “I’m really glad you are talking to me”)
- Reassure the patient that they are not alone and that eating problems are common
- Avoid being critical, suggesting quick fixes or commenting on the patient’s weight, appearance or health in general
- If the patient denies they have an eating issue, accept their answer and focus on maintaining or restoring their oral health
- Provide the patient with information on how to improve or maintain their dental health overall
- If the patient tells you that they regularly induce vomiting, or if you suspect they do, educate them about the importance of not cleaning their teeth immediately following a vomiting episode.



Remember that patients can react in a variety of ways. They can become irritated, emotional or defensive. Try not to take these reactions personally. Instead, continue creating a comfortable environment for the patient and encourage them to seek help and/or return for the next oral check-up.

Treating dental problems

If the patient's teeth or gums are in poor health, you will need to treat these to prevent further damage developing. In these cases, dental care will be most effective when performed after the patient is treated for their eating disorder and when destructive eating behaviours have either ceased or significantly lessened.

Referring Patients and Facilitating Treatment

If you suspect an eating problem may be present, referring the patient to an experienced eating disorder clinician is essential. You can:

- Emphasise that treatment can be very effective and can lead to full recovery
- Offer to find a clinician or psychologist and make appropriate calls/referrals if necessary
- Provide the patient with further information and resources about eating disorders (e.g. fact sheets, info packs; these can be kept in the waiting area)

At the end of the appointment, emphasise that you will also continue to care for their dental needs no matter what they decide to do. Encourage the patient to return regularly for oral check-ups and treatments.



FURTHER EATING DISORDER INFORMATION

You can obtain various resources on eating disorders at www.nedc.com.au or by contacting info@nedc.com.au.

To find a local eating disorders specialist, or to receive support in planning your own next steps as a health professional supporting a patient with an eating disorder, contact the Butterfly National Helpline on 1800 ED HOPE or at www.thebutterflyfoundation.org.au/our-services/helpline

References

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For a downloadable copy of this resource visit:

www.nedc.com.au/health-professionals

The National Eating Disorders Collaboration (NEDC) is an initiative of the Australian Government Department of Health.