MENTAL HEALTH AND ORAL HEALTH
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Objectives and Goals
• Define Mental illness
• Describe People First Language as an avenue for rapport building and improving quality care
• Delineate Common Mental Health Disorders
• Discuss Medication implications/ self medication implications
• Provide Resources/ References for clients and caregivers
• Apply the oral implications surrounding mental illness and develop an action item to incorporate into practice

Full Disclosure
Sunset Act

• Noel receives honorariums and educational grants from Kerr Total Care, Dux, Philips Sonicare, GC America and Parkell
• No one has ever paid her anything for my clinical research. Her husband would rather they did so he could buy a Chevelle like he drove in high school but I want to stay independent and have no one to answer to and after 36 years of marriage I win on this one...
• Marhya has no sponsors to disclose.

DISCLOSURE From Noel

• RDHAP...
  • Many of the slides are my patients. I have permission to use them. I have to get permission to share them. Please do not take picture of them with your phone.
  • Some of the treatment plan are simply my experience and opinion.

Myths of Mental Illness

• Mental illness is caused by bad parenting. Fact: Most diagnosed individuals come from supportive homes.
  • The mentally ill are violent and dangerous. Fact: Most are victims of violence.
  • People with a mental disorder are not smart. Fact: Numerous studies have shown that many have average or above average intelligence.

What is it like to have a mental illness?

Mental illness is a physical condition just like asthma or arthritis.

But still society believes that a person who is mentally ill needs to show more willpower - to be able to pull themselves out it.

☆
What is Mental Illness

Mental illnesses are medical conditions that disrupt a person’s thinking, feeling, mood, ability to relate to others and daily functioning. Just as diabetes is a disorder of the pancreas, mental illnesses are medical conditions that often result in a diminished capacity for coping with the ordinary demands of life. Mental illnesses can affect persons of any age, race, sex, social class or income. Mental illnesses are not the result of personal weaknesses, flaws of character or poor upbringing. Mental illnesses are treatable. Most people diagnosed with a serious mental illness can experience relief from their symptoms by actively participating in an individual treatment plan. In addition to medication treatment, psychosocial treatment such as cognitive behavioral therapy, interpersonal therapy, peer support groups and other community services can also be components of a treatment plan and that assist with recovery. The availability of transportation, food, exercise, sleep, friends and meaningful paid or volunteer activities contribute to mental health and wellness, including mental illness recovery.

But will I see it in the dental setting?

• The best treatments for serious mental illnesses today are highly effective; between 70 and 90 percent of individuals have significant reduction of symptoms and improved quality of life with a combination of pharmacological and psychosocial treatments and supports.
• With appropriate effective medication and a variety of effective services tailored to their needs, most people who live with serious mental illnesses can significantly reduce the impact of their illness and achieve a satisfying measure of achievement and independence. A key concept is to develop expertise in developing strategies to manage the illness process.
• Stigma erodes confidence that mental disorders are real, treatable health conditions. We have allowed stigma and a now unwarranted sense of hopelessness to erect attitudinal, structural and financial barriers to effective treatment and recovery. It is time to take these barriers down.

How much lack of access to care?

“The extent of real inequality of opportunities that people face cannot be readily deduced from the magnitude of inequality of incomes, since what we can or cannot do, can or cannot achieve, do not depend just on our incomes but also on the variety of physical and social characteristics that affect our lives and make us what we are.”

Sen, A 1995, p.28

Mortality Crisis

• Recent data from several states have found that people with serious mental illness served by our public mental health systems die, on average, at least 15 years earlier than the general population.

• US Life Expectancy 2008 = 78 years
• Serious mental illness = 53 – 57 years
• Comparable to Cameroon, Gabon, Democratic Republic of Congo

• Biggest lifespan disparity in U.S.

Health of individuals with mental illness or substance use disorders

• People with serious mental illness die 25 years earlier than the general population
• 60% due to medical conditions
• Cardiovascular disease
• Diabetes
• Respiratory diseases
• Infectious diseases
• 40% due to suicide & injury

Mental Health is a worldwide problem
12% of the disease burden of the world
Mental illness is common

• The National Institute of Mental Health reports that one in four adults—approximately 57.7 million Americans—experience a mental health disorder in a given year.

• The U.S. Surgeon General reports that 20 percent of children and adolescents in the United States suffer from serious emotional health disorders that cause significant functional impairment in their day-to-day lives at home, in school, and with peers.

• The World Health Organization has reported that four of the 10 leading causes of disability in the US and other developed countries are mental disorders. By 2020, Major Depressive illness will be the leading cause of disability in the world for women and children.

• Mental illness can affect any one of us and mental illness occurs in all societies and cultures.

Aetiology

Cause or Causes of a Disease

Inheritance/Genetics
Intra-uterine environment
Schizophrenia, Huntington’s

Upbringing
Mothering, education, parenting

Trauma/Head injury

Drug Abuse
Alcohol, Heroin etc.

Neurological diseases
MS, Brain tumor

Biochemistry/Metabolic
Porphyria, Diabetes

Vascular-CVA

Infections
HIV, Syphilis, CID

Stress

Nutrition/PCM

People First Language

• Why care providers label
  • Separate diagnosis
  • Classify: streamline care

• Why labels hurt
  • Why naming the person first humanizes

• Improved outcome of treatment

Just what is normal?

<table>
<thead>
<tr>
<th>Label</th>
<th>People First Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crazy/Psycho</td>
<td>She has a mental health condition (or diagnosis)</td>
</tr>
<tr>
<td>Insane/Lunatic</td>
<td>He has a history of a mental health condition</td>
</tr>
<tr>
<td>Normal/Sane</td>
<td>She doesn’t have a mental health condition</td>
</tr>
<tr>
<td>Paranoid schizophrenic</td>
<td>He has a paranoid schizophrenia</td>
</tr>
<tr>
<td>Depressed</td>
<td>He has major depression</td>
</tr>
<tr>
<td>Anorexic</td>
<td>She has anorexia nervosa</td>
</tr>
<tr>
<td>Olfactory compulsive</td>
<td>He has a obsessive compulsive disorder</td>
</tr>
<tr>
<td>Emotionally disturbed</td>
<td>He has a mood disorder</td>
</tr>
<tr>
<td>Special education student</td>
<td>She is a student receiving special education services</td>
</tr>
<tr>
<td>Addict/Substance abuser</td>
<td>He has a substance use disorder</td>
</tr>
<tr>
<td>Mentally ill</td>
<td>She has a mental health condition (or diagnosis)</td>
</tr>
</tbody>
</table>

Integrated Medicine

• Practice of medicine that reaffirms the importance of the relationship between practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic approaches, health care professionals and disciplines to achieve optimal health and healing.

• Working as a whole team, not leaving out possibilities.
Common Mental Health Disorders

- Depressive Disorders
- Bipolar and related disorders
- Anxiety Disorders
- Cognitive Impairments (Now called Neurodevelopmental Disorder)
- Personality Disorders/ Disruptive Behavior Disorders in Children and Adolescents
- Delirium/ Dementia
- Psychotic Disorders
- last decade a surge in teen bipolar d/o and autism, more recently an upswing in the dx of schizoaffective


Depressive Disorders

- Disruptive mood deregulation disorder, Major depressive disorder, Persistent depressive disorder (Dysthymia)
- These disorders have episodes in disturbance of mood that may display symptoms ranging from inhibition to lack of interest in otherwise enjoyable activities.
- A manic client may not be aware of the severity before they may struggle to sit still and focus, may present with inappropriate urgency and pressured speech, may have flossed too much.
- A depressed client may downplay their levels of pain, may not seek medical care and may present as lethargic.
- Both may have struggles with sleep, weight regulation, diet and social supports.

Approach: Empathy, Reflective listening

Depressive Disorders

Major Depression- Affective Disorder

- 6 percent of the population, 3 percent of the population require a hospitalization
- 30,000 suicides yearly as a result of this disease- life threatening
- Loss of weight, decreased energy, sad, fearful, memory, indecisive
- Delusions or hallucinations

Major Depression: Common Dental Manifestations

- Poor oral hygiene
- Rampant dental decay
- Advanced generalized periodontal disease
- Multiple missing teeth
- Ill fitting dental prostheses
- Various oral-facial pain syndromes
- Xerostomia
- Poor nutrition, and poor diet

Major Depression: In the Chair

- Xerostomia has been observed in 14% of those persons taking Prozac and in 45% of those taking tricyclic antidepressants.
- Local anesthetics with epinephrine may be used with caution with patients taking tricyclic medications but should not be used with those taking MAO inhibitors. However, there is no local anesthetics with Neo-Cobefrin or Levophed that contraindicated with patients receiving tricyclic medications.
- The use of meperidine (Demerol) is absolutely contraindicated with patients taking MAO inhibitors.6 The use of dental sedatives should be judiciously for those taking tricyclic medications.
Anxiety Disorders

- OCD, Panic Disorders, Anxiety Disorders and Phobias
- These disorders are characterized by emotional reactivity that is either inappropriate or typical for the situation. They are not associated with a past trauma.
- High risk for a panic attack in your office - may present with tachycardia, chest pain, palpitations, or other physical symptoms.
- Will need extra attention before and during the visit (like me!)
- Approach: take extra time to ask the patient what brings them and discover what soothes them. Give extra time to discuss procedures with the client and letting them know what is going to occur along the way. Providing options and involving the client in treatment decisions can help them feel in control.
- Premedication is also an option. Encourage the client to write down any concerns before coming into the office to ensure all of their questions are answered and they feel heard.
- In a heightened state of stress, they will forget to tell you things and they won't remember your directions for home care.

Bipolar and Related Disorders

- Bipolar Disorder
- In the Chair
- The dental manifestations of the manic stage of this disorder may include abraded oral mucosa and/or cervical tooth abrasion secondary to the over vigorous use of toothbrushes or dental floss.
- The dental manifestations of the depressive phase of this disorder are identical to those described under major depression above.

Bipolar Dental Considerations

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- The dental manifestations of the depressive stage of this disorder are identical to those described under major depression above.

Electroconvulsive Therapy (ECT)

- Home care.
- Questions are answered and they feel heard in a heightened state of stress. It is like down any concerns before coming into the office to ensure all of their questions are answered and they feel heard.
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Bipolar Disorder

- The depressive episodes are treated with the temporary administration of antidepressant medications described above for major depression. Persons on lithium therapy may experience a generalized stomatitis and concurrent xerostomia, although this reaction has been reported. Xerostomia was reported in 73% of patients in the same study after lithium treatment had begun.
- Major adverse interactions between lithium and medications commonly used in dentistry are rare. However, the use of nonsteroidal anti-inflammatory drugs (NSAID) may decrease the renal clearance of lithium and allow a buildup of toxic levels. Short term use of NSAID may not pose a problem.
- Benzodiazepines should be used with caution due to the potential for CNS depression. Major problems with antidepressant drugs used for the depressive stage of this disorder have previously been discussed.

Neurodevelopmental Disorder

- Mental Retardation, Pervasive Developmental Disorder, Autism Spectrum Disorders, Learning Disorders
- These disorders are characterized by: Below average intellectual functioning and or adaptive functioning in all or some areas, May display deficits and impairments in multiple areas of development, including impairment in social interaction, communication, and academic and adaptive living skills, etc.
- May come in with an aide or need a print out for understanding of disclosure and consent for treatment as well as after care.
- Higher propensity of sensory sensitivity.
- Approach: take extra time to ask the patient what brings them and discover what soothes them. Blankets and headphones are common requests. Giving extra time to discuss procedures with the client and letting them know what is going to occur along the way.
- Premedication is also an option. Education on the how to's of your car seat times with adaptive procedures can be of great benefit in these cases.
- Reduction of premedication - Noel
Disorders in Children and Adolescents

Personality Disorders/ Disruptive Behavior problems: increases in individuals over age 65, higher cortical functions. Interfere with social or occupational abilities. This loss exchanges, address any unexplainable somatic complaints from the individual’s culture, is pervasive and inflexible and leads to distress or impairment. Often involving the repeated use of maladaptive coping skills. May display unexplained somatic complaints. or impairment. Often involving the repeated use of maladaptive coping skills.

Dementia

- Dementia is a loss of intellectual function sufficiently severe to interfere with social or occupational abilities. This loss involves memory, judgment, abstract thought, and a variety of higher cortical functions.
- Individuals 65 years of age and older are most susceptible to organic brain syndromes. The prevalence of dementia increases in individuals over age 65, 2-3% of those aged 65 through 79, 20% for those 80 years of age and older.

Dementia Dental issues

- Patients with dementia often manifest the following dental problems:
  - Maxillofacial injuries (usually due to falls)
  - Traumatic oral ulcerations
  - Poor oral hygiene
  - Extensive coronal and root cavities
  - Increased periodontal disease
  - Numerous missing or severely broken teeth
  - Atrophy, abrasion and migration of residual denture
  - Atrophy, abrasion and migration of residual denture
  - Severe atrophy of residual alveolar ridges
  - Nonfunctional dental prostheses
  - Xerostomia
  - Candidiasis

Dementia In the Chair

- Dental treatment should be completed as early as possible to preserve dentures (e.g., Alzheimer’s Disease), since inability to cooperate due to behavioral dysfunction increases as the dementia progresses.
- If long term care is anticipated (e.g., permanent facility admissions), full mouth diagnostic radiographs should be taken, but not necessary for future reference, when the progressive dementia renders general anesthesia impossible. As with most psychiatric disorders, consultation with the patient’s treatment team (including physicians) and the available information on present self-help and behavioral guidance as well as some estimate as to the rate of loss of these functions in the future.
- The problem with candidiasis is experienced by 5-20% of these patients on antipsychotic medications. Current methods of treatment are appropriate for this population, for example, the use of chlorhexidine gels and denture scrub are helpful but they may be tolerated by the patient’s ability to use them properly. Many patients can not use the gels for 30 seconds and will swallow everything put in their mouths, addressing the problem of dental decay (especially root caries). Mechanical measures are recommended.
Dementia In the Chair Continued

- In addressing the problem of dental decay (especially root caries), more frequent recalls for prophylaxes, products that interfere with demineralization and fluoride applications may be the only option.
- Since liver and kidney functions are often severely diminished in old age, the prescription of any medication should be made with caution. Particularly long acting drugs and large term use of Nonsteroidal anti-inflammatory agents need to be used with caution. A good rule of thumb is to remember that in the elderly, a single dose of most drugs will produce a peak blood level twice as high and a half-life twice as long as in a younger patient.

Schizophrenia and other Psychotic Disorders

- Schizophrenia, Schizoaffective Disorder, Delusional Disorder, Schizophrenia Induced Psychotic Disorder, Psychotic Disorder due to a General Medical Condition
- These disorders are characterized by: psychotic symptoms, delusions, prominent hallucinations which may include, insight in reality testing, disorganized speech, catatonia, poor insight (dissociative, impaired social functioning or bizarre) disorganized behavior.
- Approach: Discuss with your client what they want to be comfortable in the dental setting, using headphones is a common coping tool. Just as a person with migraines: a person with psychotic traits may not know when they will have a bad mental health day - check in with them and try to allow for rescheduling when needed. Education on medication, dental impact and self care, extra attention to pain management and overall wellness may be needed as people with psychotic disorders have a higher propensity for high pain tolerance and being unaware of medication issues.
- Pg 86 DSM

Schizophrenia: Dental Considerations

- Because these individuals are frequently confused, depressed, agitated or anxious they often neglect or refuse dental care.
- Family disassociation, marginal social and economic adjustment and local problems exacerbate this issue. This dental neglect and inattention to oral hygiene, in conjunction with the xerostomia caused by the antipsychotic medications, lead to increased incidence of dental caries and periodontal disease. Patients with paranoid schizophrenia may be suspicious and should be approached, verbally and physically, calmly and in a nonterrorizing manner. There should be no sudden movements. The patient should be warned of things to expect and should be shown what is going to be done at each next step.
- Schizophrenia is usually treated with antipsychotic or neuroleptic drugs which include the phenothiazines and other antipsychotic agents which generally have some beneficial effect on the patient’s mood and thought processes. These neuroleptic agents can cause short term mental impairments (EPS) which include generalized agitation or jitteriness, muscle neck muscle (torticollis) and oculogyric crises which can usually be controlled by use of IM

Dementia in the Chair

- In addressing the maladaptive behaviors presented in the daily environment by patients with dementia, many of the management and communication techniques used with the mentally retarded population are appropriate. These would include: communicating acceptance and reassurance, increased use of nonverbal communication (e.g. smiling, making eye contact, gently touching the patient), more repetition of instructions, avoidance of abstract terms, and use of nouns rather than pronouns, short words and sentences, and simple verbal communication.

Schizophrenia

- Characterized by varying degrees of personality disorganization which lessens an individual’s ability to effectively work and communicate with others.
- Approximately 10% of the general population require hospitalization because of this disorder at some time in their lives.
- It is characterized by impairment of routine daily actions such as work, social relations and self care, that last for at least 6 continuous months. A predominant characteristics: the disturbance of several psychological processes.
- They often present a flattened or blunted affect evidence of demonstrable emotions along with a monotone voice and expressionless face.
- They may question their own identity and lack the drive to follow a course of action through to its logical conclusion. There may be a reduction in spontaneous movements, catatonic rigidity or bizarre mannerisms such as grimacing, hyperactivity and pacing.

Schizophrenia In the Chair

- Long term effects of a similar nature, termed tardive dyskinesia, also include Trismus, swallowing dysfunctions, tongue protrusion, Parkinsonian-like movements which include continuous facial movement, particularly of the lips and jaws which may include drooling, tongue wiping, smacking movements and general akinesia. Tardive dyskinesia is associated with long term antipsychotic therapy, especially the phenothiazines, and can often be controlled by Cogentin and Artane. Akathisia may develop in these patients and is manifested by restlessness, inability to sit still and a tendency to move their body and legs during treatment. These people have a desire to get up and move about during their dental appointment.
- Dental sedative medications should be used with caution to prevent a synergistic reaction with the neuroleptic agents, resulting in excessive respiratory depression. Local anesthesia with epinephrine causes no adverse effects in normotensive patients.
Drugs VS DRUGS
• It is important to ask all consumers about both recreational meds and any prescribed meds
• At a higher risk of self medication vs. persons not struggling with MH issues.

Psychiatric Drugs
• Treat mood, cognition, and behavioral disturbances associated with psychological disorders
• Psychotropic in nature
• Most are not used recreationally or abused
  • Benzodiazepines are the exception

Oral Health Problem in those experiencing mental health disorders

1. Tooth loss
2. Denture related condition
3. Coronal and root caries
4. Periodontal disease
5. Xerostomia
6. Cancer and precancer

Oral Health Status/Mental Health Status
• Chronic and significant oral disease is noted in this group. A number of factors contribute to this increased risk (Stiefel et al. 1990, Tesini & Fenton 1994).
• Extensive unmet oral health needs, including lack of funds for gum treatment, restorations and extractions (Friedlander & Liberman 1991, Barnes et al 1998).
• A legacy of institutionalization may be that some patients were required to have full clearance. Extractions were often a protective strategy against patients biting care givers (Chalmers 2001).
• Older people in this group tend to experience more anticholinergic and tardive dyskinesia side effects. This is most likely a result of the more traditional drugs, such as Melleril, taken over long periods, compared to newer antipsychotics with less of these side effects (Chalmers 2001).

Oral Health Needs
• Prevention and treatment services required, however need for emphasis on prevention and daily maintenance of oral hygiene before disease development (Chalmers et al 1998).
• Patient, parent, staff, and caregiver education and training required (Tesini & Fenton 1994).
• Advocacy for daily oral care to motivate and promote patient involvement to encourage independence (Tesini & Fenton 1994).

Oral Health Behaviors
• Lower use of dental services and longer periods between visits (Barnes et al 1998).
• Irregular visits leading to increased disease, less favorable and more invasive treatment-for example: extractions (AIHW 2001).
• Emergency care motivates clients to attend the dental clinic more than general care (Chalmers et al 1998).
• Poor
  • of oral side effects of psychiatric medications despite high usage (Chalmers et al 1998).
Preventive program

• In Patient
• Baseline
• Prevention
• Education
• Outcome

Factors Predisposing People with a Mental Illness to Oral Disease

• Depressive illness is associated with disinterest in performing oral hygiene (Friedlander et al 1993, Stiefel et al 1990).
• Lacking dexterity, physical ability or capacity to perform personal oral hygiene (Barnes et al 1988).
• Neglect of a properly balanced diet, with a high sugar content, e.g., soft drinks and sugary coffee (Friedlander et al 1993; Friedlander et al 1993a; Lemon & Reveal 1991).
• Sugar addictions or cravings, “sweet snack dilemma”, a major side effect of antipsychotic medications, lead to uncontrolled consumption of highly cariogenic diet and subsequent weight gain.
• Xerostomia: reduction in saliva flow due to both anxiety related depression of the parasympathetic nervous system and as a side effect of long term use of psychiatric medications. This reduces natural cleansing and protection of the mouth by saliva, leading to greater predisposition to oral diseases (Friedlander et al 1993).
• Higher rates of smoking leading to increased rates of oral cancer, increasing dry mouth and reducing periodontal healing (Friedlander et al 1993).
• Prevalence of undiagnosed mental illness in the community.

What are the barriers?

Patient Factors

• Lack of ‘perceived’ need by patient for treatment, despite high levels of clinical need. Often when need is perceived, the complaint is due to poor appearance (Tesini & Fenton 1994, Walpington et al 2000).
• Dental fear
• Anxiety due to past experiences, emergency pain and a high need for extractions and treatments, which are more stressful.
• Lack of ongoing links with familiar dental staff, Dental Home (Chalmers 2001).
• Reduced awareness of physical needs due to acute psychological condition and medications. (M Kelsch 2012).

Caries Prevention

1. Reduce the pathogenic potential of dental plaque
2. Increase the resistance of tooth structure to caries attack
3. Augment salivary factors

What area can you make the biggest impact?
Medications are not static!

- Know the classifications
- Know the side effects
- Know the dental implications
- Keep current
- Ask questions

Dry Mouth-Xerostomia

- Dry Mouth products
- Xylitol
- Remineralization
- Fluoride
- Frequent sips of water
- Avoid simple sugars
- Cough drops sugar free
- Educate patient
- Educate treatment team

Patient Risk Factors for Services

- Lack of knowledge about oral hygiene & available dental services (Walpington et al 2000)
- Financial difficulties
- Paying for care/transport/dental aids with limited finances. Often clients are on disability pensions
- Illness characteristics such as withdrawal, anxiety and confusion (Lemon & Reveal 1991)
- Inability to keep appointments and follow home care instructions

Service Factors

- Waiting times
- Complex medical histories
- Long and complex treatment plans (Freeman 1999)
- No understanding of the disease
- Intolerance of behaviors
- Inability to develop treatment plan for clients needs

Oral Complications and Manifestation

- Antipsychotic drugs and mood stabilizing drugs can cause:
  - Agranulocytosis
  - Leukopenia
  - Thrombocytopenia.
- Look for fever, sore throat.
Amitriptyline
Tongue of a patient with xerostomia. The patient suffered from clinical depression and was taking amitriptyline.

Mixing Meds
• Although classified as a certain type of drug most psych meds used for many different disorders:
  • Antipsychotics in Bipolar Disorder
  • Abilify
  • Zyprexa
  • Mood stabilizers in alcoholism
  • Topiramate
• Prescribing a medication for a disorder when it’s known to work, but there is no formal FDA indication is called “off-label prescribing”
• It’s perfectly legal and quite common

Imipramine and Chlorpromazine
Xerostomia. Patient has erythematous mucosa and only some frothy saliva in the floor of the mouth. Patient was taking imipramine and the antipsychotic, chlorpromazine.

Possible antipsychotic agents side effects:
• Muscular problems:
  • Dystonia: Neurological movement disorder in which sustained muscle contractions cause twisting and repetitive movements of abnormal posture.
  • Dyskinesia: Movement disorder which consists of affect on a voluntary movement and the presence of involuntary movements similar to tics or chorea. Dyskinesia can be anything from a slight tremor of the hands to uncontrollable movement of, most commonly, the oral musculature. It can also be seen in the lower extremities, disco-ordination externally especially with the respiratory muscles and it often goes unrecognized.
  • Tardive dyskinesias is a difficult-to-treat form of dyskinesia, a disorder resulting in involuntary, repetitive body movements. In this form of dyskinesia, the involuntary movements are tardive, meaning they have a slow or belated onset.
  • Parkinsonian traits
  • Muscle rigidity
  • Tremors
  • Refer for evaluation

Tardive dyskinesias (TDs)
• chewing
• sucking
• facial movements
• tongue protrusion
• grimacing
• extremity movements
• rapid eye blinking or twitching

Tardive dyskinesias (TDs)
• Abilify (Aripiprazole)
• Clozaril (Clozapine) they also treat the condition
• Geodon (Ziprasidone)
• Halodil (Haloperidol)
• Loxane (Loxapine) (Lorapine)
• Mellaril (Thioridazine)
• Navane (Thiothixene)
• Orap (Pimozide)
• Pipotil (Pipotiazine)
• Prolixin / Modecate (Fluphenazine)
• Seroquel (Quetiapine)
• Stelazine (Trifluoperazine)
• Thiothixane (Chlorpromazine)
• Trilafon (Perphenazine)
• Zyprexa (Olanzapine)

• Non-neuroleptic Drugs
• Asendin (Amoxapine)
• Cocaine and other street drugs
• Elavil (Amitriptyline)
• Lithium
• Nardil (Phenelzine)
• Prozac (Fluoxetine)
• Sinequan (Doxepine)
• Tofranil (imipramine)
• Zoloft (Sertraline)
• Reglan (metoclopramide)
• Compazine (prochlorperazine)
• Phenergan (promethazine)
ENLARGED PAROTID GLAND
Clozapine, antipsychotics and combination medications

SUBLINGUAL ADENITIS
Tramadol

LICHENOID REACTIONS
lithium

thrombocytopenia
• Risperidone and over dosage of TCA

Glossitis

Stomatitis
What are the solutions?
• Support clients to identify their oral health needs and understand the causes of oral disease and how they affect their overall wellbeing.
• Reassuring and caring approach
• Constant reinforcement of oral hygiene education
• Honestly evaluating the pros and cons of specific treatment options in their long term goal/needs
• Awareness of the symptoms of the illness and its effect on other areas of health and wellbeing.
Solutions Continued
• Care giver recommended where appropriate to motivate and support clients.
• Priority appointments timed to suit client: afternoon, early week.
• Liaison between client’s GP/case manager with dental staff to provide medical history prior to visit.
• Often efforts seen as a waste of time are not. Sensitivity to patients attitudes and needs for reassurance is required.

Communication
• Be respectful.
• Be calm, clear, and direct in communication.
• Be as consistent and predictable as possible.
• Set clear limits, rules and expectations.
• Accept the illness of the client.
• Attribute symptoms to the illness.
• Maintain a positive attitude, even during failures or setbacks.

Communication Continued
• Allow the person to retain dignity when unable to do things.
• Notice and praise any positive steps or behavior.
• Offer frequent praise and, separately, specific feedback.
• Focus on current functioning and achievements of the best outcomes possible in the present.
• Break down the clients long-term goals into a series of short-term goals.
• Respect their right to refuse treatment.
• Respect the clients dental treatment goals.
  • Gold Crown

Treating People
• Most invasive area of the body
• Past experiences both inside and outside the dental clinic
• Post Traumatic Stress Disorder

Categories
• Knowing the categories and implications helps the Dental Health care professionals to be able to adapt treatment.
• Know the medications, dental impact, considerations and side effects.
• Utilize list: keep it handy
  • No Epi!

The Appointment
• With some clients it is important to keep the appointment short, though with others it will take longer than expected.
• Determine the best time of day (sundowners syndrome).
• Develop a signal with the patient for stopping.
• Involved care giver in decision making only when appropriate. Give the client independence.
• Cradle them in your lap or give them space. Know their diagnosis. Ask them how they would help them be comfortable.
• Take frequent breaks when necessary.
Developing a Health History

• If the patient's cognitive status permits him or her to be a reasonable historian, a simple approach to gathering mental health information is to ask the patient if they have ever been under the care of a psychiatrist.
• Knowing the severity of the illness is often best when knowing a specific diagnosis. Patients that have been involved in an inpatient facility generally have more severe illness than those patients treated on an out-patient basis.
• Asking the patient if they feel that interventions have been beneficial in managing the problem will often provide some insight into the effects of treatment.

Guidelines

• Basic guidelines for anesthesia: Limit or avoid use of vasoconstrictors in patients using specific medication. Cardiovascular issues may arise from high BP to low BP. From Bradycardia to Tachicardia.
• N2O: Use with extreme caution:
  1. May increase hallucinations
  2. Lowers CNS
  3. Do not use alcohol based products with patients with addictive behavior may contribute to inducing relapse, consult with medical team for pain control. Anti inflamatorires are the first choice in dentistry.

It is not just what you say, it is how you say it.

• If medications are part of management, it is crucial to know not only what medications have been prescribed, but to also have an idea of patient compliance and response to medications.
• Substance Abuse: Questions such as, "Has alcohol ever caused you problems or interfered with your life" are more comfortable to answer as opposed to the blunt question, "Are you an alcoholic? Questions regarding substance abuse need to take place in private, and in a non-judgmental, non-threatening fashion.

Cognitive Status

• Patients with all forms of mental illness may be cognitively intact and therefore able to make decisions regarding their medical care, and therefore able to provide informed consent.
• Patients with advanced dementia may present in the office and are clearly unable to understand the nature of their health disease and the nature of the proposed treatment.
• In such cases, ensuring that the person in attendance is a power of attorney or has been identified as a substitute decision maker is essential.
• Simple questions of orientation are a good starting point. Being oriented to person, place and time is an important component to the Glasgow Coma Scale.

Do you hear what I am saying?

But do I hear what you are saying?

• Give clear directives
• Develop parroting skills
• Ask open-ended questions
• Check out the why of behavior
• Express empathy; reflect feelings
• Criticize behavior not person
• Concrete statement/brief
• Express caring and support
• No Choice Choices
• Avoid power struggles
• Do not tell lies
• Use I statements
• Signals and times outs
• Low level voice and actions
• Elements of observation
• Non Judgmental statements

Lets give them something to talk about.

• Don’t assume.
• Prescribe medications with caution. Consult with patient’s medical team.
• Take vitals at every visit.
• Always consult with physician before significant work is done.
• For patients how have been on medications long term is vital to look at kidney and liver function as well as blood panel and organ systems.

• N2O: Use with extreme caution:
  1. May increase hallucinations
  2. Lowers CNS
  3. Do not use alcohol based products with patients with addictive behavior may contribute to inducing relapse, consult with medical team for pain control. Anti inflammatorires are the first choice in dentistry.

For patients who have been on medications long term is vital to look at kidney and liver function as well as blood panel and organ systems.
**Key strategies used to promote partnership sustainability**

- Ensuring service ‘buy in’ into the partnership.
- Using and maintaining effective and continuous dialogue.
- Having shared patient-centered goals.
- Commitment by mental health staff to minimize ‘did not attend’ through mental health staff attending dental appointments with patients.
- Mental health staff supported patients during visits to ensure understanding of the information and instructions provided by the dentist.
- Regular reminders to eligible mental health teams regarding dental appointments.
- Clarifying roles and responsibility of each party, including the patient.
- The development of an internal referral form which categorized patients, thus identifying those who require urgent treatment.
- Mental health staff presence during dental appointments leading to shared education.
- Regular reviews to address problems and issues.

*Wieland 2010*

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**Barriers to Dental Care**

<table>
<thead>
<tr>
<th>Noncompliance</th>
<th>Low income/poverty</th>
<th>Family disassociation</th>
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<table>
<thead>
<tr>
<th>Legal issues</th>
<th>Fear</th>
<th>Disturbed thought processes</th>
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<tr>
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<table>
<thead>
<tr>
<th>Relapse or hospitalization</th>
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**Treatment:**

**Ongoing**

- **Common Oral Manifestations**

<table>
<thead>
<tr>
<th>Poor oral hygiene</th>
<th>Xerostonia</th>
<th>Rampant decay</th>
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<table>
<thead>
<tr>
<th>Erosion</th>
<th>Gingivitis &amp; periodontitis</th>
<th>Poor nutrition &amp; diet</th>
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<table>
<thead>
<tr>
<th>Multiple missing teeth</th>
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**Common Oral Manifestations**

<table>
<thead>
<tr>
<th>Retained roots</th>
<th>Ill-fitting prostheses</th>
<th>Orofacial pain syndromes</th>
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<table>
<thead>
<tr>
<th>Glossitis</th>
<th>Candida albicans</th>
<th>Angular cheilitis</th>
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<table>
<thead>
<tr>
<th>Clenching</th>
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</table>
Thrush
Acidophilus
1-4 billion CFU

**Prevention measures**

“The biggest change in my life is realizing I do not have control of the disease that impacts my brain. Thank you for finding an area I can control. Noel the past year I have healed the things I can and worked with the things I can’t because of your referral. Thank you, Dean”

When the patient enters the room, eliminate the bioburden as much as possible

- Non-alcohol based Chlorhexidine
- Anti bacterial rinses with no alcohol
Portable, easy to use, antimicrobial

Nutritional counseling
- Limiting sugar increase
- Xylitol xlear
- Frequent rinsing
- Balancing diet
- Vitamins
- Understanding soft drinks
- Yogurt Perio Balance for thrush

Nutritional counseling
- CPP-ACP (recaldent) enhances enamel acid resistance and boosts salivary fluoride levels
- Remains on teeth longer
- Higher level of fluoride and calcium released
- Calcium and phosphate ions are the building blocks for healthy teeth

Night Guard
- Night Guard
- Snap on Smiles

Restorations
- The affects of MI on the teeth are on going. It may take years for the affects to take place. Prevention is KEY!
- Temporary acrylic crown and bridges
- Sealant material that tolerates moisture
- IRM Intermediate Restorative Material


United Way 211

• Health and Dental Services (cheat sheet on Wikipedia)


Resources

• National Alliance on Mental Illness (NAMI) www.nami.org

Substance Abuse and Mental Health Services Administration (SAMHSA) www.samhsa.gov

United Way 211

• Has info on AA/NA meetings and general resources

• Diagnostic and Statistical Manual of Mental Disorders IV (DSM IV) (cheat sheet on Wikipedia)

• ICD International Classification of Diseases

• National Suicide Hotline 1-800-273-8255

• Smoking Quit Line 1-800-QUIT-NOW

• People First Language http://www.disabilityisnatural.com/


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