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 lifelong, altering disease that can be especially difficult when it emerges just as individuals are 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, many individuals developing an SMI may go without treatment — or receive ineffective treatment for years.

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 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 decalcification and severe sensitivity.

Smoking, 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 had 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.
### Hygiene Tribune

**CLINICAL**

**Hygiene Tribune U.S. Edition | April 2013**

**When treating a client with an SMI, dental hygienists need to be aware that hallucinations can cause apparent changes in a patient’s perception of touch, taste, sound, sight and smell — with increased or decreased sensitivity.**

**Handle altered perceptions**

When treating a client with an SMI, dental hygienists need to be aware that hallucinations can cause apparent changes in a patient’s perception of touch, taste, sound, sight and smell — with increased or decreased sensitivity. Topical anesthetics or dantrolen anti-sensitivity medications may need to be applied for comfort prior to scaling. And special care is required when polishing with the prophylaxis angle, because the vibrations generated may be interpreted as painful or extremely annoying. Using a soft toothbrush may be a better option. The taste of the polish offered should be appealing, otherwise consider substituting polishing with fluoridated toothpaste.

**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. Until their 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.

### 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 these 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 depending 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)

### Tell us what you think!

**Do you have general comments or criticism you would like to share? Is there a particular topic you would like to see an article about in Hygiene Tribune? Let us know by e-mailing feedback@dental-tribune.com. We look forward to hearing from you!**

If you would like to make any change to your subscription (name, address or to opt out) please send us an e-mail at database@dental-tribune.com. We look forward to hearing from you.

### 3 severe mental illnesses dominate

**Most frequently diagnosed, most likely to be encountered by dental professionals**

**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 these 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 depending 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. Until their normal emotional experiences of sadness, loss or passing mood and the illness affects men and women equally. Bipolar disorder is a chronic and generally lifelong condition with recurring episodes of mania and depression that can last from days to months that often begin in adolescence or early adulthood — and occasionally present even in children. While medication is one key element in successful treatment of bipolar disorder, psychotherapy, family support and education about the illness are also essential components of the treatment process.

(Source: National Alliance on Mental Health)

---

**Be organized, upbeat, caring**

Dental professionals should strive to have a keen understanding of these patients’ unique fears and follow a systematic approach in a well-organized, upbeat, and caring manner. After evaluating the oral health needs — and understanding the impact of the illness itself on the patient’s thought process and behaviors — the dental hygienist can offer creative and thoughtful suggestions to motivate these dental clients. Dental hygienists have a unique opportunity to offer not just oral care but to give these clients a safe and secure place to feel ‘cared for’.

---

**Hygiene Tribune America strives to maintain the utmost accuracy in its news and clinical reports. If you find a factual error or content that requires clarification, please contact Managing Editor Robert Sollee at rselleck@dental-tribune.com.**

---

**Hygiene Tribune cannot assume responsibility for the validity of product claims or for typographical errors. The publisher also does not assume responsibility for product names or statements made by advertisers. Opinions expressed by authors are their own and may not reflect those of Hygiene Tribune America.**

---

**Do you have general comments or criticism you would like to share? Is there a particular topic you would like to see an article about in Hygiene Tribune? Let us know by e-mailing feedback@dental-tribune.com. We look forward to hearing from you!**

---

**Is there a particular topic you would like to see an article about in Hygiene Tribune? Let us know by e-mailing feedback@dental-tribune.com. We look forward to hearing from you!**