Mental Health & Psychiatric conditions

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Dr Jee-Yun Leung
Dr Daniel Sundaresan
Associate Professor Mina Borromeo
Dr Mathew Lim
Dr Claudia Lopez Silva

Dr David Lim

Lecturer, Dental School, UWA

BDS (SG), MSc SCD (UCL), PG Dip Con Sed D (KCL), GC Geront (SUSS), Dip ACEdu (SUSS), FiADH, MFTD MFDS RCSEd

LEARNING OBJECTIVES

Discuss the specific characteristics and dental needs of individuals with common mental health and psychiatric conditions (e.g. depression, schizophrenia, bipolar disorder, anorexia & bulimia nervosa, anxiety, PTSD), and appropriate treatment adaptations to ensure effective dental care.

Mental health conditions were traditionally separated into

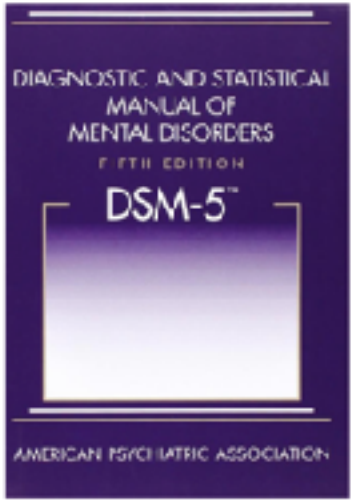
- Psychosis vs Neurosis

Examples of Psychological Disorder classifications

- Schizophrenia
- Mood Disorders
  - Depression
  - Bipolar disorder
  - Anxiety disorders
- Eating Disorders
  - Anorexia Nervosa
  - Bulimia Nervosa

DSM is the primary classification scheme used to describe mental disorders identified in psychiatric practice

Compiled by the American Psychiatric Association



- **A complex, chronic mental disorder**
- A major psychotic illness in which the individual may be out of touch with reality
- Different from '**split personality**' -
- Sufferers will have experienced a **deterioration in interpersonal relationships** and **in daily functioning** at school or at work.



Schizophrenia

Schizophrenia

- Prevalence: ~1% worldwide, 1.5% of Australians, affects men and women equally but can display an earlier onset in men
- Features emerge between late teens and mid 30s
- Suicide risk: 5-6% die by suicide, and up to 30% of patients will attempt suicide at some stage of their life
- Management: combination of pharmacological and psychological interventions
- Multiple comorbidities: depression, alcohol/drug abuse
- Most would usually have suffered the symptoms of psychosis for <u>at least six months</u> before seeking help.
- 5 Symptoms:
  - Delusions
  - Hallucinations
  - Disorganized thinking (speech)
  - Grossly disorganized or abnormal motor behaviour
  - Negative symptoms

Positive	Negative	Cognitive	Excitement	Mood
Hallucinations (voices) Delusions Impaired insight Disorganised thinking and speech	Lack of motivation Poor self care Reduced speech output Social withdrawal	Impaired planning Reduced mental flexibility Impaired memory Impaired social cognition	Disorganised behaviour Aggression Hostility	Depression Anxiety

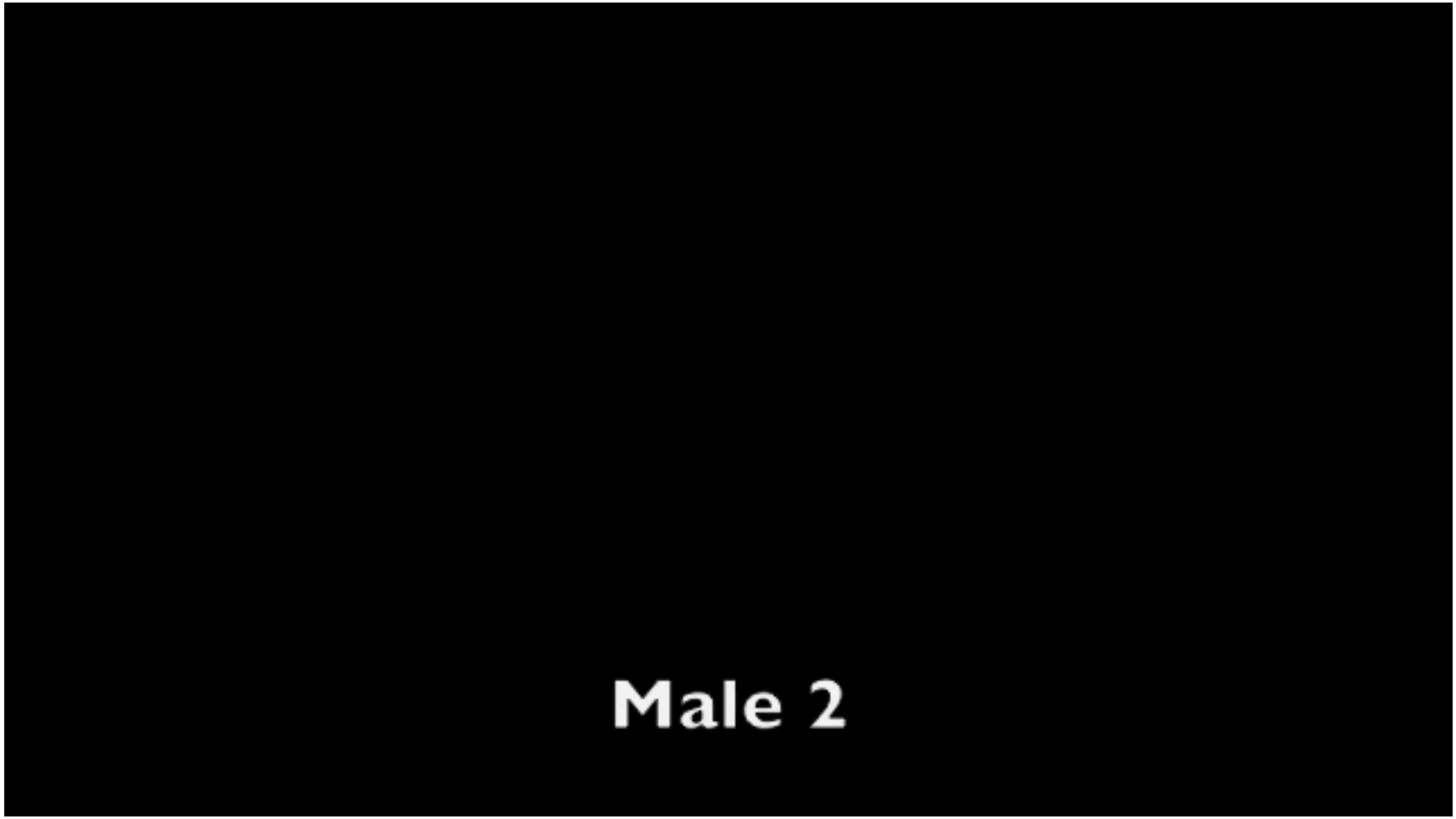
Schizophrenia

Schizophrenia

- Onset:
  - Although it can affect anyone at any age, its onset is usually in adolescence or young adulthood.
  - **It affects men and women equally**
- Some patients remain chronically ill, while others have periods of remission and recurrence
- Although the cause is not understood, genetic factors can make an individual more vulnerable

- https://www.youtube.com/watch?feature=player_embedded&v=KBRAC4acr70

Schizophrenia



https://www.youtube.com/watch?v=bWaFqw8XnpA

Schizophrenia

Prodromal & Residual Symptoms

- Social isolation & withdrawal
- Impairment in role functioning
- Peculiar behaviour
- Impairment in personal hygiene
- Digressive, vague speech or lack of speech
- Odd beliefs or magical thinking
- Unusual perceptual experiences
- Lack of initiatives, interests or energy

Active-Phase Symptoms

- Delusions
- Hallucinations
- Disorganised speech
- Disorganised or bizarre behaviour
- Catatonia
- Flat affect
- Lack of voluntary action
- Speechlessness
- No pleasure
- Unable to perform goal-directed activities

Pharmacotherapy

- Schizophrenia is associated with an *excess of dopamine* at specific synapses in the brain
- **Medication (**antipsychotics or neuroleptics)
  - Medication remains the main treatment method. As schizophrenia is often due to abnormal biochemical balances in the brain, medication can help to normalise these imbalances.
  - They can relieve the hallucinations, delusion and thinking problems associated with schizophrenia.
  - These antipsychotic medicines are also important in reducing or eliminating the chances of relapse.
- Conventional antipsychotic drugs are used to block dopamine receptors:
  - chlorpromazine
  - haloperidol
  - thiothixene
- Other drugs include: clozapine, risperidone, olanzapine, quetiapine and ziprasidone, etc.

Schizophrenia

Treatment options

Psychotherapy
Is the use of psychological methods to help change behaviour and overcome problems

Psychotherapy can help one make sense of his/her illness, can take various forms and can be conducted on a one-to-one basis or in a group setting. Issues that may need to be dealt with include: the person's feelings about the illness, his/her experience of medication, denying the illness, the impact that the illness has on the person's self-esteem, interpersonal relations and other aspects of his / her life.

Rehabilitation and Counselling
Rehabilitation and counselling help the individual to function in society. Social skills training, which can be provided in group, family or individual sessions, helps to build social relationships and independent living skills.

Schizophrenia

- Side effects from medication affecting oral health include:
  - Extra-pyramidal symptoms:
    - Dystonia (muscle contractions)
    - Dysarthria (difficult speech)
    - Parkinson-like syndrome
    - Akathisia (restlessness, pacing)
    - Akinesia (loss of voluntary movement, lethargy)
    - Involuntary mouth and jaw movements
  - Postural hypotension, Drowsiness
  - Reduced white cells/leukopenia e.g. clozapine

Oral Implications

- Dental and periodontal health are influenced by
  - Concurrent alcohol and/or drug abuse
  - smoking
- Salivary hypofunction + xerostomia (psychotropic medications)
  - Rampant caries
  - Difficulty swallowing, speech difficulties
  - Soft tissues - denture stomatitis, glossitis, ulcers



DH Care

- Review medical and medication history
- Analyse drugs for side effects
- Plan a simple routine
- Decrease stimulation; create a restful atmosphere
- Treatment is rendered when the patient's symptoms are reasonably controlled by medications
- Referral may be required; keep physician's contact numbers in an accessible location for quick referrals
- Provide OHI
- May require mouth props for involuntary mouth and jaw movements
- ** effect of drugs (e.g. marijuanna), smoking and alcohol

Depressive disorders

- Depression, or feeling sad, is a normal emotion
- Major Depressive disorder (clinical depression) last for at least 2 weeks and significantly interfere with daily function.

- • Lifetime prevalence of 16.6%
- • 1 in 7 Australians will experience depression during their lifetime
- • Diagnostic features: Depressed mood, disinterest, weight loss, insomnia, fatigue, feeling of worthlessness, suicidal thoughts
- Onset for major depression is usually the mid-20s, and it is more common in women than men.

- • Treatment and Management
  - • Antidepressants for acute episodes + long-term maintenance – SSRIs, SNRIs
  - • Psychological therapies

https://www.youtube.com/watch?feature=player_embedded&v=Sf2xKoHqouY



Depression

- It affects
  - the body, mood and thoughts to a point of dysfunction.
  - the way a person eats and sleeps
  - how one feels about oneself
  - how one thinks about things.
- Is not something that can be simply willed away. One of the most common psychiatric illnesses, yet may not always be diagnosed or treated
- Occurs at any age
- Onset for major depression is usually the mid-20s, and it is more common in women than men.
- Characterised by apathy, fear, sadness and loss of mobility and energy

Depression

Signs and Symptoms

- A person who experiences five or more of the following for **most of the day**, **most of the week**, for more than **two weeks** may have a depressive illness:
  - Persistent sadness; or feeling down or gloomy
  - A loss of interest in activities previously enjoyed
  - Weight loss or weight gain; or decrease or increase in appetite
  - Difficulty falling asleep or staying asleep; or sleeping excessively
  - Feeling agitated or restless
  - Feeling tired and lacking the energy
  - Feelings of worthlessness or excessive guilt
  - Difficulty concentrating or having trouble thinking
  - Frequent thoughts of death or suicide

Depression

Treatment

- highly treatable: when depression is recognised and manageable, a person's quality of life can be greatly improved.
  - Primary treatment (antidepressants)
  - no 'one size fits all' type of antidepressant.
  - It takes one to three weeks before changes occur and should be taken for 6-12 months
    - fluoxetine (Prozac)
    - Sertraline (Zoloft)
    - Paroxetine (Paxil)
  - Treatment may also include
    - lifestyle changes
    - correction of sleep disorders
    - new diet and eating patterns
    - exercise and counselling
  - Xerostomia is a major side effect from antidepressants



DH Care

- Monitor medical and medication histories closely; note side effects and contraindications
- May require physician's or specialist's consults
- Check for signs of xerostomia, frothy saliva
- Effects of **Apathy and Neglect**
- Provide positive reinforcement and reassurance
- **Show genuine interests**



Fig. 6 Extensive dental caries in a patient with mental health problems

DH Care

- Dental biofilm control
- Xerostomia:
  - Alcohol free, OTC fluoride rinse or brush-on gel
  - Saliva substitute containing fluoride
  - Salivary test
- Implementing DH care plan:
  - Tinted protective eyewear for patients with photosensitivity
  - Use LA
  - Fluoride treatment after instrumentation
  - Use care to prevent postural hypotension

Bipolar Disorder

- Major mood disorder in which episodes of varying degrees of mania (elation) and depression occur
- Depression and mania (or hypomania) usually occur in episodes.
- Treatment include medications (antidepressants, antipsychotics, Lithium etc), psychotherapy, electroconvulsive therapy



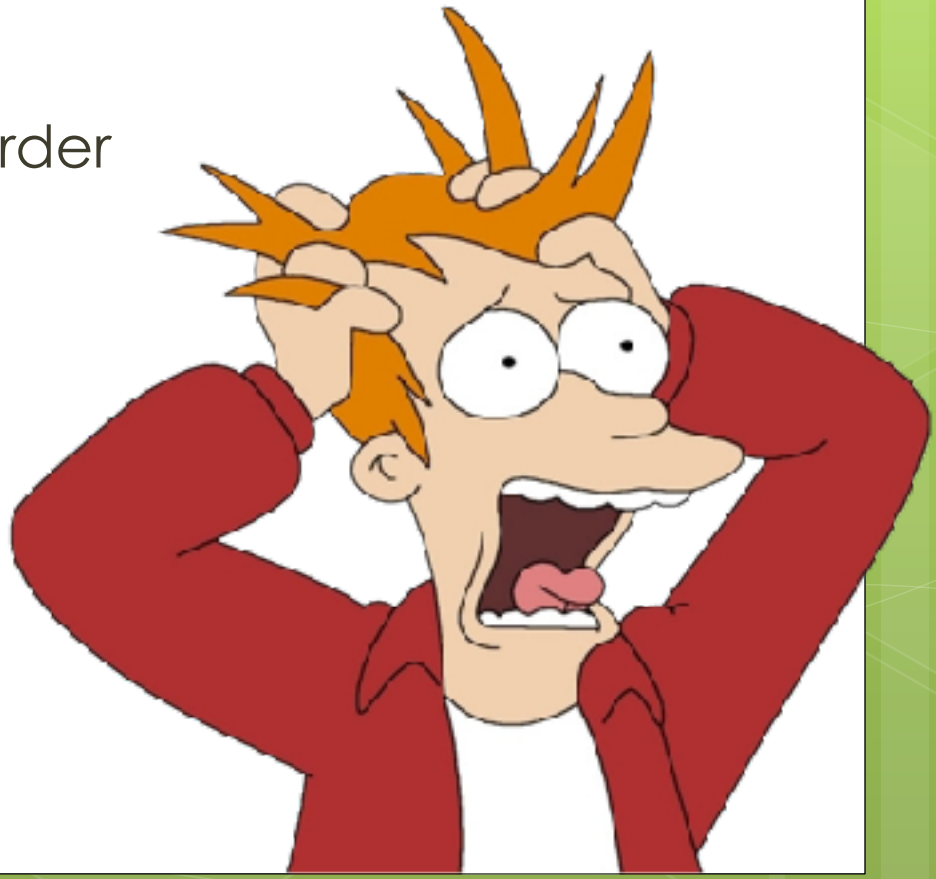
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Anxiety Disorders

- Anxiety is experienced as apprehension, tension or dread that results from the anticipation of danger, the source of which is unknown or unrecognised
- **Feeling of a threat** to the person's being, self-esteem or identity
- Anxiety is a negatively-valenced emotion in anticipation of a stimuli
- Can be physiological or Maladaptive

Anxiety Disorders

- Types:
  - Panic attack x
  - Panic disorder x
  - Phobias
  - Generalised anxiety disorder



Generalised Anxiety Disorder

- Persistent, pervasive anxiety and excessive worry, but not associated with life threatening fears or attacks



Treatment

- Lifestyle changes
  - Eliminate intake of caffeine, alcohol
  - Cessation of smoking or other drugs of abuse
  - Exercise
  - Sleep hygiene
- Psychotherapy
  - Cognitive-behavioural therapy; relaxation
  - Hypnotherapy etc
- Medications: anti-anxiety e.g. benzodiazepines and antidepressant
  - Limit numbers of medications

Anxiety Disorder – Oral Implications

- Hypersensitivity
- Xerostomia
- Compromised oral cleanliness
- Extreme oral cleanliness – abrasion from vigorous tooth brushing

DH Care



- What are some dental considerations for patients suffering from anxiety disorder?

COMPOUNDED ANXIETY AND MEDICAL EMERGENCIES

ANXIETY PLUS:

- Ischaemic heart disease - Myocardiac infarction
- Stroke
- Asthma
- Seizures (status epilepticus)
- Hypoglycaemia
- Vaso-vagal
- Adrenal crisis
- Involuntary movements - might result in aspiration
    - Tremors
    - Chorea
    - Gag Reflexes

DH Care

- Carefully review medical history and medications
- Support for pain, anxiety and cooperation
- Morning appointments
- Eliminate unnecessary waiting
- Be alert to INITIAL symptoms of panic attack
- Allow patient to sit up and enjoy short breaks

Eating Disorders

Table 2 The key features of anorexia nervosa and bulimia nervosa

Anorexia nervosa	Bulimia nervosa
1. Refusal to maintain body weight above or at a minimally normal weight, with body weight maintained at least 15% below that expected	1. A persistent preoccupation with food
2. Weight loss leading to less than 85% of expected weight	2. An irresistible craving for food
3. Intense fear of gaining weight or becoming fat, despite being underweight	3. Attempts to counteract the effects of overeating by compensatory behaviours, eg self-induced vomiting, laxative abuse, periods of starvation
4. Disturbance in body shape and weight, undue influence of shape on self-evaluation and denial of current low body weight	4. A morbid fear of being overweight with a clear weight goal that is rigidly adhered to

Source: reference 50

Eating Disorders

- Anorexia nervosa (0.3%)
- means someone lost their appetite for “nervous” or psychological reasons
- Defined as inability to maintain bodyweight through intentional restriction of food and drink –
  - 10% of treated cases are men
- Bulimia nervosa (1-3%)
- BN/AN mortality of 4-20% from suicide and medical complications



Fig. 2 Palatal tooth loss due to erosion

Eating Disorders

- Palatal erosion, sensitivity
- Parotid gland hypertrophy, sialadenitis
- Referral or ensuring pt has a responsible adult who cares
- Respect their integrity and sense of self-worth
- Prevention



PTSD

- Psychological distress following exposure to a traumatic or stressful event is quite variable
- Post traumatic stress disorder (PTSD) is the development of characteristic symptoms following exposure to one or more traumatic events
- Clinical presentation of PTSD varies: fear based, emotional, behavioural, dysphoric, dissociative
- Prevalence: 7.3% lifetime
- SSRIs have been used to treat associated depression and anxiety
- Dental Implications: Gingivitis and periodontitis – in patients that have associated comorbidities of depression, Excessive tooth wear, Higher risk of dental caries

Reference

- Dougall A, Fiske J. Access to special care dentistry, part 6. Special care dentistry services for young people. Br Dent J. 2008 Sep 13;205(5):235-49. doi: 10.1038/sj.bdj.2008.734.
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Post-lecture assignment

Self-paced, 30min, in LMS

