Oral Health in Patients with Mental Illness
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Citation

Abstract
Mental illness is a continuum ranging from minor distress to severe disorder of mind or behaviour. One of the primary targets of the health of the nation initiative is to improve the health and social functioning of mentally ill people. People with mental illness are often excluded for health promotion activities as they are perceived to be a nuisance. The common risk factor approach with the dental team linking in to preventive programmes for promoting health is likely to be effective. The goals of this article reviews the oral manifestations of mental illness, effect of medication of mental illness on oral health, medical problems, training programmes and health promotion for oral health.

INTRODUCTION
Oral health contributes to general health, self esteem and quality of life and although oral health may have a low priority in the context of mental illness, the impact of mental illness and its treatment on oral health must be addressed. There is a complex interrelationship between socio-economic factors, illness, its treatment and oral health. Cost and fear are the most commonly cited barriers to dental care. Illness, whether physical or mental may lead to deterioration in self care, and oral care may already have a low priority. It is important to ensure that individuals have sufficient information and support in order to live independent lives including oral self care and access to appropriate dental care services.

ORAL MANIFESTATIONS ASSOCIATED WITH MENTALLY ILL PATIENTS
Oral symptoms may be the first or only manifestation of mental health problem eg. facial pain, preoccupation with dentures, excessive palatal erosion or self injury. Oral manifestations of bulimia nervosa can develop within six months of onset, and enamel erosion is reported in suffers of both anorexia and bulimia. A patients attending a temperomandibular joint dysfunction clinic had evidence of a mental disorder. High rates of psychiatric disorders are reported in patient attending a specialist pain clinic. Burning mouth syndrome includes anxiety and depression as aetiological factors. Chronic drug use is generally associated with decreased self image, depression and lack of motivation, all of which impact oral health and adversely influence dietary habits and oral hygiene procedures. Caries is high due to high sugar, poor diet and use of methadone linctus in syrup form. There is an increased incidence of periodontal disease, due to neglect and high incidence of smoking. Trauma and dentofacial injury are common and often untreated.

ORAL MANIFESTATIONS OF MENTAL ILLNESS DRUGS
The most common side effects is a reduction in salivary secretions which may or may not be subjectively experienced as a dry mouth. This condition has a significant impact on oral health and increase the risk of dental caries, periodontal disease and oral infections such as candidiasis, glossitis, generalized stomatitis and in extreme cases may cause acute inflammation of the salivary gland. This may present as difficulty with speech, chewing, swallowing, poor denture tolerance, problems with retention and stability of dentures or dental trauma. Dyskinesia and dystonia are distressing side effect of long term anti-psychotic medication, characterized by abnormal jaw movements. Tongue protrusion and retraction and facial grimcing are frequent presentations. Dyskinesia poses difficulties in the construction of retentive dentures and interferes with client's ability to manage and control.

LIFESTYLE FACTORS, MEDICAL PROBLEM AND ORAL HEALTH
Lack of knowledge about the cause of oral disease, poor self care and embarrassment regarding neglected oral care, attitudes to and value of oral health, low perception of dental treatment needs, inability or unwillingness to accept treatment and mistrust of dental health professionals
CONCLUSION

People with mental health problems are entitled to the same standards of care as the rest of the population. Health professionals should therefore be aware of the impact of mental illness and its treatment on oral health. Training programmes for health professionals both pre and post qualification need to be urgently addressed. Joint service planning between health authorities, local authorities, social and voluntary services is a positive development and provides forum to raise the issues of oral health and access to oral health care.

References

11. Ayer WA, Cutwright DE. Dental treatment and heart conditions and the potential impact of mental illness and its treatment on oral health. With rapid advances in drug treatments, the dental profession needs to be updated on the pharmacological risks to oral health and the complexity of interactions of drugs used in dentistry.
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