

The dental challenges of eating disorders

Professor Andrew Eder explores the effects of bulimia on oral health, most specifically in terms of erosion as a result of self-induced vomiting, and how patients may be helped



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With *The Costs of Eating Disorders – Social, Health and Economic Impacts* report estimating that more than 725,000 people in the UK are affected by an eating disorder, there is a very good chance that more than a few of your patients may need help in this area. The eating disorder that tends to have the greatest effect on oral health is bulimia nervosa, which involves the sufferer caught in a cycle of eating large quantities of food and then vomiting (known as purging), in order to prevent weight gain. This can result in severe damage to the teeth in the form of erosion, so it is certainly something that we, as dental care professionals, should be keeping an eye out for. Indeed, the extended periods of intentional vomiting suffered by bulimics can have considerable impact on the dentition and result in substantial oral

health complications, including:

- The teeth can become rounded, smooth and shiny and lose their surface characteristics
- Incisal edges appear translucent
- Cupping forms in the dentine
- Cervical lesions are shallow and rounded
- Restorations tend to be unaffected by erosion and will therefore stand proud of the surrounding tooth tissue.

Advice is the first step

This can, of course, be a challenging issue to raise with a patient, as shame and denial are common features of an eating disorder. To try to overcome such barriers, it is essential we do our very best to make the patient feel comfortable and not intimidated. Assure

them you have time to talk things through and ask questions in a non-judgemental way aimed at encouraging the patient to identify the origin of their oral health problems. One way that can help in this endeavour is to share your examination findings with the patient and explain how their symptoms may be linked. Advice rather than treatment features heavily during the initial stage of helping a patient suffering with bulimia. Diet analysis and general guidance on how to reduce the effect of acidic food and drinks should be given, such as:

- Drinking water or low fat milk in preference to other liquids
 - Using a straw positioned toward the back of the mouth when drinking acidic beverages
 - Avoiding swishing acidic drinks around the mouth
 - Rinsing the mouth with water or fluoridated mouthwash after consuming acidic foodstuffs.
- In addition, oral health advice for a patient whose dentition is compromised by bulimia includes:
- Issuing a fluoride rinse or gel and prescribing a highly-fluoridated toothpaste and a soft toothbrush for daily use
 - Not brushing immediately after vomiting or consuming acidic foodstuffs, but rinsing with a fluoridated mouthwash and chewing sugar-free, xylitol-sweetened gum afterwards.

Extra protection can be provided via calcium and phosphate ions, such as those found in GC Tooth Mousse, helping to restore the mineral balance, neutralise acidic challenges and stimulate saliva flow.

Extra protection

It will come as no surprise that patients with bulimia can find it extremely hard to overcome the disorder, which may mean that, ultimately, preventive oral care may not be enough to save the dentition. In such a situation, action beyond preventive advice alone may need to be taken to protect the remaining tooth structure. This may include the direct application of composite resin if at least an enamel halo exists or glass ionomer to sensitive areas, an occlusal guard to protect the teeth during purging, and an alkali or fluoride gel placed within the fitting surface of the guard to neutralise any acid pooling. Such mouthguards should not be worn

In the workplace

According to the charity, Beat (b-eat.co.uk), eating disorders are serious mental illnesses affecting 725,000 men and women of all ages and backgrounds in the UK. Last year, the charity surveyed more than 650 people with experience of an eating disorder and found other failings by employers:

- 40% said their employers' impact on their recovery was 'unhelpful'
- Two thirds of people were unable to access support for their eating disorder at work
- 38% revealed they used annual leave to attend medical appointments for their eating disorder
- More than four out of five said they didn't think or didn't know whether their employers and colleagues were 'informed' about eating disorders.

Andrew Radford, chief executive of Beat said at the time: 'Employers can play an important role in supporting recovery. The stigma and misunderstanding experienced by so many in the workplace must be replaced with support and compassion championed by a formal mechanism of support. Our campaign has been driven not only by calls to our Helpline from concerned employers and worried colleagues but the knowledge that eating disorders represent a cost of £8 billion in terms of lost income to the economy every year.

'The responsibility for early identification and treatment of these serious mental illnesses should not lie with the health service alone. The whole of society must act if we are to improve the lives of everybody affected by an eating disorder.'

The NICE Guidelines on workplace health state that: 'Employers, senior leadership and managers, human resource teams, and all those with a remit for workplace health should: Make health and wellbeing a core priority for the top management of the organisation Value the strategic importance and benefits of a healthy workplace. Employers should encourage a consistent, positive approach to all employees' health and wellbeing Establish the business case for ensuring employees' health and wellbeing. Make clear the link between employees' health and wellbeing and improved productivity Ensure all managers in the organisation are committed to the health and wellbeing of their workforce and act as good role models

Incorporate health and wellbeing in all relevant corporate policies and communications Be aware that a return to work from sickness does not necessarily indicate that an employee's health and wellbeing has improved. When developing return-to-work policies, take into account that aggressive return to work procedures can encourage presenteeism to the detriment of the organisation

Recruit managers who have the positive leadership traits associated with improved employee health and wellbeing. These traits include being open and approachable and encouraging new ideas

Ensure health and wellbeing policies are included in any induction, training and development programmes for new staff

Have a proactive and visible commitment to health and safety and its role in improving the health and wellbeing of employees, that is, view health and safety as part of the culture of a caring and supportive employer – not only a statutory requirement.

For information about the signs and symptoms of eating disorders, go to www.b-eat.co.uk.

for prolonged periods without any such protective gels and when acids are present in the mouth to avoid these acids being held in direct contact with the teeth. Once any treatment has been completed, it is imperative that the patient attends for very regular check-ups so that the rate of wear can be monitored, further guidance provided, adjustments to lifestyle made, and motivation provided. As an

aside, if you believe from a patient or their dentition that they may be bulimic, it may be prudent (with the patient's permission) to make contact with their GP or other healthcare professional overseeing their care before beginning any course of treatment, as a team approach will normally help facilitate a course of action that will offer the best possible outcomes in the given circumstances.