

Bulimia and oral health



Prof. Andrew Eder tackles the challenging issue of discussing oral health symptoms that indicate a patient may be bulimic and explores the first stages of remedial dental treatment...

Figures suggest that 1.6 million people in the UK are affected by an eating disorder. That's according to beat (www.b-eat.co.uk), which helps sufferers in the UK beat their eating disorders and runs Eating Disorders Awareness Week (23 February - 1 March 2015) with the aim of raising awareness of the health implications of these disorders.

The extended periods of intentional vomiting suffered by bulimics, for example, can have considerable impact on the dentition and result in substantial oral health complications, including:

- Certain teeth can become rounded, smooth and shiny and lose their surface characteristics
- Incisal edges may 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.

First steps

A staged approach, starting with a non-judgmental and sympathetic discussion, is best. It is essential to share examination findings with the patient and explain how their signs and symptoms may be linked. Aim to make the patient feel comfortable and not intimidated, assure them you have time to talk things through and gently ask questions aimed at encouraging the patient to identify the origin of their oral health problems.

Denial and shame are strong features of eating disorders, which mean the patient may not readily admit to their behaviour. If this is the case, explain that these signs are often attributed to excessive acid in the mouth and the pattern of erosion is typically seen in people with an eating disorder. Remind the patient that you are there to help and that addressing the cause is crucial for treatment to be successful.

Cultivating a trusting relationship will facilitate an open dialogue during the patient's illness and provide extra motivation when it comes to trying to reduce habitual vomiting and following health-

related advice.

Advice rather than treatment features heavily during the initial stage of helping a patient suffering with bulimia. Alongside diet analysis, oral health guidance for a patient whose dentition is compromised by bulimia includes:

- Issuing a fluoride rinse or gel and prescribing a highly fluoridated toothpaste 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 salivary flow.

If you do discover that a condition beyond the usual scope of dental practice is contributing to tooth wear, it is prudent to liaise with the patient's GP/specialist before taking further action.

Protecting against further erosion

Compliance may be difficult to achieve and restorative treatment in the presence of ongoing tooth wear is considered unwise but, irrespective of this, the damage caused by erosion means it may be necessary to take action to protect and conserve the remaining tooth structure, for example:

- Direct application of a glass ionomer or composite to sensitive areas may be indicated
- An occlusal guard can protect the teeth during vomiting
- An alkali or fluoride gel placed within the fitting surface of the guard to neutralise any acid pooling may be helpful.

Upon completion of initial management or definitive comprehensive treatment, whether simple or complex, regular check-ups are necessary to discuss the patient's progress, monitor the rate of wear, provide further guidance, support adjustments to lifestyle, and provide motivation.

If you have any concerns about your patient's tooth wear, further information is available at www.toothwear.co.uk, email info@toothwear.co.uk or call 020 7486 7180.