A weighty worry

Professor Andrew Eder takes a look at the effect eating disorders can have on the oral health of young people

According to most recent Adult Dental Health Survey, the prevalence of tooth wear is increasing; more than 50% of children show signs of tooth wear. The rise in recent years of wear is of clinical relevance, as it is suggestive of rapid destruction. Given that people are living longer and would like to keep their natural dentition throughout their lives, these statistics suggest that the dental profession must face the challenge of tooth wear without delay.

Dental professionals are increasingly seeing young, otherwise healthy patients whose parents are unaware of what causes tooth wear but whose children are exhibiting signs of all three types: abrasion, attrition and erosion. Diagnosing tooth wear in the early stages, taking an holistic view and encouraging patients to modify their lifestyles are key to limiting further damage.

Body conscious

One particular concern is the damage caused by eating disorders. 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 (24 February-2 March 2014) with the aim of raising awareness of the health implications of these disorders.

Unfortunately, eating disorders are by-products of the body conscious society in which we live. Bulimia nervosa is more common than anorexia nervosa; however both often start in early adolescence and are sadly rising in prevalence.

Tell tale

How these tooth wear signs can point to bulimia nervosa:

- The teeth becoming rounded, smooth and shiny and losing their surface characteristics
- Incisal edges appearing translucent
- Cupping forming in the occlusal surfaces
- Shallow, rounded cervical lesions
- Restorations tend to be unaffected by erosion and so stand proud of the surrounding tooth tissue.

The good news

There are some simple steps the patient can take to help reduce and prevent further damage, including:

- Rinsing the mouth with water for 15-30 seconds after vomiting to dilute any remaining acids
- Waiting at least an hour after vomiting before brushing the teeth
- Using a toothpaste low in abrasivity and fluoridated to a minimum of 1,400ppm
- Using a fluoridated mouthwash every day at a different time to tooth brushing, as well as before or after vomiting to help limit the erosive potential
- Chewing sugar-free gum, especially that containing xylitol, after vomiting to help neutralise the acidic environment in the mouth.

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The extended periods of intentional vomiting instigated by those suffering from bulimia nervosa have considerable impact on a patient's dentition and can present several signs.

Tackle the problem

A staged approach, starting with a non-judgmental and sympathetic discussion, is best. It is essential to share examination findings with the patient – and, where appropriate, parent – and explain how their symptoms are linked. The aim is 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.

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 oral health advice.

The bottom line is that patients showing signs of an eating disorder need to be treated with sensitivity and understanding, and emphasising the potential for oral health improvement can provide a good incentive to make changes to eating habits.

Difficult as it is to broach such a subject, communication is the key to achieving success. The earlier you and your patient are able to form a partnership to tackle this distressing and destructive psychological illness, the better your chances of a good outcome.

What you can offer

Extra protection can be provided by prescribing a high-strength fluoride toothpaste for daily use, as well as 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.

In addition, study casts and photographs – about every two years – aid in monitoring wear and can enhance communication of your concerns with the patient.

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 glass ionomer or composite material to sensitive areas may be indicated
- A protective mouthguard(s) may be issued to protect the teeth during vomiting
- An alkali or fluoride gel placed within the fitting surface of the mouthguard(s) after vomiting will help to neutralise the remaining acidic environment. **DH&T**

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The London Tooth Wear Centre offers an evidence-based and comprehensive approach to managing abrasion, attrition and erosion, using the latest clinical techniques and an holistic approach in a professional and friendly environment.
To request advice, make a referral or for further information on the work of the London Tooth Wear Centre, visit www.toothwear.co.uk, email info@toothwear.co.uk or call 020 7486 7180.