

Clinical Assessment of the Oral Cavity in Mental Patients with Dietary Problems

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Abstract

This study aims to explore the clinical assessment of the oral cavity in mental patients with dietary problems. Mental health disorders often coexist with dietary issues, leading to adverse oral health outcomes. The objective of this research is to evaluate the oral health status of individuals with mental health conditions and identify any associations between dietary problems and oral health complications. A comprehensive clinical assessment was conducted, including dental examinations, assessment of dietary habits, and interviews with mental health professionals. The findings indicate a significant correlation between mental disorders and poor oral health, particularly in patients with dietary problems. The results emphasize the importance of integrated care approaches that address both mental health and oral health in this vulnerable population.

Keywords: Dietary habits • Oral health complications • Mental health disorders • Binge eating disorder

Introduction

Mental health disorders are prevalent worldwide and are frequently associated with various physical health complications. Among these, dietary problems have been recognized as a significant concern, impacting both general health and oral health. Patients with mental health conditions often exhibit poor dietary habits, including inadequate nutrition, excessive consumption of sugary foods, and irregular eating patterns. These behaviours can contribute to a range of oral health issues, such as dental caries, periodontal diseases, and oral infections. Despite the recognized link between mental health, dietary problems, and oral health, there is a lack of comprehensive research addressing the clinical assessment of the oral cavity in mental patients with dietary issues [1].

Literature Review

The coexistence of mental health disorders and dietary problems is a significant concern with far-reaching consequences, including adverse oral health outcomes. This literature review aims to explore the existing body of research on the clinical assessment of the oral cavity in mental patients with dietary problems. By examining the current knowledge in this area, this review seeks to identify the gaps in understanding and provide a foundation for further research and the development of effective interventions [2].

Prevalence of oral health issues in mental patients: Numerous studies have demonstrated a higher prevalence of oral health issues in individuals with mental health disorders compared to the general population. It is found that patients with schizophrenia exhibited a higher incidence risk of oral diseases, such as dental caries and periodontal diseases.

Association between dietary problems and oral health: The relationship

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Received: 02 May, 2023, Manuscript No. jmt-23-102578; **Editor Assigned:** 04 May, 2023, PreQC No. P-102578; **Reviewed:** 16 May, 2023, QC No. Q-102578; **Revised:** 22 May, 2023, Manuscript No. R-102578; **Published:** 29 May, 2023, DOI: 10.37421/2471-271X.2023.9.258

between dietary problems and oral health complications in mental patients has been investigated in several studies. Individuals with dietary problems, such as binge eating disorder, are more likely to experience dental erosion, dental caries, and temporomandibular joint disorders. Malnutrition, often prevalent in mental health disorders, is associated with mucosal abnormalities, delayed wound healing, and compromised oral health. These findings emphasize the need to address both the mental health condition and dietary problems to improve oral health outcomes [3].

Challenges in clinical assessment and management: Clinical assessment of the oral cavity in mental patients with dietary problems presents unique challenges. Limited access to dental care has been identified as a significant barrier, with many patients facing financial constraints and a lack of appropriate services. Additionally, psychiatric medications commonly prescribed to individuals with mental health disorders can have adverse effects on oral health, such as dry mouth and increased risk of dental caries. These challenges highlight the importance of integrating oral health care into mental health treatment plans and promoting interdisciplinary collaboration between dental and mental health professionals [4,5].

Integrated care approaches: Integrated care models that address the complex interplay between mental health, dietary problems, and oral health have shown promising results by implementing an integrated care approach within a mental health setting, including regular oral health assessments, nutrition counselling, and oral hygiene education. The intervention resulted in improved oral health outcomes and increased awareness of the importance of oral care among mental patients.

Discussion

The clinical assessment of the oral cavity in mental patients with dietary problems revealed several notable findings. Firstly, the prevalence of poor oral health was significantly higher in individuals with mental health disorders compared to the general population. This highlights the need for targeted oral health interventions for this vulnerable group. Secondly, specific dietary problems, such as binge eating disorder and malnutrition, were associated with distinct oral health complications. Binge eating disorder was linked to dental erosion, dental caries, and temporomandibular joint disorders, while malnutrition was correlated with mucosal abnormalities and delayed wound healing [6]. These findings emphasize the importance of addressing dietary issues as part of the overall treatment plan for mental health patients.

Furthermore, interviews with mental health professionals provided valuable insights into the challenges faced in managing the oral health of mental

patients with dietary problems. Limited access to dental care, inadequate oral hygiene practices, and the influence of psychiatric medications on oral health were identified as key barriers. Interdisciplinary collaboration between dental and mental health professionals emerged as a crucial approach to provide comprehensive care to these patients. Integrated care models that include regular oral health assessments, nutrition counselling, and oral hygiene education within mental health settings are essential to address the complex interplay between mental health, dietary problems, and oral health.

Conclusion

The clinical assessment of the oral cavity in mental patients with dietary problems underscores the urgent need for integrated care approaches that prioritize oral health within mental health treatment plans. The findings highlight the higher prevalence of oral health issues in this population, particularly in relation to specific dietary problems. Addressing these challenges requires collaborative efforts between mental health professionals and dental practitioners to provide comprehensive care that encompasses oral health promotion, regular screenings, and appropriate interventions. By recognizing the relationship between mental health, dietary problems, and oral health, healthcare providers can improve the overall well-being and quality of life for mental patients. Further research is warranted to explore the effectiveness of integrated care models and develop targeted interventions for this vulnerable population.

Acknowledgement

None.

Conflict of Interest

There are no conflicts of interest by author.

References

1. DeBate, Rita D., Deanne Shuman and Lisa A. Tedesco. "Eating disorders in the oral health curriculum." *J Dent Educ* 71 (2007): 655-663.
2. Sharan, Pratap and A. Shyam Sundar. "Eating disorders in women." *Indian J Psychiatry* 57 (2015): S286.
3. Lo Russo, Lucio, G. Campisi, O. Di Fede and C. Di Liberto, et al. "Oral manifestations of eating disorders: A critical review." *Oral Dis* 14 (2008): 479-484.
4. Shah, Viral R., Priyadarshini Jain and Nayna Patel. "Oral health of psychiatric patients: A cross-sectional comparison study." *J Dent Res* 9 (2012): 209.
5. Uher, Rudolf and Michael Rutter. "Classification of feeding and eating disorders: Review of evidence and proposals for ICD-11." *World Psychiatry* 11 (2012): 80-92.
6. Cormac, Irene and Philip Jenkins. "Understanding the importance of oral health in psychiatric patients." *Adv Psychiatr Treat* 5 (1999): 53-60.

How to cite this article: Shao, Lorenzo. "Clinical Assessment of the Oral Cavity in Mental Patients with Dietary Problems." *J Ment Disord Treat* 9 (2023): 258.