



Eating Disorders: Medical, Dental, and Oral Health Considerations

Systemic and Physical Manifestations of Eating Disorders ¹	Psychosocial Manifestations of Eating Disorders ¹	Oro-Facial Manifestations*
<ul style="list-style-type: none"> • Abdominal pain • Bradycardia • Carotenisos • Constipation • Decreased metabolic rate • Dehydration • Dry, scaly skin • Dysphagia • Dysrhythmias • Esophagitis • Gastroesophageal reflux disease • Hypotension • Malnutrition • Osteopenia/osteoporosis • Russell's sign (callus on knuckles from self-induced vomiting) • Sore throat 	<ul style="list-style-type: none"> • Anxiety • Depression • Obsessive compulsive disorder • Personality disorders • Physical abuse • Sexual abuse • Social phobias • Substance abuse 	<ul style="list-style-type: none"> • Perimylolysis- leads to increased tooth sensitivity • Traumatized oral mucosal membranes-soft palate and pharynx most common areas • Xerostomia • Complaints of a dry mouth • Caries- more common in anorexics than bulimics • Poor oral hygiene • Periodontal disease • Soft tissue lesions- secondary to nutritional deficiencies and dehydration <ul style="list-style-type: none"> • Angular cheilitis • Candidosis • Glossitis • Oral mucosal ulceration, dryness and cracking • Chapped or cracked lips • Sialidniosis- parotid gland most common • Facial lanugo-growth of fine body hair • Loss of head hair

*Oral manifestations differ depending on the specific behaviors associated with various disorders



SCOFF Questionnaire^{2*}

1. Do you make yourself **S**ick because you feel uncomfortably full?
2. Do you worry you have lost **C**ontrol over how much you eat?
3. Have you recently lost **O**ver 14 pounds in a 3-month period?
4. Do you believe yourself to be **F**at when others say you are too thin?
5. Would you say that **F**ood dominates your life?

*One point for every "yes"; a score of 2 or more indicates a likely case of anorexia nervosa or bulimia nervosa.

Dental Management of the Eating Disordered Patient

- Regular professional dental care, including frequent preventive visits to monitor progress
- Instruction in proper oral hygiene
- In-office topical fluoride application to prevent further erosion and reduce dentin hypersensitivity
- Daily home application of 1% sodium fluoride gel, either applied in custom trays or with a toothbrush, to promote remineralization of enamel, or daily application of 5,000 ppm prescription fluoride dental paste
- Dry mouth remedies
- Sensitivity treatment- may require restoring teeth with severe enamel loss
- A rinsing with water (with baking soda added, if available) immediately after vomiting and followed, if possible, by a 0.05% sodium fluoride rinse to neutralize acids and protect tooth surfaces
- Patients should be discouraged from tooth brushing immediately after vomiting (wait at least 30 minutes) as the abrasive action may accelerate enamel erosion
- Regarding definitive dental treatment, most clinical authorities urge delaying complex restorative or prosthodontic treatments until the patient is adequately stabilized psychologically.³ The exceptions may include palliation of pain and temporary but non-traumatic cosmetic procedures. The rationale for this recommendation³ is that an acceptable prognosis for more complex dental treatment depends on cessation of the binge-purge habit

National Eating Disorder Association Resources

Helpline: 1-800-931-2237

For support, resources, and treatment options

Website: www.nationaleatingdisorders.org

Use click-to-chat to speak with a live, trained Helpline volunteer if you prefer instant messaging to speaking on the phone

Crisis Text Line: Text "NEDA" to 741741

Connect to a trained volunteer

References

1. Hague AL. Eating disorders: screening in the dental office. *J Am Dent Assoc.* 2010; 141(6):675-678.
2. Anderson AE, Ryan GL. Eating Disorders in the Obstetric and Gynecologic Patient Population. *Obstetrics and Gynecology.* 2009; 114(6):1353-1367.
3. American Dental Association Council on Access, Prevention and Interprofessional Relations. Women's oral health issues. Chicago: American Dental Association; 2006. 11-14.