

Original Research

To study the role of dentists in determining a mental health illness from patient's oral health status- An original research

¹Sethulakshmi.C, ²Kiran S Shankar

¹BDS Student, PMS College of Dental Science & Research, Vattapara, Trivandrum, Kerala, India;

²Senior Lecturer, Department of Public Health Dentistry, PMS College of Dental Science & Research, Vattapara, Trivandrum, Kerala, India

ABSTRACT:

Aim: Purpose of the present research was to study the role of dentists in determining a mental health illness from patient's oral health status. **Methodology:** Telephone interviews were conducted with, and postal questionnaires were sent to, a random sample (n = 94) of general dental practitioners. A total of 84 general dental practitioners responded, resulting in an 89% response rate. **Results:** The majority of general dental practitioners had encountered patients with mental health problems (78% of interviewees, 56% of questionnaire responders). However, nearly half of the interviewees (46%) do not refer patients with mental health problems. When referrals to dental specialists were made, they tended to be regarding a physical manifestation rather than a psychological one. The majority of interviewees and questionnaire responders (55% and 82% respectively) expressed a 'positive' response to the development of a referral role. Nevertheless, there were some reservations concerning the practicalities of its development and implementation. **Conclusion:** The majority of general dental practitioners consider a role in identifying patients with possible mental health problems. This role might include, being able to identify patients with undiagnosed mental health problems, and being aware of dental conditions which may be caused by mental health problems.

Keywords: anxiety, communication, depression, dental practitioners, psychiatric disorders.

Received: 14 October, 2022

Accepted: 18 November, 2022

Corresponding author: Kiran S Shankar, Senior Lecturer, Department of Public Health Dentistry, PMS College of Dental Science & Research, Vattapara, Trivandrum, Kerala, India

This article may be cited as: C Sethulakshmi, Shankar KS. To study the role of dentists in determining a mental health illness from patient's oral health status- An original research. J Adv Med Dent Scie Res 2022;10(12):100-103.

INTRODUCTION

Oral health not only reflects the general health of an individual but also his or her overall mental status. Painful emotions, experiences, or behaviors can impair a person's life, such that he or she can no longer function properly. The prevalence of psychological illness among patients presenting for dental care has been increasing in recent decades.¹ This may be due to self-neglect, which is often associated with mental illness, fear of dental treatment, lack of accessibility to dental treatment or side effects of psychiatric drugs.² Dentists can, in turn, experience difficulties when trying to give a convincing explanation about the patient's symptoms, and they can face challenges in diagnosis and management. In a study of 10,000 adults in the United Kingdom, Meltzer et al. reported a 16% prevalence of psychiatric morbidity.³ The psychiatric disorders most commonly encountered in dental practice are mood

disorders, anxiety disorders, somatoform disorders, substance dependence disorders (e.g. alcohol, nicotine, or other drug dependencies) and eating disorders (e.g. anorexia nervosa and bulimia nervosa).⁴ Dentists should be comfortable with identifying psychiatric illness because of its association with oral health⁵, such as the fact that psychological disorders such as anxiety and depression can lead to phobias and orofacial pain during dental treatment. Oral manifestations of psychiatric illness also include burning mouth syndrome, erosions, dental caries, xerostomia, parotid gland enlargement and trauma to the oral mucosa. Although dentists may recognise mental health problems in their patients, they are often inadequately trained to perform a thorough assessment.⁶ Drugs used in the treatment of psychiatric disorders can also result in oral symptoms, such as dryness, periodontitis and dental erosions.⁷ Dentists should be aware that

psychopathology can also interfere with dental treatment, often reducing compliance with preventive self-care and oral hygiene, which can further aggravate existing dental problems.⁸ Therefore, simultaneous dental and psychiatric management can improve the holistic well-being of patients with mental health problems. Patients with somatoform disorders usually complain of physical symptoms and request further investigation despite repeated negative findings. Dentists can then face particular difficulty when managing these patients⁹, which can lead to less time being spent with them in the future. Social stigma is also becoming prevalent, so people may fear disclosing a psychiatric illness with their dentist.¹⁰ Even after identifying stress and depression as contributory factors, patients can still be reluctant to be referred to a psychiatrist. At this point the dentist should educate patients about the role of psychological factors in oral disease and convince them to seek the opinion of the psychiatrist, but many dental practitioners have a poor understanding of the role of psychiatric factors in oral disease. Difficulties can also arise if there is no interdisciplinary approach between dentist and psychiatrist.

AIM OF THE PRESENT STUDY

Purpose of the present research was to study the role of dentists in determining a mental health illness from patient’s oral health status. Also addressing various objectives like creating awareness about mental health and its relation to oral health status where a dentist and a psychiatrist or a psychologist work hand in hand in preventing, diagnosing and treating the disorders like depression etc. early on with the major objective of eliminating stigma of these diseases in the society.

Table 1- Questionnaire topics in the present research

S. No.	Topics
1	Dentists who have encountered patients with psychiatric problem
2	Practitioners focus only on dental problems and ignore the psychiatric related symptoms
3	Time spend in diagnosing dental complains in psychiatric patients
4	Is an alternate treatment or placebo been delivered to a psychiatric patient
5	Referring the patient to psychiatrist is considered as social stigma
6	Is further training required for dental practitioner’s to handle psychiatric cases
7	Treat physical abnormalities and ignore psychiatric problems
8	Provide basic treatment followed by psychiatric referral
9	Allocate extra time to listen to the patient
10	Direct referral to a psychiatrist

Table 2- The numbers of patients reported to attend dental clinics with psychiatric problems

Sl no.	Presentation	Group I	Group II	Group III
1	Dental anxiety/fear	(50%), not responded (50%)	88%	60%
2	Anxiety depression due to life events	Nil	Nil	40%
3	Behaviour suggesting psychiatric disorders	Nil	Nil	Nil
4	Diagnosed psychiatric disorders	Nil	13%	Nil
5	Severe mental illness	Nil	Nil	Nil

The most common psychological problems encountered in dental practice were dental anxiety and phobia, which were reported by 66% of dental

METHODOLOGY

In this cross-sectional descriptive study, dental practitioners were randomly selected and then divided into 3 groups – Group I (<5 years of experience), Group II (6–10 years of experience), Group III (>10 years of experience) and then a semi-structured, multiple-choice, English-language questionnaire was printed and posted or emailed to all study participants. A total of 84 out of 94 general dental practitioners responded, resulting in an 89% response rate by either telephonic answers or postal answers. After receiving their responses, the participants were categorized into three groups based on their clinical experience. Group I, for practitioners with <5 years of experience; Group II, for practitioners with 6–10 years of experience and Group III, for practitioners with >10 years of experience. Questionnaire responses were analysed statistically using SPSS Version 25.0 (IBM Corp., Armonk, NY, USA), and chi-square tests were used to compare proportions between the three groups.

RESULTS

In this survey, all practitioners agreed that psychiatric problems should be identified in dental patients. Dentists in all three groups had encountered patients with psychiatric problems, with most agreeing that they focused more on dental problems and ignored psychological factors or related symptoms. Whereas most practitioners identified psychiatric problems in Group II (62.5%) and Group III (60%), practitioners in Group I identified few patients (25%). However, all practitioners agreed that dental conditions or diseases can be associated with or cause psychiatric problems ($p < 0.001$). (Table 1)

practitioners. About 17% of practitioners did not respond to the question, another 13% stated that behavioral changes among their patients could

indicate a psychiatric disorder and only 4% reported having treated patients with diagnosed psychiatric problems ($p < 0.001$). About the role dental practitioners had in the management of psychiatric patients. Overall, 14% responded that they would provide treatment for dental related problems and ignore the psychiatric illness. About 24% of practitioners agreed that they should allocate extra time to interact with psychologically ill patients, and 11% agreed that basic dental treatment should be provided before focussing on psychiatric treatment. However, 51% of the dentists preferred direct referral to a psychiatrist without offering any dental treatment. Practitioners in Group I preferred allocating their time to assessing the patient and referring them to a psychiatrist without any dental treatment (50%). Some practitioners in Group II would treat dental abnormalities before referral (13%), but most simply opted for direct referral (63%). In Group III, some would ignore psychiatric problems altogether and treat only the dental abnormalities (30%), some would treat and refer to a psychiatrist (20%), and some would refer directly to a psychiatrist (40%; $p < 0.001$). All participants in Group I, 88% in Group II and 20% in Group III responded that sufficient time should be allocated to treat dental problems ($p < 0.001$). No dentist in Group I, 50% in Group II and 20% in Group III preferred treating patients with an alternative treatment or placebo ($p < 0.001$). Most participants (all dentists in Group I, 38% in Group II and 30% in Group III) believed that psychiatric referral was socially stigmatizing ($p < 0.001$). Most dentists also stated that they would prefer to undergo further training before managing psychiatric patients themselves ($p < 0.001$), and most felt that additional follow-up of psychiatric patients was helpful. (Table 2)

DISCUSSION

Dentists in general practice do encounter patients with psychological problems. These may include those with anxiety, prolonged bereavement reactions or patients whose degree of self-reproachfulness suggests a severe clinical depression. Dentists may also be the first to encounter an adolescent or young adult who is preoccupied and obsessed by the appearance of his teeth (dysmorphophobia). The delusional quality of the belief that the teeth are deformed in some way may suggest that the dysmorphophobia is a prodromal symptom of schizophrenia. The need for dental practitioners to identify these patients and to refer them for appropriate care is essential. The authors propose the need for additional communication skills' training and the introduction of specific referral guidelines. They recommend that referral networks between those in general dental practice and those in general medical practice are developed, strengthened and maintained. These are important recommendations if dentists in general dental practice are to play a role in identifying

and caring of patients with mental health problems.¹¹ The results suggest that dentists did encounter patients with mental health problems ranging from dental anxiety to depression to psychosomatic disorders. The dentists seemed to have little difficulty in identifying patients with mental health difficulties but remained hesitant in broaching the subject with their patients. In general, the dentists felt ill-prepared and inadequately trained.¹² Consequently, dentists recommended that patients attended their general medical practitioner or referred patients with psychosomatic problems (eg burning mouth syndrome, phantom toothache) to dental specialists while others attempted to help patients by using physical treatments for psychological problems. In this study, practitioners with more clinical experience could better identify patients with psychiatric problems ($p \leq 0.001$), probably reflecting the fact that patient-physician communication improves with clinical experience.¹³ Patients who understand their doctors are more likely to acknowledge their health problems, understand their treatment options, modify their behavior accordingly and follow their medication schedules. The present survey also revealed that most dental practitioners only focused on dental problems and ignored the psychiatric complaints of patients.¹⁴ Most participants in this study believed that referral to a psychiatrist was associated with social stigma and stated that patients were reluctant to be referred when informed about their psychological problem. Most of the participating dentists felt that they lacked the competence to manage psychologically ill patients, so wanted further training to improve their skills.

CONCLUSION

It is equally important that proper knowledge and training be imparted to undergraduate dentistry students by adding psychiatry to the curriculum. This, in turn, would help upcoming dentists have better assessment skills for the management of patients who are psychologically ill. In tandem with this, steps should be taken to increase awareness among dentists about psychiatric disorders and their relationship to oral diseases. Interdisciplinary management between a dentist and psychiatrist can improve the overall well-being of a patient.

REFERENCES

1. Cross-national comparisons of the prevalence have and correlate of mental disorders. WHO International Consortium in Psychiatric Epidemiology. Bulletin of the World Health Organization. 2000;78(4):413-426.
2. Cormac I, Jenkins P. Understanding the importance of oral health in psychiatric patient. Advances in Psychiatric Treatment. 1999;5:53-60.
3. Office for National Statistics. (2003). Psychiatric Morbidity among Adults Living in Private Households, 2000 UK Data Service. SN: 4653, <http://doi.org/10.5255/UKDA-SN-4653-1>
4. Brown.S, Greenwood M, &. Meechan J. G. General medicine and surgery for dental practitioners. Part 5 – psychiatry British Dental Journal (2010); 209: 11 - 16

5. Settineri, S., Mallamace, D., Muscatello, M., Zoccali, R. and Mento, C. Dental anxiety, psychiatry and dental treatment: How are they linked? *Open Journal of Psychiatry*,(2013); 3: 168-172. Doi: 10.4236/ojpsych.2013.31A012.
6. Lloyd-Williams F, Dowrick C, Hillon C, et al. A preliminary communication on whether general dental practitioners have a role in identifying dental patients with mental health problems. *Ireland Mental health.British Dental Journal* 2001;191:625 - 629.
7. Bergdahl M, Bergdahl J, Johansson I. Depressive symptoms in individuals with idiopathic subjective dry mouth. *J Oral Path Med* 1997; 26: 448–50
8. Anttila S S, Knuuttila M L, Sakki. Depressive symptoms as an underlying factor of the sensation of dry mouth. *Psychosomatic Med.* 1998; 60: 215–218
9. Matthew Smith. *Essential Human disease for Dentists* 2006, Psychiatric Disorders, Chapter 14, Pages: 217–233.
10. Gupta D, Sheikh S, Rashmi N C, et al. Assessment of the awareness of dental professionals regarding identification and management of dental patients with psychological problems in routine dental operator: A Survey. *Oral Health Dent Manag.*2014;13(2):435-40.
11. John M Travaline, M D Robert Ruchinskas, Gilbert E D'Alonzo. Patient physician communication. Why and How? *Journal of the American osteopathic association*, January 2005;105: 13 -18.
12. Friedlander A H, West L et al. Dental management of the patient with major depression. *J.OralSurg Oral Med Oral Path*, 1991;71(5): 573–578.
13. David Feifel. The Use of Placebo-Controlled Clinical Trials for the Approval of Psychiatric Drugs Part II—Ethical Considerations Related to the Individual Participant. *Psychiatry*, 2009;6(12): 19–25.
14. Fiske J, Lloyd H. Dental needs of residents and carers in elderly peoples' home and carers attitudes to oral health. *European Journal of Prosthodontics and Restorative dentistry*; 2: 91-95