

Eating Disorders and Looking After Your Teeth

The information in this article is by no means intended as a substitute for medical advice from a qualified health practitioner. It does not recommend any one treatment, therapy or medication. Please seek medical advice as different medications suit different individuals.

In the long term, frequent vomiting can cause dental problems for people with eating disorders. These dental problems can be permanent, so seeking professional advice is important. If you have concerns about your dental health or someone else's, it is best to recommend they have these checked by their regular dentist. The EDFV can provide referrals to dentists if necessary.

The following questions were answered by Dr Nathan Cochrane, Dental Health Education Committee, the Australian Dental Association, Victorian Branch.

Q: What are the typical common sign and symptoms of dental problems associated with eating disorders (e/d)?

Dental erosion is a common sign in people with eating disorders. Erosion is the loss of tooth mineral due to the chemical attack of acids. It is commonly seen on the back surfaces of the upper front teeth in patients with bulimia nervosa. This can result in the tooth being sensitive to hot and cold and in some cases may result in more severe pain.

If people have a poor intake of water they may make poor quality saliva which fails to protect the teeth adequately compared to well hydrated saliva.

Poor intake of vitamins may lead to infections at the corners of the mouth known as angular cheilitis or inflammation of the tongue called glossitis.

Q: What can the dental problems be in the long term?

The teeth are primarily made up of two hard materials – the dental enamel and dentine. The dental enamel is the hard, translucent and highly mineralised outer layer of the tooth.

Dentine is a less well mineralised tissue that forms the bulk of the tooth. This inner material protects the blood vessels and nerves inside the tooth. Dentine is not as strong as enamel and when exposed to the oral environment is dissolved more easily by acid and is more prone to tooth wear.

In people with long term eating disorders the enamel on certain teeth surfaces can be completely dissolved and may expose the dentine which can then dissolve and wear more quickly. This may result in the nerve inside the tooth being exposed which might require it needing a root canal filling or to be extracted. The loss of tooth height may also require complicated dental treatment to restore the appearance and function of teeth.

Q: Should someone suffering from dental problems raise their e/d problem with a dentist?

Yes, people suffering from eating disorders should discuss this with their dentists so that an oral care plan can be developed to limit the damage to the teeth. Dentists, like doctors, will deal with these issues in a non judgemental and confidential manner.

Q: Are there any dentists that deal specifically with dental problems associated with an e/d, or can any dentist help?

Any general dentist is able to help, although in some cases people may be referred to a specialist. The two specialists that commonly deal with these problems are Special Needs dentists who specialise in treating people with special dental requirements and Paediatric dental specialists who mainly deal with children and adolescents.

Q: Is there a specific type of toothpaste or mouth wash you can recommend?

A person with an eating disorder should:

- Use fluoridated toothpaste and/or fluoridated mouth rinse. A normal fluoride containing toothpaste should be used. In some cases a dentist may prescribe toothpaste with higher fluoride to increase the protection of the teeth. A fluoride mouth rinse may also be recommended for some individuals.
- Use of a calcium and phosphate containing product. Tooth Mousse™ is a crème made from milk that contains calcium and phosphate and can help repair acid damage to the teeth and help neutralise acids. People with milk protein allergies should not use it. Tooth Mousse™ can be purchased from your dentist.

Q: Are there one or two helpful hints you can provide for readers with dental problems?

During the process of vomiting acid from the stomach flows over the teeth. This acid can dissolve the mineral that makes up our teeth. Some of the outer mineral will dissolve completely but a layer of softened mineral will also remain. This softened mineral can be rehardened by saliva and Tooth Mousse™.

One helpful hint is to not brush your teeth after vomiting as the softened enamel or dentine is weak immediately after vomiting and your toothbrush can wear it away and cause further damage. Instead, immediately after vomiting it is better to try and neutralise the acids. This can be done in one of two ways.

A teaspoon of sodium bicarbonate (a regular household cooking ingredient – Bicarb soda) can be dissolved in water and used to rinse the mouth. This will neutralise any remaining acids and prevent them from damaging the teeth any further.

Rubbing Tooth Mousse™ around the teeth after vomiting is also beneficial. This will help neutralise the acids and provide calcium and phosphate to reharden the enamel. Tooth brushing should not occur any earlier than 30 minutes after vomiting. A soft bristled brush with fluoridated toothpaste should be used.

Chewing sugar free chewing gum can also be useful in promoting saliva flow which provides natural calcium and phosphate to repair acid damage to the teeth.

Need More Information About Dental Care and Dental Services?

For further information about Dental care and services available to you visit your local dentist or alternatively make contact with:

**The Australian Dental Association
– Victorian Branch Inc.**

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