The Brain-Mouth Connection: Mental Health & Oral Health

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Reducing Oral Health Disparities Across The Lifespan

OHNEP LEADS THE WAY

OHNEP is at the vanguard of helping nurse practitioners, nurse-midwives, nurses, and other health professionals incorporate oral health into patient care.

Why? Oral health and general health are interconnected. Research evidence links poor oral health like periodontal disease with diabetes, cancer, heart and lung diseases, and progression of dementia and Alzheimer’s, among others. Yet, few health professionals integrate oral health into their clinical practice.

OHNEP is changing that.

As a national voice promoting interprofessional oral health integration, OHNEP advocates, educates, creates and promotes resources that educators and clinicians can use to improve the quality of oral health care in their patients. The OHNEP website serves as a knowledge center and portal for best practices.
Prevention and Management of Mental & Oral Health Issues
Calls for an Interprofessional Team

- 4.2 million RNs
- 325,000 NPs
- 13,000 MWs
- 1 million MD/DO
- 139,000 PAs
- 200,000 DDS/DMD
- 195,000 dental hygienists
- 150 dental therapists

ASK about oral health risk factors and symptoms of oral disease

LOOK for signs that indicate oral health risk or active oral disease

DECIDE on the most appropriate response

ACT offer preventive interventions and/or referral for treatment

DOCUMENT as structured data for decision support and population management

Available at: www.QualisHealth.org/white-paper
HEENT to HEENOT – Putting the Mouth Back in the Head

Oral Health & Mental Health: The Oral-Systemic Connection
Mental Health

- Isolation and financial hardships of COVID-19 pandemic deeply affected mental health status worldwide
  - Poor mental health → insecurity related to poor oral health → reluctance to visit the dentist
  - Global prevalence of anxiety and depression increased 25%
  - Increased substance abuse and suicidal ideation
  - Increased incidence of domestic violence
  - Decreased access to mental health and dental care

Additional mental health conditions:
- Stress
- Mood
- Sleep
- Anxiety
- OCD
- Psychotic
- Eating
- Substances
- Depression

[Image of icons representing mental health conditions]
2020 was a year of challenges, marked by loss and the uncertainty of the COVID-19 pandemic. We must recognize the significant impact of the pandemic on our mental health—and the importance of increasing access to timely and effective care for those who need it.

Among U.S. ADULTS who received mental health services:
- 17.7 MILLION experienced delays or cancellations in appointments
- 7.3 MILLION experienced delays in getting prescriptions
- 4.9 MILLION were unable to access needed care

Many struggled to get necessary mental health care, with telehealth proving an essential option.

Among people aged 12 and older who drink alcohol, 15% report increased drinking.
Among people aged 12 and older who use drugs, 10% report increased use.

Many increasingly used alcohol or drugs to cope with stress or self-medicate.

Data from CDC, NIMH, and other select sources. Visit the National Alliance on Mental Illness for more information.

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Real Health Nursing Education and Practice

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Poor Mental Health → Poor Oral Health

• Increased risk of oral health neglect due to...
  • Dental anxiety
  • Substance use
  • Depression
  • Trauma
  • Inadequate self-care

• Side effects of antipsychotic, antidepressant, and mood stabilizer drugs include a higher risk for oral bacterial infections, gum disease & xerostomia

• Mental illness includes a range of dysfunctional symptoms and behaviors that can significantly impact oral health → serious systemic consequences (inflammation and infection spread to other areas of the body)
Poor Mental Health → Poor Oral Health

- Stress affects the immune system, sleep, personal hygiene patterns & contribute to bruxism and orofacial pain
- Bipolar disorder often causes over-brushing that may damage gums and cause dental abrasion, mucosal lacerations, or gingival lacerations
- Bipolar patients treated with lithium and other mood stabilizers have a higher rate of xerostomia, gingival hyperplasia & stomatitis
- Difficulty sleeping can contribute to a weakened immune system, leading to increased risk of periodontitis
- Lack of sleep can cause poor nutritional choices including increased coffee intake and snacking
- Anxiety and trauma → dental anxiety and dental phobias cause avoidance of the dentist
Poor Mental Health → Poor Oral Health

- People with obsessive-compulsive disorders may brush & floss too vigorously or too often
- Depression is associated with higher abuse of alcohol, caffeine, and tobacco, which may cause tooth erosion and decay
- Depression can cause self-neglect, which often results in poor oral hygiene and consequential tooth decay
- Substances (i.e. cocaine, amphetamines, opioids) can cause xerostomia, leading to severe tooth decay
- “Meth mouth” among methamphetamine users
- Acids from vomiting make patients with bulimia more susceptible to tooth decay
- Patients with anorexia may exhibit decrease in calcium
- Schizophrenia spectrum and other psychotic disorders increase risk for metabolic syndrome & demonstrate poor motivation related to personal care
How an Interprofessional Health Team Can Make a Difference

• **Think** about mental health as complex and multifaceted → requires coordinated team-based approach to providing care

• **Consider** the barriers r/t social determinants of health in accessing mental health and dental care needs

• **Screen** patients for dental, oral hygiene & mental health issues

• **Educate** patients on the importance of good home oral health and hygiene practices

• **Manage** oral bacteria levels and inflammation by providing coaching about good oral hygiene behaviors → promote oral health care as a key component of managing mental health

• **Document** oral health assessment findings and interventions, and provide referrals to address specific oral and/or mental health issues
ORAL HEALTH, MENTAL HEALTH AND SUBSTANCE USE TREATMENT
A Framework for Increased Coordination and Integration

CENTER OF EXCELLENCE for Integrated Health Solutions

Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing
Interprofessional Oral Health Tweetchats

Mental Health & Oral Health Tweetchat
Wednesday May 25 at 2:30pm EST
Email ohnep@nyu.edu to learn more about co-hosting or participating in this event!

All 4 Oral Health
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The OHNEP and TOSH programs build interprofessional oral health competencies among future primary care providers.

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New Edition Coming Soon!
Undergraduate Interprofessional Oral Health Faculty Tool Kit

The OHNEP Undergraduate Interprofessional Oral Health Faculty Tool Kit

- Microbiology
- Anatomy & Physiology
- Pathophysiology
- Research Methods
- Pharmacology
- Health Assessment & Promotion
- Fundamentals

Resources & Strategies for Oral Health Integration

- Nursing Care of Adults & Older Adults
- Nursing Care of Children
- Maternity & Women’s Health
- Community
- Psychiatric-Mental Health
- Leadership in Nursing
- Professional Nursing

Available at http://ohnep.org/faculty-toolkit
Graduate Interprofessional Oral Health Faculty Tool Kits

Available at: http://ohnep.org/faculty-toolkit
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