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First Line of Defense:
The Dentist's Role in Identifying Eating Disorders

Eating disorders affect nearly 25 million Americans. The effects are fatal for one third of those who struggle, and an additional one third never fully recover. Fortunately, one of the first lines of defense is the dental chair. The decision about whether or not to address a patient exhibiting the signs of an eating disorder may mean the difference between someone getting help now or 10 years into the disease. In our practice, we have observed these symptoms.

11 Common Ways to Spot an Eating Disorder

Of the three main eating disorders (i.e., anorexia nervosa, bulimia nervosa, binge eating disorder), bulimia presents the most symptoms to dentists and dental hygienists. (According to the Institute of Dental Research, 26 percent of all bulimia cases are first identified by a dentist.) The signs of bulimia vary and range from mild to severe, but much of the damage has one root cause: stomach acids, brought through the mouth by induced vomiting.

Six Common Physical Signs

1. ***Erosion of the lingual surface of the front four maxillary incisors.***
   Enamel erosion is the most common dental symptom of an eating disorder. It stems from excessive vomiting, which temporarily lowers the pH in the mouth. Bulimics often accelerate enamel erosion by brushing their teeth immediately after purging.

2. ***Swollen parotid glands located at the angle of the mandible.***
   Also known as 'chipmunk cheeks,' enlarged salivary glands can be caused by excessive purging.

3. ***Sensitive teeth and dry mouth.***
   Xerostomia is commonly seen in anorexic patients who restrict their food and liquid intake. (Some medications can also cause dry mouth.)

4. ***Signs of induced vomiting from fingers or foreign objects.***
   Calluses on the patient's knuckles (Russell's sign) can indicate that fingers are used to induce vomiting, whereas traumatic lesions on the hard and soft palate can result from purging caused by foreign objects.

5. ***Amalgam Islands.***
   Stomach acids can erode or soften teeth while fillings remain unaffected. Over time, fillings will begin to stick out above the tooth surface. They may also fracture or fall out.

6. ***A high number of cavities over a short time period.***
   Bulimics often binge and purge on high-calorie, high-carbohydrate foods. When combined with hydrochloric acid from purging, sugar from the food accelerates decay.

Five Common Verbal Indicators

1. "I have gastric reflux."
2. "I suck on/eat lemons."
3. "I drink a lot of white wines."
4. "I drink a lot of soft drinks."
5. "I grind my teeth."

Genetics Load the Gun, Environment Pulls the Trigger

An eating disorder is a complex mental illness caused by a combination of biological, psychological and sociocultural factors. So why do only some people develop eating disorders? A good explanation lies in the following phrase: "Genetics load the gun for an eating disorder, and the environment pulls the trigger."

Statistics prove that eating disorders affect individuals regardless of race, socioeconmic status or age. In the right environment, certain biological and psychological factors can increase an individual's chance for developing an eating disorder. Depression and anxiety often exist in eating disorder patients (as well as in their families) and approximately one third report obsessive compulsive behaviors before the start of their eating disorder. Eating disorder patients also exhibit psychological behaviors such as a need for attention and perfectionism, as well as the emotional impact of weight- or shape-related teasing, family dysfunction or sexual trauma. Sociocultural factors include the proliferation of digitally altered images and carefully crafted advertising messages that activate insecurities and feelings of not being 'good enough.'

Often without knowing it, an individual adopts eating disorder behaviors to fight or 'self-heal' a troubling life event. Their food and their bodies become their outlets for control. The eating disorder functions like a parasite, providing a false sense of power even as it gradually wins more and more dominion over its host.

What to Say, What to Expect

Due to the shame and stigma that often surround an eating disorder diagnosis -- as well as the cultural acceptance of disordered eating, the 'thin ideal' and elimination diets – people often delay getting help or vehemently deny they need it. The National Eating Disorders Association (NEDA) suggests these guidelines for dental professionals:

1. Introduce the issue.
"I am noticing (name the conditions) on your teeth, gums, tongue, throat, etc. This is something I have seen in individuals who engage in (name the behavior: e.g., vomiting, consuming excessive sugar, etc.)"

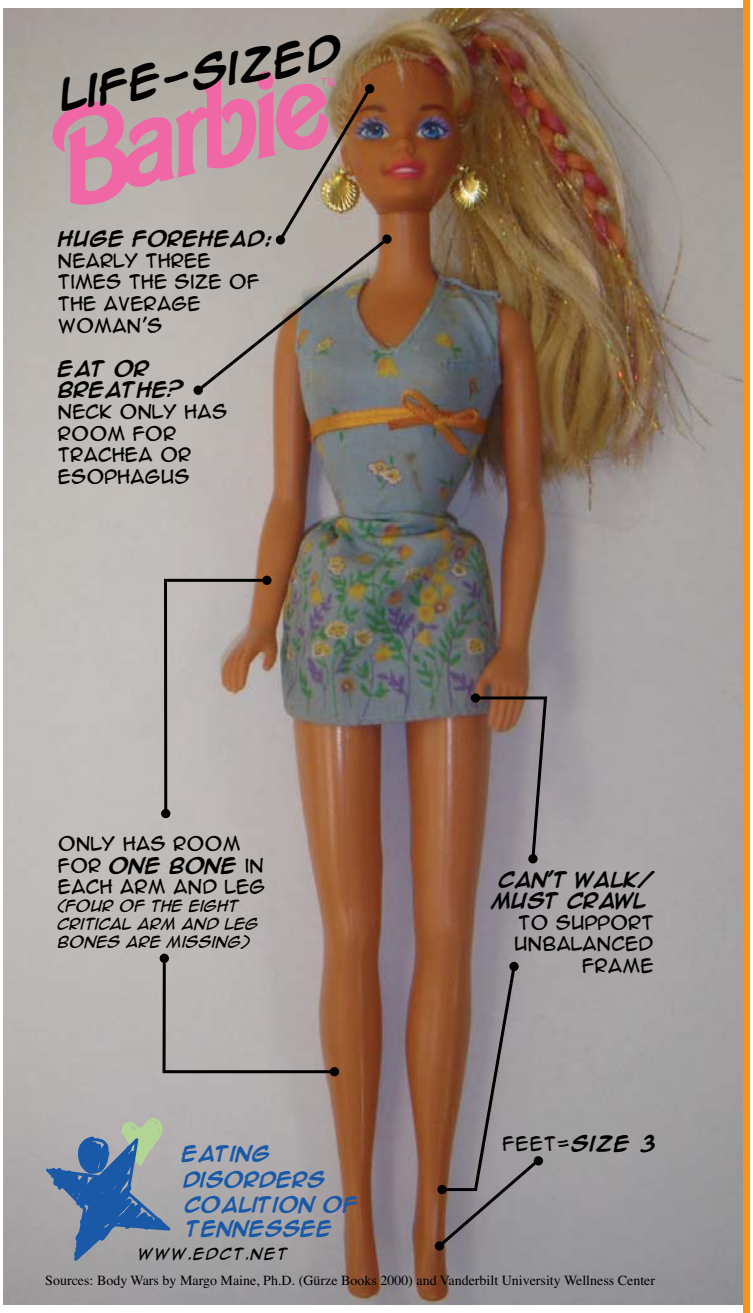
2. Ask for more information.
"Can you tell me about any behaviors you may be currently engaged in that could be having this effect on your mouth?"

3. Provide resources.
re you currently seeking professional help related to these behaviors? A counselor, medical doctor, nutritionist, support group or some combination of those can help." You or your patients can find more information and referral sources through nonprofits like the Eating Disorders Coalition of Tennessee [www.edct.net or (615) 831-9838].

4. Discuss next steps.
"While you are seeking help and establishing healthier eating behaviors, I would like to suggest some immediate options for improving your oral health." Visit http://www.edct.net/oralhealth for suggested treatment options.

Your goal in approaching your patients is to communicate your concerns, not to serve as an eating disorder specialist. Because an eating disorder is a mental illness -- and those who suffer perceive the eating disorder as fulfilling a purpose in their lives -- patients often express denial and resistance when someone confronts them about their behaviors.

David Dickerson, DDS, and Ryan Torti, DDS, practice in Nashville and are members of the Eating Disorders Coalition of Tennessee's Board of Directors.



Eating Disorders Coalition of Tennessee

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