Eating Away at Your Oral Health

More than 35 million Americans—both women and men—suffer from eating disorders. And while the long-term physical health implications of eating disorders include heart failure, kidney damage, osteoporosis, and digestive system problems, the frequent vomiting and nutritional deficiencies associated with eating disorders can severely affect oral health, as well.

Changes in the mouth are often the first physical signs of an eating disorder, according to the National Eating Disorders Association (NEDA). That is why dental offices are one of the first places where the physical damages that may accompany such a disorder can be detected. Common oral health issues that result from eating disorders include tooth erosion, tooth sensitivity, dry mouth, and bad breath.

The two most common eating disorders, affecting approximately 11 million sufferers, are bulimia and anorexia nervosa. Both disorders are psychological in nature and are predominant in young women, revolving around body-image issues that result in the sufferer depriving his or her body of essential nutrients—nutrients that are critical to not only a healthy body but also a healthy mouth.

Bulimia is characterized by compulsive overeating ("bingeing") followed by self-induced vomiting ("purging"), whereas anorexia nervosa is marked by extreme weight loss typically achieved through self-starvation. Yet both diseases produce signs and symptoms that can be detected in the mouth during a routine oral exam, such as dry mouth, reddening of the palate, and chapped lips.

In addition to these symptoms, repeated vomiting, a common characteristic of both disorders, exposes teeth to gastric acids which erode tooth enamel, the hard protective covering of the tooth. According to NEDA, studies have indicated that up to 89 percent of bulimic patients show signs of tooth erosion due to the powerful effects of stomach acid. With prolonged exposure to these acids, teeth may change in shape, color, and length, and amalgam fillings may start to protrude above a tooth's surface. Left untreated, extreme cases of eating disorders may expose the innermost layer of the teeth, called the pulp, resulting in infection, discoloration, and, eventually, pulp death. If the latter occurs, the patient may need to have a root canal performed or the tooth extracted.

The oral effects of eating disorders often can be successfully treated when detected early. Dentists may be able to teach patients how to minimize the impact of constant purging, but if the patient has not sought medical or psychological treatment for the eating disorder, any reconstructive efforts may prove ineffective because additional acid will destroy any new restorations.

Although eating disorders are potentially fatal (anorexia nervosa has the highest mortality rate of any mental illness, according to NEDA), they are treatable. And the oral implications, if detected early enough, can be reversed.

If you think you or someone you know may have an eating disorder and are experiencing any of the symptoms described above, please talk with your physician and your dentist.

For more information on how eating disorders affect your oral health, contact the Massachusetts Dental Society at **(800) 342-8747** or visit our Web site at ***www.massdental.org***.