Dental Risk in ECT

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Dental Risks of ECT

• The Changing Scene.
  a) Fluoridation.
  b) Move from NHS to Private Dentistry.
  c) Technological Advances.
  d) Shift to an ‘aesthetic priority’.
  e) Development of a Compensation Culture.
POINT 1

• The patient’s attitude to dental health, together with social factors will combine to influence attitude to risk or damage during ECT.
Dental Risks of ECT

- Tooth overload.
  Fracture of tooth, filling, crown, veneer or bridge.

- Alveolar bone overload.
  Dislocation or subluxation of implant or tooth.

- T.M. Joint injury.
- Jaw injury.
- Soft tissue injury.
The Patient

- Loss of i) Aesthetics.
  ii) Function.
- Cost and time to replace or repair.

  - In the setting of a mental illness.
Dental Risks of ECT.

• The Consenting / Prescribing Psychiatrist.

• The Treating Psychiatrist.

• The Anaesthetist.

• The Nursing Staff.

• NHS Trust.
POINT 2.

• It is not just the teeth that are at risk during the ECT process.
‘Dental Risk’ is dependent on:-

- The ECT process.
- Legal and Consenting Protocols
- Individual and Social factors.
- Dental Technology.
Stimulus Current

MODIFIED BILATERAL ECT
POINT 3.

- Damage to Dental Structures occurs during the ‘Stimulus Current’ phase of ECT.
‘Significant Event’ -- Legal and Consenting Protocols

• Current Case Law states that the risk of ‘significant events’ must be negotiated into the consent, for that consent to be valid.
• BMA protocols state that risk directly associated with a treatment must be explained by the doctor consenting that treatment.
POINT 4.

• All significant risks associated with a treatment must be consented for by the doctor consenting the treatment.
POINT 4 and a bit.

- Dental Risk associated with ECT must be consented for by the Psychiatrist.
Dental Risk Management Protocol

Identify risk factors in patient. (Assessment)

Establish ‘Valid Consent’.

Minimise risk.
DENTAL RISK ASSESSMENT. Whose Responsibility?

• Psychiatric Staff?

• Anaesthetic Staff?

• Nursing Staff?
DENTAL RISK ASSESSMENT.

DENTAL HISTORY to identify presence of
• 1) Gaps due to teeth being lost.
• 2) Dentures
• 3) Crowns, bridges, implants and veneers
• 4) Large fillings and/or decayed teeth.
• 5) Any teeth the Pt. avoids biting on.
• 6) T.M. Joint or jaw disease.
POINT 5.

• Advances in Dental Technology have increased the risk of ‘significant’ dental damage during ECT.
DENTAL RISK MANAGEMENT.

• Identified risks discussed with the patient by the ‘consenting psychiatrist’. Renegotiate consent = Valid Consent.
• Liaison with Anaesthetist.
• Consider specialist dental referral / postpone treatment.
• Consider use of Unilateral ECT (50% reduction in pressure).
• Use of techniques / strategies during ECT
• Post treatment review.