May 16, 2014

Dear Mr Smith,

Dental Care and Oral Health Call to Action - Dental health of mental health patients

I am writing on behalf of a joint Royal College of Psychiatrists and Royal College of Pathologists expert advisory group that is working with representatives of other royal colleges and the Royal Pharmaceutical Society to improve the physical health of patients with mental illness.

We very much welcome your aims to improve the oral health of the population and to increase access to NHS dental services, and would urge you as part of this programme of work to consider how the oral health of people with severe mental illness and people with common mental disorders can be improved.

People with severe mental illness are at high risk of developing dental problems, and historically their dental healthcare has not been good. There are several reasons for this:

1. Most drugs which are used to treat mental health problems can cause dry mouth (xerostomia) or reduce saliva. These include antidepressants such as venlafaxine, SSRIs and tricyclics. Antipsychotic medication such as olanzapine and aripiprazole can also cause this problem. Sometimes drugs such as procyclidine, which are used to treat other types of side-effects of medication, can also cause this problem. In addition, some liquid medicines contain high levels of sugar.

Having a dry mouth clearly has a negative effect on dental health, as saliva has an important function in diluting and reducing acidity in the mouth which is created by eating or drinking food which contain a lot of sugar.
2. Drugs used to treat mental illness can also increase patients' risk of obesity and diabetes, a disproportionately high number of mental health patients smoke, and we know that poor oral health may linked to: cardiac disease, diabetes and respiratory disease.

Severe mental illness therefore increases the risk of poor oral health not only because of patients' increased risk of adverse side-effects from medication but also because of lack of motivation/self care, poor oral hygiene, fear, the costs of treatment and the difficulty of accessing a dentist.

Kisely et al in the *British Journal of Psychiatry* published a systematic review and meta-analysis\(^1\) of advanced dental disease in people with severe mental illness which covered 2784 patients and 31084 controls. This found that people with severe mental illness had:

- 3.4 times the odds of having lost all their teeth than the general community (95% CI 1.6–7.2).
- Significantly higher scores for Decayed, Missing and Filled Teeth (DMFT) (mean difference 6.2, 95% CI 0.6–11.8) and Decayed, Missing, and Filled surfaces in permanent teeth (DMFS) (mean difference 14.6, 95% CI 4.1–25.1).

The authors concluded that:

- Fluoridation of water reduced the gap in oral health between psychiatric patients and the general population.
- Psychiatric patients have not shared in the improving oral health of the general population.
- Management should include oral health assessment using standard checklists.
- Such checklists can be completed by non-dental personnel.
- Interventions include oral hygiene and management of xerostomia (dry mouth).

However, poor dental health is not limited only to patients with severe mental illness. Other studies have shown a relationship between anxiety and depression, the use oral health services and tooth loss\(^2\). Further, findings from USA 16 states included the following:

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\(2\) See for example Okoro et al, 'The association between depression and anxiety and use of oral health services and tooth loss – In Adults' (Community Dent Oral Epidemiol. 2012 Apr;40(2):134-44).
- Those with current depression had a significantly higher prevalence of “non-use” of oral health services in the past year than those without this disorder.
- Adults with depression and anxiety were more likely to have tooth loss.
- Adults with current depression, lifetime diagnosed depression and lifetime diagnosed anxiety were more likely to have had at least one tooth removed (p 0.001).

We would urge you as part of your review of dental services to consider how the dental health of people with mental illness and common mental disorders might be improved, for example by ensuring that dental care is an element of every care plan, and that dental care should be part of the acute care pathway for these patients. More broadly, we would like to see better links between mental health inpatient services and general dental practitioners, the dental hospitals, student dentists and community dental services.

You may be aware that one of NHS England’s priorities under the NHS Mandate is giving mental health parity with physical health, and we hope that dental health care will be integrated into efforts to achieve this.

We would be very happy to discuss this further with you if this would be of help. You would also be most welcome to attend the next meeting of our group, which is taking place in central London on Wednesday June 3rd at 2pm, or we can arrange a more convenient time.

I look forward to hearing from you.

With kind regards,

Lucy Thorpe
Head of Policy Unit

for and on behalf of RCPsych/RCPath Improving the physical health of mental health patients working group