Eating Disorders Through the Eyes of a Hygienist Mother
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Nebraska Dental Hygienists’ Association
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Who is Angela Grover RDH, BASDH?

Let’s Give a Shout Out to the IWCC Students, Who are in Attendance!
Angela Grover RDH, BASDH
Background

Central Community College
Associate of Applied Science in Dental Hygiene—1996

Community College of Denver
Bachelor of Applied Science in Dental Hygiene—2018

Objectives
• Identify types of eating disorders.
• Review oral manifestations/symptoms that accompany each specific eating disorder.
• Inform dental professionals how to manage patients with eating disorders.
• Recognize when a medical referral is necessary.
• Discuss professional treatment patients may be receiving for their eating disorder.

• Quoted from TODAYS RDH, Eating Disorders: Through the Eyes of a Hygienist
  Mother—Angela Grover, RDH BASDH

  “It will never happen to me’ is likely a mantra that many parents believe, especially when they become parents for the first time. In no time, those tiny hands and feet grow into tweens and teenagers, and you now are in the thick of raising young adults. You are about to face a multitude of worries — drugs, alcohol, late night curfews. One thing I did not expect was the life with a child who experienced an eating disorder (ED).”

  “Until I learned during the last part of her senior year that I had not been privy to a problem that had been ongoing since middle school.”
Timeline

- March, 2016 – Noticed signs of depression and anxiety, withdrawn.
- April, 2016 – Disclosed that she had been struggling with bulimia, laxative use and anorexia since middle school. Thoughts of body dysmorphia in 2nd grade!
- Later in April, 2016 – Her outpatient dietician/counselor suggested that she could not help her; she needed more intense treatment.
- Late April/Early May, 2016 – Had intake interview for Eating Recovery Center in Denver.
- Middle May, 2016 – Diagnosis included partial hospitalization treatment or residential treatment.
- Middle/Late May, 2016 – High school graduation and reception.
Timeline

- Late July, 2016 – Completed partial hospitalization program (PHP) treatment
- Early August, 2016 – Began intensive out-patient (IOP) treatment (3 days/week for 4 hours)
- November/December, 2016 – IOP was completed.
- December, 2016 – Began out-patient treatment with therapist/dietician.

It’s Not That Simple

What Are Eating Disorders?

https://www.nationaleatingdisorders.org/what-are-eating-disorders
Ask Yourself... Have You Had Adequate Training as an RDH???

For Me: The answer was and still is NO!

Anorexia        Bulimia
National Eating Disorder Association (NEDA) Lists the Following Eating Disorders (ED):

- Anorexia
- Bulimia
- Binge Eating
- Laxative Use

https://www.nationaleatingdisorders.org/what-are-eating-disorders

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National Eating Disorder Association (NEDA) Lists the Following Eating Disorders (ED):

- Orthorexia
  - Excessive focus on pure food
- Compulsive Exercise
- Pica
- Rumination Disorder

https://www.nationaleatingdisorders.org/what-are-eating-disorders

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National Eating Disorder Association (NEDA) Lists the Following Eating Disorders (ED):

- Other Specified Feeding or Eating Disorder
- Unspecified Feeding or Eating Disorder
- Avoidant Restrictive Food Intake Disorder

https://www.nationaleatingdisorders.org/what-are-eating-disorders

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Diagnosis

DSM-5

- Similar to our CDT Code Book
- “Diagnostic & Statistical Manual of Mental Health Disorders - 5th Edition”


Key Take-Away

Mental Health

“National Institute of Mental Health has indicated that eating disorders are listed as “mental disorders”. They are included in the DSM. Collectively, they are defined as abnormal eating patterns that ultimately affects physical and/or mental health.”


Oral Manifestations/Symptoms
Typical Oral Manifestations

**Erosion**

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**Ditched Fillings**

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**Irregular Incisal Edges**

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Typical Oral Manifestations

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Typical Oral Manifestations

Sensitivity

Discolored Teeth

Petichiae/Throat Soreness
Typical Oral Manifestations

- Demineralization
- Caries
- Xerostomia
The English proverb asserts "the eyes are the window of the soul." But that is the tip of the iceberg concerning disordered eating and image issues, for we often underestimate the face's importance in its telltale symptoms of a troubled individual.
Other Signs

Gaunt (lean) Face

A callous that forms on the fingers and/or knuckles when used for purging

Russell's Sign

Body Dysmorphia

**Non-Dental Related Signs/Symptoms**

**Bulimia**

- Low Blood Pressure
- Irregular Heartbeat
- Broken Blood Vessels in Eyes


**Anorexia**

- Low Blood Pressure
- Orthostatic Hypotension
- Lanugo on Face
  - Thin, soft unpigmented hair
- Always Cold to Touch
- Emaciated Appearance


**Binge Eating**

- High Blood Pressure
- High Cholesterol
- Mobility Issues
- High Incidence w/ Diabetes
- Obesity
- Shortness of Breath

Types of ED Treatment

INPATIENT

Patient is medically unstable as determined by:
- Vitals are critically unstable
- Lab results indicate increased health risks, ketoacidosis is common
- Coexisting systemic health complications

Patient is psychiatrically unstable as determined by:
- Spiraling symptoms
- Suicidal thoughts
- Safety risk

RESIDENTIAL

- Increased stability, not requiring interventions within hospital setting
- Continued psychiatric involvement that cannot be addressed through partial hospital or outpatient care
- Often involved in partial hospitalization treatment modalities
  - Daily outings
  - Group therapy
  - Meals

https://www.nationaleatingdisorders.org
PARTIAL HOSPITALIZATION

- Patient is medically stable but:
  - Eating disorder impairs day to day activities, with no immediate risk
  - Physiologic and mental status needs daily observations
- Patient is psychiatrically stable but:
  - Limits with normal social, educational, or vocational aspects of life
  - Active with daily binge eating, purging, fasting or very limited food intake, or other weight control techniques

INTENSIVE OUTPATIENT/OUTPATIENT THERAPY

- Daily monitoring no longer necessary
  - IOP 3-4 X weekly, 4 hour group sessions
  - OP w/ outside therapist and dietician
- Patient is psychiatrically stable and has capacity to be able to function in normal social, educational, or vocational situations, while continue to make progress in recovery
  - Recovery is a lifetime journey
  - Relapsing must always be a consideration

ULTIMATE GOAL...

Restoration of Weight to Healthy Level
Treatment Team
- Psychotherapist
- Psychiatrist
- Counselors
- Dieticians
- Primary Care Physician
- Case Manager
- Additional therapists-art, yoga

Dental Team Involvement
- Might discover ED through oral manifestations/MHx/DHx
- May entrust you as a confidant
- Guide patient through dental treatment as a result of ED
- Home Care instructions
  - Fluoride treatments
  - Fluoride trays
  - Nutritional counseling
  - Full mouth rehabilitation

Home Care Instructions
- Sodium bicarbonate rinse after purging
- DO NOT brush immediately after purging (rinse or wait 30 mins to attain neutral pH level.)
- Take home fluoride options: Prevident 5000/Clinpro
- Nutritional counseling
  - Cariogenic foods—be mindful
  - Cariostatic foods (nuts, cheese, meat, milk, xylitol)
- Well-rounded diet to support periodontal health

Home Care Instructions

- Day to day HCP should be simple and attainable.
- Avoid overwhelming patient.
- Patient centered—would they be able to do X, Y, Z oral hygiene tasks?
- Avoid alcohol based rinses due to xerostomia. Some patients are also alcoholics & use tobacco &/or drugs.
- Xylitol—can be tricky. Chewing gum & using mints can be disordered behavior.

How Can We Help?

- Be mindful of their therapeutic journey, if treatment has occurred or is in process
- Avoid lecturing
- Offer simple/attainable suggestions—don’t overwhelm
- Let them know you will be there for them

What is Our Role?

- We are not dieticians
- We are not physicians
- We are not therapists
- We are other dental professionals—we have specialized knowledge
- We SHOULD inform patient(s) our concerns:
  - Use intra oral camera for documentation
  - Use OI photos/radiographs to educate patient(s)
  - Document discussions
Resources

- Get Real Expectations
- Get Real Role Models
- Get Real
- NationalEatingDisorders.org
- EatingRecoveryCenter.com

Conclusion

- Do what is right by our patient(s) and treat them as we would like to be treated, if we were in their shoes.

- We serve a valuable role in walking alongside an ED patient's journey through recognizing oral manifestations, while offering support and guidance.

- Remember that ED's are a lifetime journey for each individual and their diagnosis—step by step. Does not define who they are; it's just a piece of their lives.

Acknowledgements

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- My children-Kendyl, Kamryn and Kaelzy for their endless support in all my ventures.
- Most of all to Kamryn because she allows me to tell her story to hopefully help just one more person in the ED journey.
Questions???

Please take the survey to give feedback:
https://www.surveymonkey.com/r/ZTS2DQM

REFERENCES


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