Dear reader,

If you ever had to treat a patient with any kind of mental disorders, you may be aware of the fact that it can be quite a challenging task. Unfortunately, latest reports from clinicians are suggesting that most mental disorders are on the rise among almost all age groups, from common forms like depression, anxiety or dementia, to closely related conditions like burnout.

As different as these conditions might be on the first look, they all seem to be connected to deterioration of oral health. Therefore, patients suffering from these illnesses do not only have a heavy burden to many dental procedures. However, according to the results of an oral health survey by the National Yang-Ming University here in Taipei for patients with mental disorders, an important modifiable factor associated with the filling rate of the DMFT index is missing teeth. This finding indicates insufficient preventive and conservative dentistry in the community and long-term care units, and a growing need for prosthetic treatment aimed at people with mental disabilities.

The results demonstrated that long-term care institutions and dental clinics in the community might have limited capability or willingness to offer essential oral health services to people with mental disabilities. Thus, accessibility to quality care, preventive oral health programmes and a proper budget are the three principle issues for enhancing the oral health of people with mental disabilities.

Most individuals with mental disorders are on medication for long periods, which frequently leads to increased risk of dental diseases and more difficult dental procedures. However, according to the results of an oral health survey by the National Yang-Ming University in Taipei for patients with mental disorders, an important modifiable factor associated with the filling rate of the DMFT index is missing teeth. This finding indicates insufficient preventive and conservative dentistry in the community and long-term care units, and a growing need for prosthetic treatment aimed at people with mental disabilities.

The high prevalence of dental diseases also creates an urgent challenge in the long run.

Yours sincerely,
Daniel Zimmermann
Group Editor
Dental Tribune International

Care for mentally disabled

Many studies have shown that people with mental illnesses have poorer oral hygiene and oral health than the general population. They also have a lower utilisation of dental care than other disabled people. Amongst them, the most frequently observed component of the DMFT index is missing teeth. This finding indicates insufficient preventive and conservative dentistry in the community and long-term care units, and a growing need for prosthetic treatment aimed at people with mental disabilities.

The results demonstrated that long-term care institutions and dental clinics in the community might have limited capability or willingness to offer essential oral health services to people with mental disabilities. Thus, accessibility to quality care, preventive oral health programmes and a proper budget are the three principle issues for enhancing the oral health of people with mental disabilities.

When conducting comprehensive assessments, psychologists should take dental problems into consideration and design effective health care plans for people with mental disabilities. The present integration of general and oral health programmes is inadequate. Better cooperation amongst medical and dental professionals for long-term care could better meet the dental needs of the mentally ill. Financial support from the government could facilitate the above-mentioned reforms, and break the economic barrier to prosthetic treatments for people with mental disabilities.