

Oral Health Fact Sheet for Dental Professionals

Adults with Anxiety

Anxiety is characterized by apprehension or fear of impending actual or imagined danger, vulnerability, or uncertainty and may be accompanied by restlessness, tension, tachycardia, and dyspnea unattached to a clearly identifiable stimulus. (ICD 9 code 300.0)

Prevalence

- 18% of adults in any given year
- 75% will have their first episode by age 22
- Anxiety disorders frequently co-occur with depressive disorders or substance abuse

Manifestations

- Individuals may or may not be able to identify what makes them anxious or fearful

Clinical: most common anxiety diagnoses

- **Generalized anxiety disorder** – 3.1% prevalence rate
 - * excessive worry about many aspects of life (work, family, finances, health, world affairs) for at least 6 months
 - * individuals report great difficulty in controlling their worry
 - * may also include restlessness, fatigue, difficulty concentrating, irritability, muscle tension, and disturbed sleep
- **Panic disorder** – 2.7% prevalence rate
 - * recurrent and unexpected episodes which may include: rapid heartbeat, sweating, trembling, shaking, feeling short of breath or as if choking, chest pain, nausea, feeling dizzy, lightheaded, numbness or tingling, hot flashes or chills
 - * feeling of unreality or detachment, fear of losing control, fear of dying
 - * individuals sometimes report feeling they are having a heart attack
- **Social phobia** – 6.8% prevalence rate
 - * persistent fear of social or performance situations that provoke anxiety
 - * often results in individuals avoiding situations in which they may be evaluated negatively (including medical and dental settings)
- **Obsessive-compulsive disorder** – 1.0% prevalence rate
 - * obsessions (recurrent thoughts, images, or impulses that cause anxiety or distress) and;
 - * compulsions (repetitive behaviors or mental acts such as ordering and arranging, counting, tapping, touching, or collecting/hoarding) done in an attempt to reduce anxiety/distress caused by obsessive thoughts, occupying more than one hour per day
 - * obsessions and corresponding compulsions cause significant impairment in occupational and social functioning
- **Post-traumatic stress disorder (PTSD)** – 3.5% prevalence rate. Re-experiencing the traumatic event (through dreams and/or flashbacks) resulting in:
 - * avoidance (detachment, decreased interest, decreased participation), and
 - * increased arousal (difficulty sleeping, irritability, difficulty concentrating)

Oral

- Neglect of oral hygiene leading to increased risk of dental caries and periodontal disease
- Poor nutrition
- Drug-induced xerostomia
- Avoidance of necessary dental care

Other Potential Disorders/Concerns

- Mitral valve prolapse and GERD

Adults with Anxiety continued

Management

Medication

The list of medications below are intended to serve only as a guide to facilitate the dental professional's understanding of medications that can be used for Anxiety. Medication protocols can vary for individuals with Anxiety.

SYMPTOM	MEDICATION	SIDE EFFECTS/DRUG INTERACTIONS
Anxiety	Antidepressants SSRIs (Selective Serotonin Reuptake Inhibitor) <i>Escitalopram</i> (Lexapro) <i>Fluoxetine</i> (Prozac) <i>Paroxetine</i> (Paxil) <i>Sertraline</i> (Zoloft)	Xerostomia, dysphagia, nausea, anxiety, dizziness, nervousness, headache, sweating, bruxism. Suicidal risk through age 24. Do not prescribe with MAOIs.
	SNRIs (Serotonin-Norepinephrine Reuptake Inhibitor) <i>Duloxetine</i> (Cymbalta) <i>Venlafaxine</i> (Effexor, Effexor XR)	Xerostomia, dysphagia, nausea, anxiety, dizziness, nervousness, headache, sweating, bruxism. Suicidal risk through age 24. Do not prescribe with MAOIs.
	Atypical Antidepressants <i>Bupropion</i> (Wellbutrin)	Xerostomia, dysgeusia, stomatitis, gingivitis, glossitis, bruxism, dysphagia, angioedema. Suicidal risk through age 24. Corticosteroids may increase risk of CNS stimulating seizures.
	TCAs (Tricyclic Antidepressants) <i>Amitriptyline</i> (Elavil) <i>Desipramine</i> (Norpramin) <i>Imipramine</i> (Tofranil)	Xerostomia, dysgeusia, stomatitis, sialadenitis, edema, discolored tongue. Suicidal risk through age 24. Local anesthetics with epinephrine may cause severe prolonged hypertension, use with caution.
	Benzodiazepines <i>Diazepam</i> (Valium)	Drowsiness, dystonia, double vision, xerostomia or hypersalivation, seizures, CNS and respiratory depression, paradoxical CNS stimulation, tiredness, syncope, fatigue, ataxia, depression, headache, nausea. Alcohol, and drugs that cause sedation, may increase the sedative effect of diazepam. Use with caution for persons with sleep apnea.

Adults with Anxiety continued

SYMPTOM	MEDICATION	SIDE EFFECTS/DRUG INTERACTIONS
Anxiety <i>continued</i>	<i>Clonazepam</i> (Klonopin)	Xerostomia or hypersalivation, coated tongue, sore gingiva, drowsiness, dizziness, weakness, fatigue, difficulty thinking and remembering, slurred speech, nausea, respiratory depression, seizures, dyskinesias. Paradoxical CNS responses (e.g., aggressive behavior, anxiety, hostility), anorexia, increased/decreased appetite and weight. Dysarthria (motor speech disorder), muscle pain, muscle weakness. Rarely: rash, hives, difficulty swallowing or breathing, angioedema, suicide attempts. Alcohol, and drugs that cause sedation, may increase the sedative effect of clonazepam.
	<i>Alprazolam</i> (Xanax)	Abnormal coordination, cognitive disorder, drowsiness, fatigue, memory impairment, sedation, somnolence. Appetite increased/decreased, xerostomia. Dysarthria (motor speech disorder). Alcohol, and drugs that cause sedation, may increase the sedative effect of alprazolam. Ketoconazole may increase blood concentration of alprazolam.
	<i>Triazolam</i> (Halcion)	Drowsiness, headache, dizziness, ataxia (lack of muscle coordination), nausea, vomiting-rare (<1%). Angioedema, anaphylaxis, memory impairment. Alcohol, and drugs that cause sedation, may increase the sedative effect of triazolam. Ketoconazole may increase blood concentration of triazolam.
	<i>Lorazepam</i> (Ativan)	Drowsiness, dystonia, double vision, xerostomia or hypersalivation, seizures, CNS and respiratory depression, paradoxical CNS stimulation, tiredness, syncope, fatigue, ataxia, depression, headache, nausea. Alcohol, and drugs that cause sedation, may increase the sedative effect of diazepam. Use with caution for persons with sleep apnea.

Behavioral: Patients with anxiety disorders may have greater dental anxiety. Consider use of behavior guidance techniques, i.e. voice control, distraction, nitrous oxide.

Dental Treatment and Prevention

- Obtain accurate medical history including medication regimen. Patients with anxiety may be reluctant to admit their use of medication for an anxiety disorder.
- Ask patient for medication updates at each appointment. Medication changes can affect the appropriate care of the patient from a medical and/or appointment management standpoint.
- Be supportive and non-judgmental. Discuss dental treatment with treating medical provider if needed.
- Mitral valve prolapse is more common in patients with anxiety disorders (8–33%). Current AHA guidelines do not recommend antibiotic prophylaxis.
- Consider artificial salivary products for patients with xerostomia.

Adults with Anxiety continued

- Dental erosion due to gastroesophageal reflux (GERD) can increase thermal sensitivity and in significant cases cause pain.
- As needed for patients with xerostomia:
 - * Educate on proper oral hygiene (brushing, flossing) and nutrition.
 - * Recommend brushing teeth with a fluoride containing dentifrice before bedtime. After brushing, apply neutral 1.1% fluoride gel (e.g., Prevident 5000 gel) in trays or by brush for 2 minutes. Instruct patient to spit out excess gel and NOT to rinse with water, eat or drink before going to bed.
 - * Recommend xylitol mints, lozenges, and/or gum to stimulate saliva production and caries resistance.

Additional information: [Special Needs Fact Sheets for Providers and Caregivers](#)

References

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- Kessler, R.C., Berglund, P., Demler, O., Jin, R., Merikangas, K.R., Walters, E.E. (2005) Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatry* 62(6):593–602.
- [Numbers count: Mental Disorders in America](#)
- [NIH Institute for Anxiety Disorder](#)

Additional Resources

- [NIH Institute for Anxiety Disorder](#)
- Free of charge CDE course: [NIDCR CDE](#) (2 CDE hours)