

Oral Health Fact Sheet for Medical Professionals

Children with Anxiety and Depression

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)

Depression is an unpleasant, but not necessarily irrational or pathological, mood state characterized by sadness, despair, or discouragement; it may also involve low self-esteem, social withdrawal, and somatic symptoms such as eating and sleep disturbance. (ICD 9 code 311.0)

Oral Manifestations and Considerations

Oral

- Neglect of oral hygiene leading to increased risk of dental caries and periodontal disease
- Poor nutrition
- Drug-induced xerostomia
- Some studies report a positive correlation with temporomandibular disorders and atypical facial pain.

Other Potential Disorders/Concerns

- Mitral valve prolapse and GERD
- Children with depression are at increased risk for engaging in high-risk behaviors (promiscuity, smoking, alcohol and drug abuse)

Oral Side Effects of Commonly Prescribed Medications

Medication

SYMPTOM	MEDICATION	SIDE EFFECTS
Depression	SSRIs, Atypical Antidepressants, and Tricyclic Antidepressants (TCA's)	Xerostomia, dysphagia, sialadenitis, dysgeusia, stomatitis, gingivitis, glossitis, tongue edema, discolored tongue, and bruxism.
Anxiety	SSRIs, Atypical Antidepressants, and Benzodiazepines	Xerostomia, dysphagia, sialadenitis, dysgeusia, stomatitis, gingivitis, glossitis, tongue edema, discolored tongue, and bruxism.

Children with Anxiety and Depression continued

Parent/Caregiver Support and Guidance

- Discourage consumption of cariogenic foods and beverages .
- Prescribe sugar-free medications, if available.
- Recommend preventive measures such as topical fluoride and sealants.
- Advise the use of fluoridated toothpaste twice daily and support the family in following dental care instructions.
- Instruct caregiver on appropriate protocol following dental trauma (locate/preserve missing tooth and put in cold milk; seek immediate professional care).
- Review safety issues appropriate to the age of the child, such as mouth guards to prevent oral-facial trauma.
- Recommend rinsing with water thoroughly after taking each dose of sugar containing medication and frequent water intake for children taking xerostomic medications.
- Recommend preventive measures, such as topical fluoride and sealants.
- Refer to dentist any oral developmental abnormalities.

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

References

- Friedlander, A.H., Mahler, M.E. (2001) Major depressive disorder: Psychopathology, medical management and dental implications. *J Am Dent Assoc*, 132(5): 629-638.
- Becker, D. E. (2008) Psychotropic drugs: implications for dental practice. *Anesthesia Progress*, 55(3): 89-99.
- Deykin, EY., Buka, S.L., Zeena, T.H. (1992) Depressive illness among chemically dependent adolescents. *Am J Psychiatry*, 149(10):1341-1347.

Additional Resources

- [NIH Institute for Depression Disorder and NIH Institute for Anxiety Disorder](#)
- [Special Care: an Oral Health Professionals Guide to Serving Young Children with Special Health Care Needs](#)
- [Bright Futures Oral Health Pocket Guide](#)
- [American Academy of Pediatrics Oral Health Initiative](#)
- [American Academy of Pediatric Dentistry: 2011–2012 Definitions, Oral Health Policies and Clinical Guidelines](#)
- [MCH Resource Center](#)
- [ASTDD-Special Needs](#)
- [Block Oral Disease, MA](#)
- [NOHIC-NIDCR publications](#)