

Oral Health Fact Sheet for Dental Professionals

Adults with Depression

Depression is an unpleasant mood state characterized by sadness, despair, or discouragement; it may also involve low self-esteem, loss of interest in usual activities, social withdrawal, and somatic symptoms such as eating and sleep disturbance. Depression is more than simply feeling “down in the dumps” for a few days; symptoms of depression last at least two weeks. (ICD 9 code 311.0; DSM-IV-TR)

Prevalence

- 7% of adults in any given year experience Major Depressive Disorder.
- Mean age of onset is 32 years.
- Depressive disorders are more common among females (approximately 2:1).

Manifestations

Clinical:

Most common signs of depression

- Decreased interest or pleasure in activities
- Significant change in weight or appetite
- Insomnia or hypersomnia
- Psychomotor agitation or retardation
- Fatigue
- Feelings of worthlessness or guilt
- Decreased concentration or indecisiveness
- Recurrent thoughts of death

Major Depressive Disorder – 6.7% prevalence rate

Major depressive disorder, also called major depression, is characterized by a combination of symptoms that interfere with a person's ability to work, sleep, study, eat, and enjoy once-pleasurable activities. Major depression is disabling and prevents a person from functioning normally. An episode of major depression may occur only once in a person's lifetime, but more often, it recurs throughout a person's life.

Dysthymic Disorder (Dysthymia) – 1.5% prevalence rate

Dysthymic disorder is characterized by long-term (two years or longer) but less severe symptoms that may not disable a person but can prevent one from functioning normally or feeling well. People with dysthymia may also experience one or more episodes of major depression during their lifetimes.

Bipolar Disorder – 2.6% prevalence rate

Bipolar disorder, also known as manic-depressive illness, is a brain disorder that causes unusual shifts in mood, energy, activity levels, and the ability to carry out day-to-day tasks. Symptoms of bipolar disorder are severe. They are different from the normal ups and downs that everyone goes through from time to time. Bipolar disorder often develops in a person's late teens or early adult years. At least half of all cases start before age 25.

Oral Health Impacts

- 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

- Patients with depression are at increased risk for engaging in high-risk behaviors (promiscuity, smoking, alcohol and drug abuse)

Adults with Depression 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 Depression. Medication protocols can vary for individuals with Depression.

SYMPTOM	MEDICATION	SIDE EFFECTS/DRUG INTERACTIONS
Depression	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, tongue edema, discolored tongue. Suicidal risk through age 24. Local anesthetics with epinephrine may cause severe prolonged hypertension—use with caution.

Patients with depression may be less likely to perceive a dental need and may have fewer dental check-up visits. They may also have decreased motivation for adequate oral hygiene and dental treatment-seeking.

Dental Treatment and Prevention

- Obtain accurate medical history including medication regimen. Patients with depression may be reluctant to admit their use of medication for depression.
- 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.
- As needed for patients with xerostomia:
 - * Educate on proper oral hygiene (brushing, flossing) and nutrition. Patients with depression are at increased risk of dental caries due to oral hygiene neglect, preference for carbohydrates due to reduced serotonin levels, and drug-induced xerostomia.
 - * 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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- 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.
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- Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. (2005) Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatry Jun*; 62(6):593-602.
- Numbers count: [Mental Disorders in America](#)
- [NIH Institute for Depression Disorder](#) and [NIH Institute for Anxiety Disorder](#)

Additional Resources

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