

Oral Health Fact Sheet for Medical Professionals

Children with Eating Disorders

Anorexia nervosa is a syndrome characterized by an excessive fear of becoming overweight, body image disturbance, significant weight loss, refusal to maintain minimal normal weight, and amenorrhea. This disorder occurs most frequently in adolescent females. (ICD 9 code 307.1)

Bulimia nervosa is an eating disorder that involves eating massive quantities of food (binge eating) and then eliminating food by inappropriate compensatory methods to prevent weight gain, such as self induced vomiting or strong laxatives. (ICD 9 code 307.51)

Oral Manifestations and Considerations

Oral

- Increased risk of dental caries. Many individuals with eating disorders use sweetened beverages and candy for energy and to placate the feeling of hunger.
- Severe dental erosion from vomiting causing sensitivity (predominantly palatal/lingual of anterior teeth).
- Increased risk of periodontal disease, gingival bleeding and delayed healing.
- Mucosal lesions caused by direct exposure to acid or frictional trauma from item used to induce vomiting.
- Oral burning sensation.
- Osteoporosis including alveolar bone loss (anorexia).
- Xerostomia.
- Altered taste sensation.
- Sialadenitis, with enlargement of Parotids and minor salivary glands.

Other Potential Disorders/Concerns

- Anxiety
- Depression

Oral Side Effects of Commonly Prescribed Medications

Medication

SYMPTOM	MEDICATION	SIDE EFFECTS
Aggressive Behaviors	<i>Antipsychotics</i> (Olanzapine)	Xerostomia, sialorrhea, dysphagia, stomatitis, gingivitis, tongue edema, glossitis
Repetitive Behaviors	<i>Antidepressants</i> (Fluoxetine and Sertraline)	Xerostomia, dysphagia, sialadenitis, dysgeusia, stomatitis, gingivitis, glossitis, discolored tongue, bruxism

Children with Eating Disorders continued

Parent/Caregiver Support and Anticipatory Guidance

- Discuss the importance of seeing a dentist to assess need for dental treatment.
- Educate individual about importance of healthy eating and encourage consumption of non-acidic foods and beverages. Drinking carbonated/acidic drinks with a straw will direct away from teeth.
- Encourage bulimic patient to consume sugarless gum with xylitol to promote salivary flow.
- 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.
- Recommend rinsing with water thoroughly after taking each dose of sugar containing medication and frequent water intake for patients taking xerostomic medication.

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

References

- Little, JW. (2002) Eating disorders: dental implications. *Oral Surg, Oral Med, Oral Patho, Radio, Endods*, 93(2): 138-143.
- Burkhart, N., Roberts, M., Alexander, M., Dodds, A. (2005) Communicating effectively with patients suspected of having bulimia nervosa. *J Am Dent Assoc*, 136(8): 1130-1137.
- Lo Russo, L., Campisi, G., Di Fede, O., Di Liberto, C., Panzarella, V., Lo Muzio, L. (2008) Oral manifestations of eating disorders: a critical review. *Oral Disease*, 14(6): 479-484.

Additional Resources

- [NIH Institute for Eating Disorders](#)
- [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](#)