

Disability Campaign.org

The Connection between Oral Health and Your Overall Health

You see your doctor for annual physicals, you take your children to their pediatrician to receive vaccinations, and you occasionally make an appointment when something you ate did not do your stomach well. And if you have a disability or chronic health condition, it's likely you're at the doctor's much more often than you'd like. But, when it comes to your teeth ... how often do you visit your dentist and hygienist? It's an important question to ask, particularly because a person's oral health is closely linked with his or her overall health.



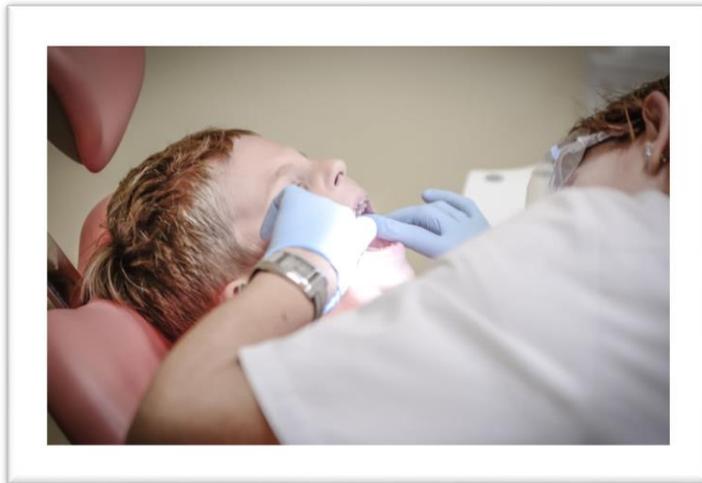
Your mouth

When you think of the dentist, you're probably thinking "teeth" or "gums," but there's much more to oral health than that. Your jaws, the roof of your mouth, the linings of your mouth and throat, your tongue, lips, salivary glands — and yes, even your chewing muscles — are all body parts that oral health practitioners evaluate to establish the condition of your mouth's health.

What's more, there are different specialists for different oral health conditions. Your general dentist will serve as your primary care dental provider. He or she is responsible for the diagnosis, treatment, and management of your overall oral health care needs. A dental hygienist at your dentist's office will take care of cleaning your teeth and examining your gums. Other dental specialists include endodontist (treat disease and injuries of the nerves of the tooth), oral and maxillofacial surgeons (perform surgical procedures in the mouth and facial area), and periodontists (treat gum and oral bone disease), to name a few.

What your mouth can reveal about your overall health

You would be amazed at how much a well-trained dentist can determine about your health through a thorough evaluation of your mouth. What's more, if you already have an existing condition, your dentist may be able to contribute to your current treatment plan to help minimize current symptoms and prevent future complications to your overall health. Below are some links between oral mouth disease and diseases of the rest of the body/mind.



- **Systemic Disease**

There are more than 120 medical conditions, some even life threatening such as stroke and heart disease, that can be detected in the early stages by your dentist. Many health conditions can have oral symptoms, such as mouth ulcers, bad breath, a distinct “taste” in the mouth, or bleeding gums. Studies have shown close links between oral diseases and systemic

diseases. For example, people with moderate or advanced gum (periodontal) disease are more likely to have cardiovascular disease or heart disease than those with healthy gums. In cases like diabetes, patients are at risk of tooth loss, gum disease, and serious oral infections. This is why it's important that you keep your dentist informed of any changes in your overall health — and that you also keep your general physician or disease specialist informed of any new or existing mouth problems.

- **Immunodeficiency and Compromised Immune Systems**

Immunodeficiency is when your body's immune system is compromised or nearly absent. This can be the case of a person with AIDS (acquired immunodeficiency syndrome) or the case of a patient with cancer who is undergoing chemotherapy, for example. In such patients, good dental hygiene is crucial. Because a patient's immune system struggles to fight infections, any infection — including infections of the mouth — could turn into a systemic, life-threatening infection.

- **Autoimmunity**

Autoimmunity is when your body's immune system begins to fight against your own healthy cells and tissues by mistake. There are a variety of autoimmune diseases, all of which can potentially affect many parts of the body. Many of them have oral manifestations as symptoms. Sjögren's syndrome, an autoimmune disease that specifically targets moisture glands — including salivary glands — can result in severe dry mouth, oral ulcers, an increased risk of cavities and lymphoma (a type of cancer), and painful, swollen glands around the face and neck.

- **Cancer**

Mouth and throat cancers are two types of cancers for which a dentist keeps an eye out. Malignant tumors can destroy and/or deform important structures of the mouth, and can spread to other areas of the body through the blood or lymph nodes. But it's not just mouth and throat cancers that can be diagnosed an oral exam; according to the National Institute of Dental and Craniofacial Research, more than 1 in 3 cancer patients develop complications that affect the mouth. These can range from mild to severe mouth sores, infections, dry mouth, sensitive gums, and jaw pain.

- **Developmental Disability**

Children and adults with developmental disabilities may require extra help with personal hygiene, including dental care. It isn't always easy, and requires patience and skill from the caregiver who helps with daily oral care. Also, a child or adult with a developmental disability



may experience even more fear and unease while at the dentist due to all the noises of drills and having someone's hands in their mouth. Not all dentists are trained to know how to treat and interact with those who have disabilities, but more and more disability training programs are now available to dentists and dental students. For these reasons, people with developmental disabilities often have poorer oral health than those without

disabilities. For more a free and practical caregiver guide on oral health, checkout the “helpful websites” section of this resource sheet.

- **Stomach Disorders**

Heartburn, in particular gastroesophageal reflux disease (GERD) can affect your mouth. When the acid of your stomach is regurgitated, it can damage the surfaces of your teeth. What’s more, if you frequently use antacids or bismuth, you may develop a condition known as “black hairy tongue.” Another stomach disorder that affects the mouth is inflammatory bowel disease, such as Crohn’s disease and ulcerative colitis — both of which can result in mouth sores and swollen gums and/or cheeks.

- **Eating Disorders**

As in the case of GERD, bulimia (episodes of compulsive eating typically followed by self-induced vomiting) can lead to wearing of the enamel and damage to the throat from stomach acids entering the mouth. In people with anorexia nervosa (restriction of food intake), the gums can recede to the point of exposing the roots of the teeth. Because the person deprives him or herself of food, anorexia patients can develop nutritional deficiencies, such as calcium, iron, vitamin B3 and vitamin D deficiency, which can lead to tooth decay, gingivitis, and canker sores.

- **Medication Reactions**

Many medications can cause dry mouth. Though at first the sensation of “cotton mouth” may only appear to be an inconvenience, efforts should be made to moisturize the mouth to keep good oral health. Saliva helps to flush food off the surfaces of your teeth, helping to keep your mouth clean. With insufficient saliva, patients with dry mouth have a



higher chance of developing cavities and can experience trouble swallowing foods. If your medications have dry mouth as a side effect and it is becoming increasingly bothersome — or if you are getting frequent cavities — talk to your physician and dentist about other medication options

and treatments for dry mouth. Over-the-counter remedies, such as a dry mouth gel or spray, may help.

- **Substance Abuse**

Drugs such as cocaine, heroin, and methamphetamine can lead to long-term, irreversible tooth damage, including discoloration, tooth decay due to increased cravings for sugar, perforations (holes) in the palate, and chipped teeth from drug-induced teeth grinding.

- **Pregnancy Challenges**

Studies have shown that women with periodontal disease have an increased risk for having a pre-term, low birthweight infant. Further studies revealed that when women with periodontal disease were treated during pregnancy, that risk decreased.



- **Mental Health**

Some people with anxiety disorders clench and grind their teeth, which can cause teeth to wear and chip; others may experience panic attacks in association with visits to the dentist. People with depression may be less inclined to keep a regular tooth-cleaning regimen, which can result in an increase in tooth decay. A person with obsessive-compulsive disorders may brush too vigorously or whiten teeth obsessively. In these cases, the mental disorder results in poor oral health — but it can also happen the other way around. In the case of children and teenagers, for example, having a crooked smile may lead to social avoidance or depression, especially in cases where they are bullied because of their teeth’s visual appearance.

How to keep a healthy mouth

Depending on your “life stage,” you may need to take extra steps in taking care of your oral health, such as if you are pregnant or over the age of 60. Children also require special oral care. Still, the five basic tips below should get you started on a good path towards keeping a healthy mouth.



- 1. Brush and floss your teeth daily.** Get into the habit of brushing for 2-3 minutes with a fluoride toothpaste and soft toothbrush at least twice a day. Replace your toothbrush every 3-4 months or use an electric toothbrush with replacement heads. Floss at least once a day to remove food stuck between your teeth. And don't forget to clean other surfaces of your mouth, such as your tongue and the inside

of your cheeks.

- 2. Keep a healthy diet and stay hydrated.** Avoid sugary foods and drinks. Sticky foods, such as chewy candies and dry fruits, can stay stuck on your teeth if not brushed well. Make sure you drink plenty of water. If you have a dry mouth, take sips of water throughout the day to keep your mouth hydrated.



- 3. Evaluate any nutritional deficiencies.** Deficiencies in calcium, vitamin D, vitamin C, and iron can all result in dental problems. A simple blood test can tell you if you are deficient in one or more essential vitamins and to what degree you are deficient. Your doctor or nutritionist may then suggest changes in your diet, as well as the use of supplements to help bring your blood levels back to normal.



- 4. Schedule regular dental checkups and cleanings (at least one dental visit every six months).** Don't wait until you have a cavity that's so bad you can hardly talk! Schedule an appointment with your dentist *before* you leave his or her office and set a reminder on your phone (or write it in your calendar).

- 5. Visit your general physician and/or disease specialist.** As you learned, there is a close link between oral health and overall health, so keeping your body healthy will also help keep your mouth healthy — and vice versa!

Your mouth can say so much about how the rest of your body is doing. By taking good care of your oral health, you're taking care of your *overall* health. To learn more on the topic of oral health, checkout the helpful websites section.

Helpful Websites:

Mouth Healthy by the American Dental Association

<http://www.mouthhealthy.org/en>

Dental Care Every Day: A Caregiver's Guide

<https://www.nidcr.nih.gov/oralhealth/Topics/DevelopmentalDisabilities/DentalCareEveryDay.htm>

The Mind-Body Connection: How Mental Health Can Impact Oral Health

<https://all4oralhealth.wordpress.com/2015/03/06/the-mind-body-connection-how-mental-health-can-impact-oral-health/>

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