## Relationship Between Oral Health and Behavioral Health



Oral pain can contribute to behavioral effects such as anxiety, fatigue, irritability, depression, and withdrawal from normal activities.

### Oral Health Impact on Behavioral & Cognitive Health

• Cognitive Functioning:

Inflammation from periodontitis may be a risk factor in exacerbating cognitive issues, including cognitive decline.

• Dental Phobia/Anxiety:

Oral health problems can trigger memories of traumatic events.

• Ouality of Life:

Poor oral health can negatively impact an individual's employment, school, and relationships.

• Self Esteem:

Tooth loss, decay, and broken teeth can lead to poor self-esteem.

• Vital Functioning:

Poor oral health can impair functional abilities such as eating and chewing, which can impact social functioning and well-being.

## Behavioral & Cognitive Health Impact on Oral Health

• Anxiety:

Teeth grinding and clenching.

• **Bipolar & Obsessive-compulsive Disorder:** Overzealous with brushing and flossing.

• Depression:

Poor oral hygiene resulting from self-neglect.

• Eating Disorders:

Tooth erosion from self-induced vomiting.

• Trauma:

Rejection of oral health services, habitual teeth grinding and clenching.

• Medications:

Xerostomia or dry mouth.

### Oral Health Impact on Substance Use Disorder

• Oral Pain:

May interfere with drug treatment, abstinence, relapse.

• Opioid Prescribing Patterns:

Oral health providers have been among the top prescribers of opioids.

• Use of Emergency Rooms:

Oral health problems treated in the emergency room often utilize pain medication, which can lead to drug-seeking behavior.

#### Substance Use Disorder Impact on Oral Health

• Cannabis:

Can lead to increased risk of oral cancer, dry mouth, and periodontitis.

• Cocaine:

Snorting is associated with nasal septum perforation. Crack cocaine smoking produces burns and sores on the lips, face, and inside of the mouth.

• Methamphetamine:

Associated with teeth grinding and clenching, excessive tooth wear, dry mouth, and rampant tooth decay.

• Opioids:

Associated with tooth loss, tooth extractions, and decay.

• Medications for Substance Use Disorders: Can result in tooth decay and dry mouth.

• Risky Sexual Behavior:

Substance use disorders can lead to an increase in risky sexual behaviors resulting in infectious disease such as HIV/AIDS and oral cancer.



### The Impact of Oral Health on Child & Adolescent Academic Readiness:

- Poor oral health can lead to decreased school performance, poor social relationships, and less success later in life. Children experiencing oral pain are distracted, and unable to concentrate on schoolwork.
- 2. The worse a child's or adolescent's oral health status, the more likely they are to miss school as a result of pain and infection.
- 3. Among children and adolescents ages 5-18, oral pain and acute asthma similarly impact school attendance.

# OPPORTUNITY:

Integration of oral health in behavioral health and substance-abuse prevention curriculum in schools can:

- 1. Create greater oral health literacy among high-risk children.
- 2. Build lifelong knowledge, skills, and habits essential to oral-behavioral health.
- 3. Address powerful determinants of oral disease such as family and peer influences.
- 4. Raise awareness of the psychosocial factors of substance use disorders on oral health.

### **Policy Opportunities**



### Integration of Care:

- Include oral health training in early intervention home visiting programs for pregnant women and infants.
- Include oral health training in home visiting programs for older adults.

#### **Education & Workforce:**

- Teach dental and behavioral health students and providers about the relationships between oral health and behavioral health.
- Encourage medical and behavioral health providers to integrate oral health messages when reminding patients about the importance of daily care, good nutrition, and healthy habits.
- Encourage referral and care coordination between oral health and behavioral health providers.

#### Data, Payment and Quality:

- Build oral health-related quality and access measures into existing state and federal payment and delivery system reform programs that include provision of behavioral health services.
- Fund initiatives that expand data sharing and research across oral and behavioral health systems to help study the reach and impact of coordinated/integrated care models.

### Access & Advocacy:

- Maintain the adult dental benefit in the Medicaid program.
- Advocate for a dental benefit in the Medicare program.

#### **Sources**

1. Environmental Scan of Oral Health and Behavioral Health Integration Models • 2. National Council for Mental Wellbeing • 3. Center for Excellence of Integrated Health Solutions

4. Oral Health and Learning: When Children's Oral Health Suffers. So Does Their Ability to Learn National Maternal & Child Oral Health Resource Center.



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