

Dental Complications of Eating Disorders

Dietary habits can and do play a role in oral health. Everyone has heard from their dentist that eating too much sugar can lead to cavities, but did you know that high intake of acidic “diet” foods can have an equally devastating effect on your teeth? Changes in the mouth are oftentimes the first physical signs of an eating disorder. The harmful habits and nutritional deficiencies that often accompany disordered eating can have severe consequences on one’s dental health.

An eating disorder may cause lingering or even permanent damage to the teeth and mouth. Early detection of eating disorders may ensure a smoother and more successful recovery period for the body and the teeth. Damage to the teeth and mouth can be tempered by arming yourself with the right information and receiving appropriate guidance from your oral health professional.

If you or your loved one has struggled with an eating disorder, make sure you ask questions about your dental provider’s qualifications, their experience, the kinds of cases they have treated and their treatment philosophies. It is important that like all of your relationships with healthcare providers, your relationship with your oral healthcare provider be candid and honest. They can only provide as much help as you allow them to provide.

If you are experiencing any dental symptoms, talk with your dentist about ways to care for your teeth and mouth. If you notice these symptoms in a loved one, you may use your observations to initiate a respectful conversation about your concerns. There are methods for improving oral health while seeking help to change harmful eating habits.

Dental Effects of Eating Disorders



- Without the proper nutrition, gums and other soft tissue inside your mouth may bleed easily. The glands that produce saliva may swell. Individuals may experience chronic dry mouth.
- Food restriction often leads to nutritional deficiency. Nutrients that promote oral health include calcium, iron and B vitamins. Insufficient calcium promotes tooth decay and gum disease; even if an anorexia patient does consume enough calcium, they also need enough vitamin D to help the body absorb it. Insufficient iron can foster the development of sores inside the mouth. Insufficient amounts of vitamin B3 (also known as niacin) can contribute to bad breath and the development of canker sores. Gums can become red and swollen—almost glossy-looking—which is often a sign of gingivitis. The mouth can also be extremely dry, due to dehydration, and lips may become reddened, dry and cracked.
- Frequent vomiting leads to strong stomach acid repeatedly flowing over the teeth. The tooth's outer covering (enamel) can be lost and teeth can change in color, shape and length, becoming brittle, translucent and weak. Eating hot or cold food or drink may become uncomfortable. Tissue loss and erosive lesions on the surface of the mouth may occur. The edges of teeth often become thin and break off easily. In extreme cases the pulp can be exposed and cause infection, discoloration or even pulp death. Tooth decay can actually be aggravated by extensive tooth brushing or rinsing following vomiting.
- Degenerative arthritis within the temporomandibular joint in the jaw is a dental complication often associated with eating disorders. This joint is found where the lower jaw hinges to the skull. When arthritis begins in this joint it may create pain in the joint area, chronic headaches and problems chewing and opening/closing the mouth.
- Purging can lead to redness, scratches and cuts inside the mouth, especially on the upper surface commonly referred to as the 'soft palate.' Such damage is a warning sign for dental professionals, because healthy daily behaviors rarely cause harm to this area. Soft palate damage is often accompanied by cuts or bruises on the knuckles as a result of an individual's

teeth placing pressure on the skin while attempting to purge.

- A frequent binge-and-purge cycle can cause an enlargement of the salivary glands. Enlarged glands can be painful and are often visible to others, which can lead to emotional distress.

Treatment of the Oral Health Consequences of Eating Disorders

- Maintain meticulous oral health care related to tooth brushing and flossing, as well as frequent and appropriate communication and examination by your dentist. A confidential relationship should always be maintained between the dentist and patient, and therefore, the patient should feel that the dental office is a “safe” place to disclose their ED struggles and progress towards recovery.
- Individuals in treatment may still engage in purging behaviors, and should be honest with their treatment team about these behaviors. To maintain oral care while curbing these behaviors, after purging patients should immediately rinse their mouth with water or use a sugar-free mouth rinse. Patients should swish only water around their mouth due to the high acidic content in the oral cavity. It has also been recommended that brushing be halted for an hour to avoid actually scrubbing the stomach acids deeper into the tooth enamel.
- A dry mouth, or xerostomia, may result from vomiting and/or poor overall nutrition. Xerostomia will also frequently lead to tooth decay. Moisturizing the mouth with water, or other specified products, will help keep recurrent decay at a minimum.
- Consult with your dentist about your specific treatment needs. Fluoride rinses may be prescribed as well as desensitizing or re-mineralizing agents.

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