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Psychiatric morbidity and dental problems among women from institutional care

Meghana hanchate

JSSAHER, meghanahanchate274@gmail.com

Kishor M

JSS Medical College and Hospital, Mysuru, kishorm@jssuni.edu.in

Ashwini T S

JSS Hospital, drashts2000@gmail.com

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Psychiatric Morbidity and dental problems among women from institutional care

Background

India has more than 200 million people who have one or other psychiatric disorder which have remained among the top 10 leading causes of burden as per the 2019 Global Burden study (1). There has been an increase in psychiatric morbidity among women due to many factors, such as socio-economic and cultural, in the post covid pandemic period. Psychiatric morbidity and dental problems have been explored in a few studies among women, particularly among those in institutional care. Studies have shown a significant association between common mental health disorders and dental problems such as tooth loss and higher rates of decayed, missing, and filled teeth surfaces than controls (2). It is more so among women. Some association has been found between some serum antibodies against common periodontal organisms and cognitive impairment which causes brain inflammation and subsequent neurodegeneration in Alzheimer's disease patients (3). Indian studies have found similar results where they have identified an increased need for prevention and treatment of oral health needs among psychiatric patients (4). Especially in women in India, more studies are needed to explore dental conditions and psychiatric illness, because of lack of awareness and access to care.

Methodology

With Institution Ethics Committee clearance, all patients from institution care presenting to a Geriatric dental clinic in a tertiary care teaching hospital, who gave informed consent were evaluated for psychiatric disorders using the WHO International Classification of Diseases

(ICD -10) and assessed for cognitive impairment using Mini Mental Status examination (MMSE). Psychiatrist and Dentist made the inference of psychiatric and dental conditions.

Results

13 women presented to dental OPD with age groups ranging from 45-100 years. Among these, 3 (23.07%) had completely edentulous teeth (No teeth). 2 women (15.38%) had deep caries with pulpal pathology. 3 women (23.07%) had grossly decayed teeth. 3 women (23.07%) had generalized or localised periodontitis. 2 women (15.38%) had decayed with pulpal pathology. 1 woman had type 2 diabetes mellitus (7.69%). 2 had only Hypertension (15.38%). 6 women had both Type 2 diabetes mellitus and hypertension (46.15%). 1 woman had Bipolar affective disorder (7.69%). 1 had Intellectual development disorder (7.69%). 7 women had mild to moderate cognitive impairment (53.84%).

Discussion

Women in age group above 45 years who presented to the geriatric dental clinic who had been identified to have the dental pathology were also found to have cognitive impairment. This was similar to other studies where there was an association between dental pathology and cognitive decline (5,6). Medical comorbidities i.e. diabetes and hypertension are also associated with these patients and should be screened for the same. There is growing concern in India about women who are in institutional care, which are mushrooming throughout the country, where family members place women for continued care based on monthly fees. There are hardly few studies that have explored psychiatric disorders, dental conditions, cognitive impairment and physical health comprehensively. This is to our knowledge, the

first study of its kind where a multidisciplinary team evaluated, documented, and intervened as per standard treatment protocols. More studies are needed involving larger populations across different geographical regions to explore this unexplored area.

Conclusion

Women presenting from institutional care have psychiatric disorders particularly depressive disorders, dental disorders such as grossly decayed teeth along with cognitive impairments, and chronic diseases such as diabetes & hypertension. A multiple disciplinary team approach is important in the evaluation and management of these women.

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