Increasing motivation and decreasing sensitivity: Dental challenge in eating disorder

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Anorexia nervosa (AN) cause dental erosions. This process could be highly damaging both because of increase of dentinal sensitivity, both because of serious dental surface modification. These two conditions make more difficult to approach the patients suffering for AN and to give them support to manage their pathological situation.

Questions

It is possible to test whether a temporary dental restoration (indirect mockup) could be significant in decreasing dentinal sensitivity and improving psychological motivation in 18-years old girl affected by AN for five years.

Materials and methods

Young patient received a questionnaire about dentinal hypersensitivity, dental hygiene habits and frequency of vomiting episodes. Answers showed a high self-reported degree of dentinal sensitivity, with difficult in to eat and drink. Poor level of dental hygiene was noticed (once per day tooth brushing and not flossing) and about three episodes of vomiting in a week.

After stabilization of dental posterior dimension with provisional crowns, a six-teeth temporary restoration in composite resine on upper anterior sector made by CADCAM technology without preparation of teeth surfaces was placed. The mockup was cemented by glass ionomer cement after application of desensitizer (BisBlock. Bisco Inc.). The restoration covered anterior and posterior surfaces of social six sector in order to obtain a good aesthetic result and decrease of sensitivity. The questionnaire was submitted one week after restoration placement.

Results

Patient reported immediate decrease of dentinal hypersensitivity and a progress in drinking cold beverage. Vomiting episodes did not decrease but dental hygiene have improved (two times per day tooth brushing and once a day flossing). Patient reported in the final questionnaire a psychological upgrading because of possibility in drinking and smiling.

Dentinal sensitivity is of course reduced with immediate coverage of eroded dental surfaces, but we can conclude that a better teeth aesthetic condition might improve also the psychological context in AN.

Conclusions

It might be positive to introduce temporary restorations in young patients suffering for AN. The aesthetic acceptance and motivation play a positive role in improving health approach. The decrease of hypersensitivity makes easier to eat and drink.

Of course, an adequate psychological and behavourial support is needed in order to correct behaviour and to stabilize achieved results.

The CAD/CAM technology with the feasibility to obtain fast temporary restorations might open a new scenario in rehabilitation of hard cases of erosions and lack of hard tissues, it might be so possible to use a mock-up like a preview of definitive results.

This approach is strongly effective in improving the decrease of hypersensitivity and in empowering the motivation in patients affected by AN.

References


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