



ORAL HEALTH RISK ASSESSMENT IN PSYCHIATRIC PRACTICE: USING PREVENTION INSTEAD OF CRISIS MANAGEMENT

Purpose of this handout: This handout expands the idea that routine oral health risk assessment allows psychiatric providers to prevent avoidable emergencies. By asking brief, focused questions, providers can identify patients at higher risk and intervene early through medication review, preventive strategies, and timely referral.

WHY RISK ASSESSMENT MATTERS

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Psychiatric medications often influence saliva, motor function, and health behaviors. These effects can:

- Accelerate caries and periodontal disease
- Worsen pain, sleep, and nutrition
- Increase the likelihood of dental emergencies and unplanned care

A structured risk assessment makes it possible to act before problems become crises. It provides a framework to:

- Recognize patients who already have significant oral disease
- Identify those whose prostheses or habits increase vulnerability
- Link findings to targeted preventive steps and shared decision-making

KEY RISK GROUPS TO IDENTIFY

Routine oral health questions help locate patients who fall into one or more of the following categories.



2.1 Patients with current pain, loose teeth, or active infections

These patients already have significant disease burden.

Psychiatric medications that worsen dry mouth, cravings or sugar intake, bruxism, or oral tissue irritation can intensify:

- Tooth pain and sensitivity
- Mobility or loss of teeth
- Swelling, abscesses, or draining infections

Brief screening questions:

- "Any current tooth or mouth pain, swelling, or infections?"
- "Have any teeth felt loose or shifted recently?"
- "Have you needed antibiotics or emergency dental care in the last year?"

Flagging these patients as high risk supports closer follow up and coordination with dental teams when medications are started or changed.

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2.2 Patients with dentures, partials, or implants

Dentures, partials, and implants depend on healthy mucosa, bone, and saliva. Motor or salivary changes from psychiatric medications can lead to:

- Poor retention and increased friction from ill-fitting dentures
- Ulceration or trauma where devices rub against dry or fragile tissues
- Higher risk of peri-implant inflammation or infection, especially if dry mouth, smoking, hygiene challenges, or follow-up barriers are present.

Patients with prosthetic devices are particularly vulnerable when new medications increase muscle activity (for example, bruxism or dyskinesias) or decrease saliva.

Brief screening questions:

- "Do you use dentures, partials, or implants?"
- "Have they become harder to keep in place or more uncomfortable recently?"
- "Have you had new sore spots or areas that rub?"



KEY RISK GROUPS TO IDENTIFY

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2.3 Patients who smoke, vape, or drink heavily

Tobacco and heavy alcohol use already raise risk for:

- Periodontal disease and tooth loss
- Oral mucosal changes and oral cancer
- Delayed healing after dental procedures

When combined with medications that reduce saliva or affect oral tissues, risk may increase further.

A concise assessment includes:

- “Do you smoke, vape, or use other nicotine products?”
- “How often do you drink alcohol in a typical week?”
- “Have any dental or medical providers expressed concern about your gums or oral tissues?”

Identifying this group allows providers to consider medication choices that do not further impair salivary function and to reinforce brief interventions or referrals for cessation support.



2.4 Patients with strong sugar cravings or nighttime eating

Some psychiatric medications and mood states contribute to:

- Intense cravings for sweets or sugary drinks
- Frequent snacking, especially late at night
- Eating in bed or while drowsy



These patterns significantly increase caries risk, especially in the context of dry mouth. Helpful questions include:

- “Have your sugar cravings or snack habits changed with this medication?”
- “Do you often eat or drink something sugary between meals or at night?”
- “Do you brush after late-night snacks, or is that difficult right now?”

Patients who rely on high-sugar snacks for emotional regulation, energy, or nausea relief may need tailored strategies that protect teeth while maintaining psychiatric stability.



HOW EARLY IDENTIFICATION CHANGES THE TREATMENT PLAN

Once higher-risk patients are identified, psychiatric providers can use this information to adjust care. Early detection allows providers to:

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3.1 Adjust drug choices when possible

Risk assessment can influence prescribing decisions, for example:

- Considering medications with lower dry-mouth or anticholinergic burden when clinically appropriate, especially when a patient already has advanced periodontal disease, dentures, or frequent infections
- Reconsidering agents that aggravate bruxism in patients with implants or fragile restorations
- Monitoring more closely when high-risk regimens cannot be changed
- Even when switching is not feasible, acknowledging increased oral risk supports proactive preventive planning.



3.2 Add preventive strategies

For higher-risk patients, preventive measures can be integrated into the treatment plan, such as:

- **Fluoride support**
 - Recommending regular use of fluoride toothpaste and discussing prescription-strength options with dental providers
- **Saliva support**
 - Encouraging hydration, sugar-free xylitol gum or lozenges, and saliva substitutes when appropriate
- **Diet counseling**
 - Exploring lower-sugar snack options that still meet psychiatric and energy needs
 - Suggesting timing strategies, such as pairing sweets with meals rather than continuous grazing

These steps can be introduced as part of routine discussion of side effects and self-care during psychiatric visits.



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3.3 Encourage timely dental evaluation

Risk assessment should lead directly to a plan for dental follow up. For example:

- Patients with current pain, loose teeth, or visible swelling can be encouraged to seek prompt dental care rather than waiting for severe infection.
- Patients with dentures, partials, or implants and new discomfort can be advised to see their dentist for adjustment before tissue breakdown occurs.
- Patients with heavy tobacco or alcohol use can be reminded of the importance of regular oral cancer screening by dental professionals.

Psychiatric providers can normalize these referrals by framing them as routine parts of comprehensive care rather than optional extras.

INTEGRATING RISK ASSESSMENT INTO EVERYDAY PRACTICE

To keep the process efficient, psychiatric teams can:

- Add a short oral health risk section to intake forms and annual review templates.
- Train staff to ask basic screening questions about pain, prostheses, substance use, and sugar habits.
- Use simple checkboxes in the record to flag higher-risk patients and document recommended follow up.

Over time, this routine risk assessment helps shift care from crisis response toward prevention. It enables psychiatric providers to anticipate oral complications, align medication plans with oral health needs, and support better long-term outcomes for both mental health and dental health.



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