



## **University of Huddersfield Repository**

Clifton, Andrew, Tosh, G., Khokhar, W., Jones, H. and Wells, N.

Oral Health Advice for People With Serious Mental Illness

### **Original Citation**

Clifton, Andrew, Tosh, G., Khokhar, W., Jones, H. and Wells, N. (2011) Oral Health Advice for People With Serious Mental Illness. *Schizophrenia Bulletin*, 37 (3). pp. 464-465. ISSN 0586-7614

This version is available at <https://eprints.hud.ac.uk/id/eprint/16800/>

The University Repository is a digital collection of the research output of the University, available on Open Access. Copyright and Moral Rights for the items on this site are retained by the individual author and/or other copyright owners. Users may access full items free of charge; copies of full text items generally can be reproduced, displayed or performed and given to third parties in any format or medium for personal research or study, educational or not-for-profit purposes without prior permission or charge, provided:

- The authors, title and full bibliographic details is credited in any copy;
- A hyperlink and/or URL is included for the original metadata page; and
- The content is not changed in any way.

For more information, including our policy and submission procedure, please contact the Repository Team at: [E.mailbox@hud.ac.uk](mailto:E.mailbox@hud.ac.uk).

<http://eprints.hud.ac.uk/>

## Oral Health Advice for People With Serious Mental Illness

Andrew Clifton<sup>\*1</sup>, Graeme Tosh<sup>2</sup>, Waqqas Khokhar<sup>3</sup>, Hannah Jones<sup>4</sup>, and Nicola Wells<sup>2</sup>

<sup>1</sup>School of Health, Community & Education Studies, Northumbria University, Newcastle upon Tyne, UK; <sup>2</sup>Nottinghamshire Healthcare NHS Trust, Nottingham, Nottinghamshire, UK; <sup>3</sup>Derbyshire Mental Health NHS Trust, Derby, Derbyshire, UK; <sup>4</sup>Academic Unit of Psychiatry, Community Based Medicine, University of Bristol, Bristol, UK

<sup>\*</sup>To whom correspondence should be addressed; tel: +44(0)191 2156114, fax: +44(0)191 2156082, e-mail: a.v.clifton@northumbria.ac.uk

**Key words:** oral health/healthcare advice/serious mental illness/Cochrane systematic review/meta-analysis

### Background

People with serious mental illness experience an erosion of functioning in day-to-day life over a protracted period of time. There is also evidence to suggest that people with serious mental illness have a greater risk of experiencing oral disease and have greater oral treatment needs than the general population. However, oral health has never been seen as a priority in people suffering with serious mental illness.

### Objectives

To review the effects of oral health advice for people with serious mental illness.

### Search Methods

We searched the Cochrane Schizophrenia Group Trials Register (October 2009), inspected references of all identified studies, and contacted the first author of each included study if required.

### Selection Criteria

We included all randomized or quasi-randomized clinical trials focusing on oral health advice vs standard care or

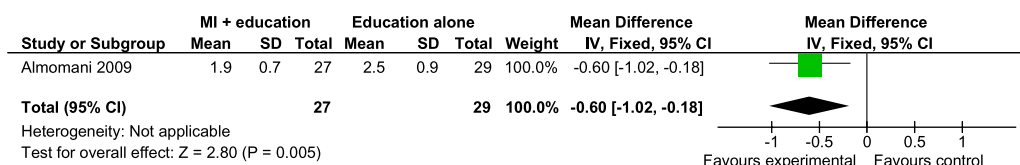
comparing oral health advice with other more focused methods of delivering care or information.

### Data Collection and Analysis

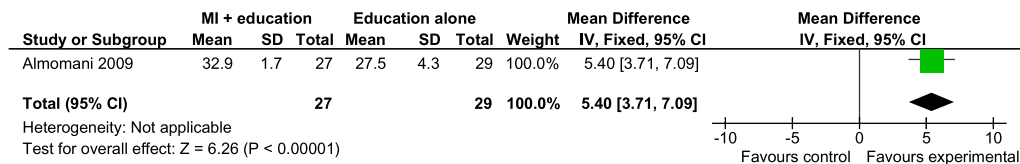
We independently extracted data and calculated random effects, relative risk, 95% CI, and, where appropriate, numbers needed to treat/harm on an intention-to-treat basis. For continuous data, we calculated weighted mean differences.

### Results

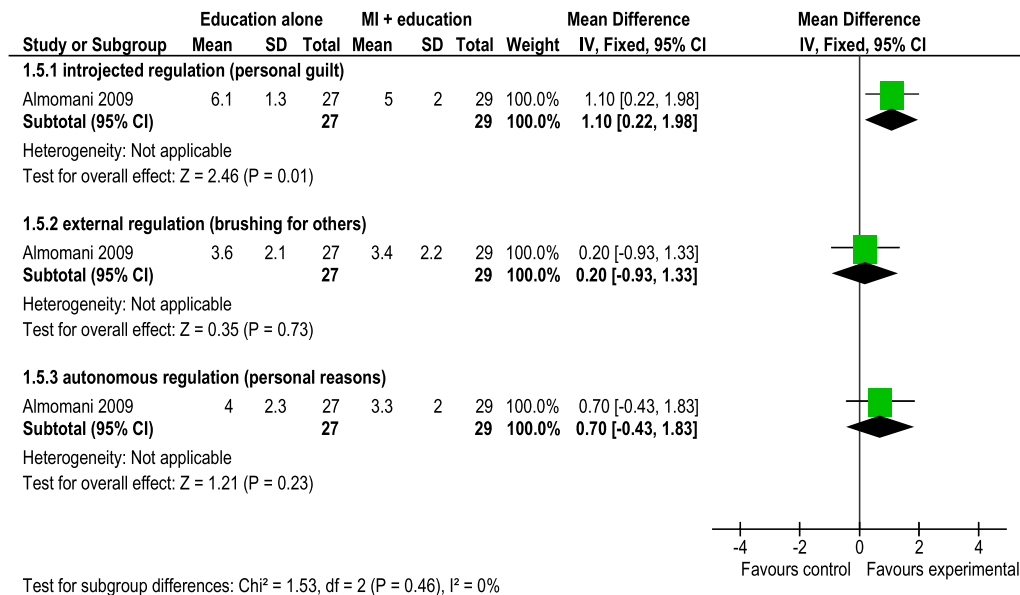
We identified one randomized controlled trial, randomizing fewer than 60 people to receive oral health motivational interviewing from a psychologist in addition to an education package vs the use of the education package alone. After 8 weeks, the intervention group showed a better dental state (mean difference [MD]  $-0.60$  CI  $-1.2$  to  $-0.18$ ) and a higher level of knowledge about oral health (MD  $5.40$  CI  $3.71$ – $7.09$ ). Motivational interviewing plus education were statistically significantly more likely to encourage “personal guilt” (MD  $1.10$  CI  $0.22$ – $1.98$ ) but not the will to brush for others (MD  $0.20$  CI  $-0.93$  to  $1.33$ ) or for own personal reasons



**Fig. 1.** Hygiene: Average Score (Modified Quigley-Hein Plaque Index, high score = bad).



**Fig. 2.** Knowledge: Average Score (15 item Oral Health Knowledge Questionnaire, high = best).



**Fig. 3.** Behavior: Average Score (Treatment Self Regulation Questionnaire, high = good).

(MD 0.70 CI -0.43 to 1.83). Outcomes were measured on scales (eg, Modified Quigley-Hein Plaque Index), the clinical meanings of which were not clearly explained within the trial itself (see figures 1–3 below)

### Authors' Conclusions

Perhaps, for people with serious mental illness, motivational interviewing plus education can significantly improve short-term oral health behavior. However, data are limited and the quality is poor. This is a neglected

area of research. Full details of this review are reported elsewhere.<sup>1</sup>

### Acknowledgments

The Authors have declared that there are no conflicts of interest in relation to the subject of this study.

### Reference

1. Khokhar W, Clifton A, Jones H, Tosh G. Oral Health Advice for serious mental illness. *Cochrane Database Syst Rev*. In press.