

Oral Health Advice for People With Serious Mental Illness

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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

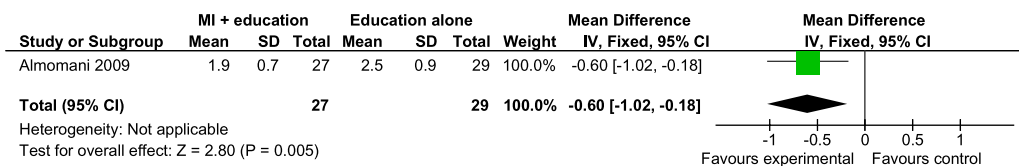


Fig. 1. Hygiene: Average Score (Modified Quigley-Hein Plaque Index, high score = bad).

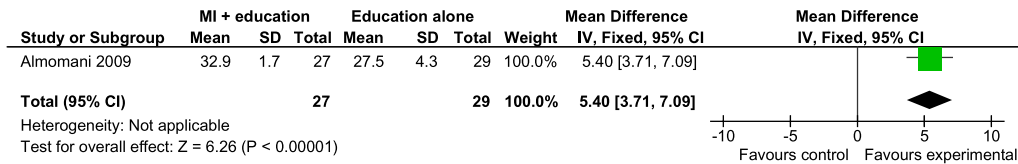


Fig. 2. Knowledge: Average Score (15 item Oral Health Knowledge Questionnaire, high = best).

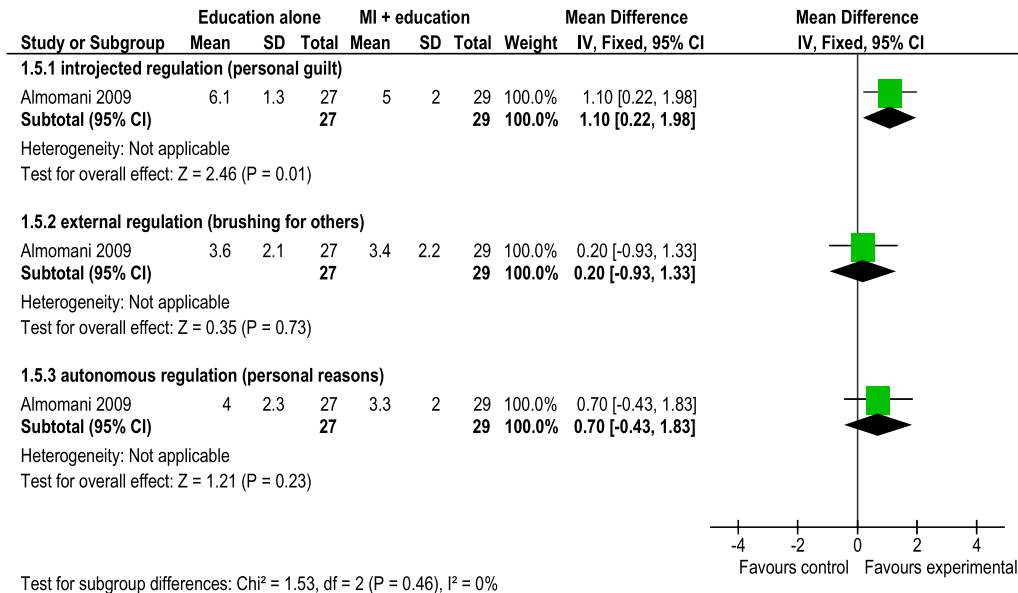


Fig. 3. Behavior: Average Score (Treatment Self Regulation Questionnaire, high = good).

(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.¹

Acknowledgments

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Reference

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