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Misinterpreted Orthodontic Procedure leading on to depression

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CLINICAL HISTORY:

24-year-old unmarried female born of 2⁰ consanguineous marriage presented to psychiatry department with complaints of sadness, rumination of feeling worthlessness, sleep disturbances since 4 months. She visited a dentist for teeth alignment as she felt it was impairing her marriage proposals. The patient underwent a procedure for orthodontic brackets bonded onto her tooth of the upper and lower jaw. The patient started to feel fearful of perceived pain during the procedure and reported repetitive thoughts regarding the possible pain during most of the day that led to reduced functionality. The patient reported reduced sleep, in terms of duration, with a delay in initiation for more than 60 minutes and a feeling of helplessness and anxiety associated with autonomic symptoms lasting for 10 minutes and 2-3 episodes a day. The patient reported decreased food intake, sadness persisting throughout the day, and crying spells and death wishes on and off due to hopelessness regarding appearance. Dental opinion revealed no defects in dental management and the process was indeed painless. The patient had no active pain but anticipation of pain.

The patient had a similar episode 2 years ago following dental braces with fear about the treatment, helplessness, sadness for about 4 months after which she got her braces removed before the dental course of treatment was completed.

PAST MEDICAL HISTORY: Nil significant.

FAMILY HISTORY: h/o suicide in her maternal cousin at the age of 27yrs.

PERSONAL HISTORY: bowel and bladder habits- regular.

No menstrual irregularities or substance use reported.

EXAMINATION AND INVESTIGATIONS:

GENERAL PHYSICAL EXAMINATION: No abnormal findings.

MENTAL STATUS EXAMINATION:

The mood was subjectively sad and objectively depressed. Content of thought-ideas of helplessness, worthlessness, hopelessness present

ASSESSMENT:

Hamilton depression assessment scale (HAM-D) score: 17(moderate depression)

Hamilton Anxiety Rating Scale (HAM-A) score: 12 (mild anxiety)

FINAL DIAGNOSIS:

As per WHO ICD -10:

Recurrent depressive disorder current episode moderate depression with somatic syndrome

DISCUSSION:

The case report demonstrates the interaction of psychiatry and dental sciences in patient care. The patient's perception of the dental procedure acted as a trigger for relapse of depression. Depression when undetected by the dentist will lead to discontinuation of treatment as recorded in this case. Anticipatory pain in an orthodontic procedure that is carried out over several months can be immensely stressful in vulnerable individuals. Depression is the most common psychiatric disorder affecting 10-15% of people in their lifetime that can be treated. Patients with psychiatric disorders as a whole are especially vulnerable to oral trauma and oral soft-tissue pathologies when compared with healthy subjects^[1]. For mental health clinicians, consideration of oral health should also be part of a comprehensive assessment of people with severe mental illness.^[2] Assessment could be done using Patient Health Questionnaire -9 and Generalized Anxiety Disorder assessment scale-7. The contribution of psychotropic medication to dental conditions is also well known, for example; xerostomia secondary to medications should be evaluated, monitored, and managed. Patients should be assessed regarding changes in saliva secretion and complaints of difficulty in swallowing,

speaking, or eating dry foods. Additional questions regarding oral health such as the presence of lip dryness, cracking, halitosis, and mouth sores ^[2] should be enquired. Similarly, questions related to anxiety and depression should be enquired before all dental procedures. Better coordination between dental and psychiatry departments is required to serve the needs of these groups of patients ^[3].

CONCLUSION: This case report emphasizes the need for interaction between psychiatry and dental sciences. Assessing possible evolution of psychiatric conditions in people undergoing dental procedures and assessing oral health in psychiatric patients.

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REFERENCES:

1. Elhadad A. A study of dental diseases in psychiatric patients: is there a relationship?. Egyptian Journal of Psychiatry. 2017;38(3):143.
2. Kisely S. No Mental Health without Oral Health. The Canadian Journal of Psychiatry. 2016;61(5):277-282.
3. Glass M. The Need for Collaboration Between Psychiatry and Dentistry. American Journal of Psychiatry Residents' Journal. 2018;13(6):9-9.
4. Hudson J. How mental health affects oral health. BDJ Student. 2021;28(3):21–3.