Guidelines for Dental Professionals
in Treating Patients with Severe Mental Illness

General Treatment Guidelines

1. Know the major categories of psychiatric disorders, the major symptoms of the common disorders, and the medications used to treat them as well as the side effects of these medications. Be aware of the biological, psychological, and sociological components of psychiatric disorders.

2. Obtain a complete medical history including all medications. Ask for their physician’s name in the event you need to consult about treatment or drug interactions. Consult with other health care professionals who work with the patient to help ensure comprehensive care and to identify patients who might require special management. Patient consent for consultation must be obtained.

3. Local Anesthetic Guidelines — Limit or avoid the use of epinephrine and other vasoconstrictors in patients taking certain psychotropic drugs* due to the potential of serious hypotension or hypertension and/or cardiac arrhythmias (including tachycardia).

4. Nitrous Oxide (N₂O) Guidelines — N₂O should be used with extreme caution in people who are on psychotropic medications for the following reasons: (a) an increased risk of lowering blood pressure and initiating a hypotensive reaction, and (b) an increased risk of hallucinations in psychotic patients. N₂O should not be used on recovered alcoholics and drug abusers due to the increased potential for initiating a relapse.

5. Consult with the patient’s physician prior to significant oral surgery.

6. Prescribe medications with caution. Psychotropic drugs potentiate the side effects of analgesic and anesthetic medications.*

7. Keep appointments short. These patients cannot tolerate long procedures.

8. Allow for physical distance and “time out” breaks. When you are working in the oral cavity it is easy for the patient to incorporate you into their delusional system.

*Refer to handout on “Selected Drugs Used in Psychiatry.”

Special Considerations for Substance Abusers

1. Patients may have cognition impairment and memory problems due to alcoholic dementia.
2. They may have a low pain threshold and may require more local anesthesia.
   - For cocaine abusers, do not use vasoconstrictors (can be lethal) within 24 hours of cocaine exposure to allow for elimination of the drug and its active metabolites.
3. It is best to avoid the use of mood altering drugs, e.g., narcotic analgesics, N₂O.
4. They may have unpredictable metabolism of drugs due to liver disease, e.g., local anesthesia, N₂O, IV sedation.
   - This may cause pain control problems.
   - Avoid N₂O and IV sedation due to unpredictable reactions and increased tolerance.
5. They may have increased bleeding problems due to decrease in clotting factors associated with liver pathology (alcoholic cirrhosis).
   - Limit acetaminophen (Tylenol, others) dose to <2 grams per day in chronic alcohol users to minimize risk of liver damage.
6. They are more susceptible to infection due to suppression of white blood cells.
7. It is best to avoid mouth rinses containing alcohol.

For additional information contact:
Patricia E. Doyle, RDH, BS, FADPD, pedoyle@u.washington.edu
Patient Characteristics

1. The patient dictates how much you can accomplish in any one appointment. Be flexible and willing to adapt.

2. The patient with chronic mental illness may have difficulty sitting still, and may have tremors and a desire to move around. Be alert to the possibility of extrapyramidal syndrome and tardive dyskinesia:
   a. Extrapyramidal syndrome (EPS) — movement disorders that may occur as a reversible neurological side effect of antipsychotic drugs; e.g. akathisia — an intense, unpleasant need to move and an inability to sit still; characterized by motor restlessness, frequently with symptoms of anxiety and/or agitation.
   b. Tardive Dyskinesia (TD) — abnormal, involuntary movements that usually start in the mouth and face (e.g., a rolling tongue), but can progress to the trunk; most commonly caused by long-term, high-dose use of typical antipsychotics.

3. If the person looks angry, ask about it, and ask about his or her affect (mood). The person may not be feeling angry at all. The person with mental illness needs to know that someone cares about what he or she is experiencing.

4. The person’s “voices” are an inroad into their internal life. Listen and look for the “kernel of truth” in what the person is saying. Avoid arguing about their delusions and hallucinations. Their voices are real for them and you cannot talk a person out of hearing the voices. Persons on psychotropic medications often still hear voices but learn to ignore them. Some patients will benefit from reassurance regarding their delusions.

5. The person with severe mental illness may have cognitive and/or memory difficulties. Short attention span and difficulty understanding information and directions are common, even with persons who are very bright. Catch their attention and make your point quickly and simply.

6. Patients may be fearful of dentistry or lack trust in dental personnel. They frequently have a history of physical or sexual abuse, which can contribute to dental fear. Management of dental fear is important.

7. Substance abuse is not uncommon among persons with severe mental illness. They may self-medicate to make themselves feel better. Therefore, precautions recommended for substance abusers may also apply.

Communication Guidelines

1. Develop good interviewing skills to obtain information and assess the person’s feelings and behaviors.

2. Talk to a mentally ill person in a way that doesn’t degrade; always treat the person with respect.


4. If you don’t understand what someone is saying, ask for clarification and repeat what the person said. A mentally ill person may respond slowly; allow time for response.

5. Dental procedures cut off the ability to communicate, so indicate that you will be aware of nonverbal responses and suggest what the person can do to signal the need for a break to rest or talk.

6. Keep it simple. Try to be direct and to the point. The more abstract the approach, the more confused the person becomes. Use language the patient can understand; for example, refer to gums rather than soft tissue, and debris rather than plaque. Minimize your use of gestures.

7. Do a lot of explaining, especially if you sense fear or paranoia. Be careful to show and explain all materials and equipment to be used, as any perceived attempt to conceal may increase the patient’s agitation.

8. Don’t ask too many questions. Mentally ill persons often view questions as intrusive. Talk in a way that lets them know we are working together.

9. Be empathetic and respect what the person is experiencing as his or her reality, however strange it may seem. Keep the patient’s perspective in mind when discussing the problem. Be nonjudgmental and tolerant of eccentric, bizarre, and undesirable behavior. Be consistent, predictable, and use positive reinforcement. Also be able to take some abuse and criticism, and accept that you may not be rewarded or recognized.

10. Be patient – remember the episodic nature of the illness, i.e., the patient may begin to make strides in oral hygiene, have a relapse because of the illness, and regress to a poor level of oral hygiene.

11. Develop dialog with the patient’s family or other support persons to help facilitate the dental treatment plan.

12. Maintain a sense of humor.  

(March 2013)