

Dr. Amélie Fournier - Patients' Perspectives on the Dentist's Role When Treating People with Eating Disorders

Dr. Fournier: Hi everyone, thank you all for attending this CDA Oasis session. I'll start by briefly introducing myself. So, I'm a Dr. Fournier and I just recently graduated from McGill dentistry with the class of 2019. I'm now working as a GP at Greenstone Dental, Hearst. It's a new dental clinic located in Hearst, a very small town with 5,000 people, in Northern Ontario. So, I'm very happy to be sharing my research with you today. It's entitled Dentist's role in treating people with eating disorders: patients' perspective. So, I'll get started. So, what are eating disorders? Eating disorders are described as being a persistent disturbance of your eating related behaviors that result in altered consumption of absorption of food, and then it significantly impairs physical health or even psychological functioning. It's estimated that around 1.5% of Canadian women age 15 to 24 years have an eating disorder.

Dr. Fournier: And although oral manifestations are the most common complication of the disease, many dental practitioners feel that they have insufficient level of knowledge regarding how to approach their patient and/or how to address the issue in the dental office. In addition, little to no research has been published regarding the patients' views on addressing their EDs – so I'll be referring as EDs for eating disorders – in a dental setting. So, this said, my objective for this study was to understand how people with EDs think dentists could be involved in their diagnosis and care. So, I started doing a qualitative descriptive study design after obtaining approval from the research ethics board. We conducted semi-structured interviews via telephone. They lasted about to 10 to 20 minutes depending on how the patient was comfortable talking to us. But it went really well.

Dr. Fournier: Interviews were then transcribed and analyzed and from that we were able to extrapolate important topics and quotes. A thematic analysis was finally performed, which led to the creation of broader themes, which I'll be going through into the next slides. So, this was the sample interview guide that we used for our interviews. There were eight questions such as Can you describe your last dental visit? and What do you think dentists knew about EDs and caring for patients with EDs? So, what do you think dentists should know about eating disorders in general?

Dr. Fournier: Our population and sample frame a frame, we were able to recruit 17 females from Ontario and Quebec. They all ranged in between 18 to 31 years, so all adults. We obtained a non-random convenience sample. So, this said, we used social media outlets such as Instagram private messages to recruit our participants. We had two main inclusion criteria. Participants had to be medically diagnosed with an ED by a professional and also had to have visited a

dentist within the past five years. These are the seven themes that we were able to conclude from our research. So, first of all, demonstrating compassion. For example, many patients feel embarrassed about their EDs. Offering support. So, this is through the recovery process and to overcome challenges during recovery. Next was providing information on oral implication of EDs and also being given different treatment options.

Dr. Fournier:

So, providing the patient with short-term and long-term or options depending on current symptomatic behaviors. Next was discussion. So, easing into the discussion about eating disorders, not being too direct. Eliminating judgment. Patient mentioned that they fear judgment regarding their eating disorders, and they also experience a lot of self-perceived judgment. Finally, making appropriate comments. So, avoiding any comments on physical and or general appearances such as you look good or you look healthier. A lot of times these comments might be well-intentioned by the dentist, but for someone with an eating disorder they can often be mal-interpreted, and the patient can see that as negative as they gained weight or they're getting fat. So, it's really important to not give any comments in that range. Finally, resources. So, providing outlets of aids and professional assistance such as links to go to see a psychiatrist, available dietitians in the area, things like that.

Dr. Fournier:

As well, participants acknowledged the importance for the dentist to have proper education and understanding about EDs in areas such as the stages of recovery and eating disorders [inaudible] as an illness. So, I really wanted to make a point that EDs were not a choice but really a mental illness. An important barrier hindering their ability to discuss their ED was the relationship with their dentist. So a lot of patients mentioned that if they had known the dentist for a longer amount of time or had created a better relationship with them from the start, it would be a lot easier for them to open up about the issue and be able to accept the help offered.

Dr. Fournier:

So, we were able, although many quotes were identified during the process as being important two really stood out and really summarize what we want to showcase in this research. So, first of all, "Recognizing those red flags and not staying silent about it, is important. So, if you do have a feeling that something is not quite right, make sure that you're connecting them to help, or ask simple questions that could start the conversation and show them that it's okay to talk about what they're going through." Another important one was "Be non-judgmental. Keep things professional, confidential; don't go gossiping with your team about it. Be supportive. And take care of the physical damage on the teeth, and realize that recovery takes time." So, from that we were able to build a summary of recommendations. So, recognize oral manifestations of EDs; being non-judgmental; engage in discussion while avoiding comments on appearance; know about the mental illness—so being as knowledgeable as possible—; offering support through the stages of recovery and relapse; provide oral health

information and professional help resources; and finally, understanding that it's not a choice. So, all of this will help cultivate a better patient-dentist relationship.

Dr. Fournier: So, our findings could help dentists in their approach to caring for patients who have eating disorders. We did run into a few limitations during our research. We were only able to recruit females with various types, duration and stages of eating disorders. Second: interviews were conducted via phone, so we weren't able to get any body language from the patient or be able to really interact with our patient in a visual way. Finally, we recruited participants that were already more open to discussing about their EDs and mostly enjoyed or had positive experiences at the dentist. Something interesting that we found was that although many participants, not participants, people that we wanted to recruit, there was a lot, however many of them had had negative dental experiences in the past growing up.

Dr. Fournier: So not necessarily because of their eating disorders, but just growing up they had a phobia of dentists. Their parents had a phobia of dentists that just grew with them. So just talking to us, as being dental student at the time, they didn't even want to have that interaction. To them we were dentists and it was just scary for them. So, transferability of this research: dental practitioners in Canada who care for females with ED, we hope that eventually this can also be translated to male and everyone in the world, but for now dental practitioners in Canada who are working with females with eating disorders. So, these results and recommendations can really help dentists cultivate a better patient-dentist relationship, provide better oral health care, and potentially encourage recovery for patients with eating disorders.

Dr. Fournier: We as dentists have an opportunity to really embrace the situation. Imagine two extremes of a really good health promoting relationship cultivating conversation versus a discouraging, judgmental, unhelpful or non-existing conversation could make. Imagine the difference that could make in the dental office and the patients' recovery. So, this research can really help any people, any person that is in the circle of care of suffering with eating disorders such as a psychiatrist, psychologist, physician, nutritionist, any health practitioners involved in their care. The goal would be to provide recommendations for health professionals on how to navigate eating disorders in discussion with their patient, and also become more confident in giving those discussions. Format could be dental conferences, sharing on the CDA website, as I'm doing today, publishing the study in a scientific journal and even developing CE courses to teach about more about the illness and how to comfortably discuss the topic with patients.

Dr. Fournier: So, these are a couple of the references, the main ones that I used during the research. And I would really like to thank you for signing in today to hear about my research. For any questions, here's my information. You can always ask



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questions on my email provided. And I'd like to acknowledge those that helped me through the research, student collaborators Melanie Allard, Manelli Hoodfar, as well as Heather Skeoch, and my professor Dr. Richard Hovey and our faculty advisor Dr. Mary Ellen MacDonald. Thank you so much.