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Specific Aspects of Dental Hygienists' Work with Patients with Eating Disorders

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ABSTRACT: Eating disorders are complex mental health conditions that typically develop during adolescence or early adulthood and may have a significant adverse impact on both physical and mental health. The main types of eating disorders include anorexia nervosa, bulimia nervosa, and binge-eating disorder, all of which are characterized by altered eating behaviours and associated health problems (Robatto et al., 2024). Eating disorders may be associated with a range of psychological and somatic complications, including depression, anxiety, cardiovascular and endocrine disorders, as well as an increased risk of mortality (Mushtaq et al., 2023). The effects of these disorders may also manifest in the oral cavity. Therefore, in dental hygiene practice, particular importance should be placed on the early recognition of potential oral health changes, individualized assessment of the patient's oral health status, and the selection of appropriate preventive measures. Dental hygienists may play an important role not only in the prevention of oral diseases but also in the early recognition of oral manifestations potentially associated with eating disorders and in encouraging patients to seek timely multidisciplinary professional care.

KEYWORDS- Dental hygienists, Eating disorders, Oral health, Oral mucosal lesions, Dental enamel erosion.

I. INTRODUCTION

Relevance of the Study

Eating disorders can have a significant impact on oral health, highlighting the important role of dental hygienists in the care of these patients. Johansson et al. (2022) found that self-induced vomiting, binge eating, and associated oral hygiene practices may increase the risk of dental damage. The authors emphasize the importance of open, trust-based communication and collaboration between dental professionals and eating disorder treatment specialists. Monteleone et al. (2024) identified gaps in healthcare professionals' knowledge of eating disorders and highlighted the need for professional education. Therefore, dental hygienists should be able to recognize potential oral health changes associated with eating disorders, implement individualized preventive measures, provide patient education, and ensure empathetic and non-stigmatizing communication. An analysis of these aspects of professional practice is relevant to improving the oral healthcare provided to patients with eating disorders.

Research Problem

The care of patients with eating disorders in dental practice requires not only the early recognition of potential oral health problems but also individually tailored oral hygiene procedures, preventive measures, and appropriate patient education. Johansson et al. (2022) note that behaviours associated with eating disorders, particularly self-induced vomiting, binge eating, and certain oral hygiene practices, may increase the risk of dental damage. The authors also emphasize the importance of open, trust-based communication with patients and collaboration between dental professionals and eating disorder treatment specialists (Johansson et al., 2022).

Dental hygienists should be able to recognize potential oral manifestations associated with eating disorders and implement individualized preventive measures aimed at reducing the risk of damage to dental tissues and the oral mucosa. Presskreischer et al. (2023) point out that oral health receives limited attention in guidelines for the management of eating disorders and that the training of oral health professionals in recognizing and appropriately addressing the clinical needs of patients with eating disorders remains an important area for further development.

Novelty of the Study

International researchers have investigated dental professionals' knowledge of eating disorders, their ability to recognize associated oral manifestations, professional education and training, patient education, and referral for further specialist care. Earlier studies by DeBate et al. (2006) drew attention to dental hygienists' preparedness, professional competencies, and patient referral practices in

the context of the secondary prevention of eating disorders. Subsequent research by Cush et al. (2020) identified a need for additional training among dental and dental hygiene students, particularly in recognizing the clinical manifestations of eating disorders, managing patients with these conditions, and addressing their psychological needs. Presskreischer et al. (2023) noted that research focusing on oral health professionals' knowledge and preparedness to care for patients with eating disorders is considerably more limited than research examining the effects of eating disorders on oral health. The authors also emphasized the need to expand education and training for oral health professionals and to strengthen collaboration between oral health professionals and eating disorder treatment specialists.

Published research in Lithuania has addressed the oral health of individuals with eating disorders and their awareness of oral healthcare. Žymantienė et al. (2025) investigated oral health complaints among individuals with eating disorders and their sources of information about oral care, finding that only a small proportion of respondents had received such information from dental hygienists. However, the specific aspects of dental hygienists' professional practice in caring for this patient group remain insufficiently explored in Lithuanian scientific literature. Therefore, the present study aims to examine dental hygienists' preparedness to care for patients with eating disorders, their ability to recognize potential oral health changes, the preventive measures they implement, their role in patient education, and specific aspects of communication with these patients.

Research Objective: To assess specific aspects of dental hygienists' professional practice when caring for patients with eating disorders.

Research Tasks:

1. To determine dental hygienists' self-assessed knowledge regarding the care of patients with eating disorders and their need for further professional development.
2. To determine the types of eating disorders and age groups of patients encountered by dental hygienists in professional practice, as well as the oral health problems observed in these patients.
3. To identify the professional management practices and oral care recommendations provided by dental hygienists to patients with eating disorders.

II. METHODS

A review of the scientific literature was conducted to analyse information on the impact of eating disorders on oral health, the role of dental hygienists in the early recognition of potential oral health changes associated with eating disorders, and the implementation of preventive measures. Scientific articles by Lithuanian and international authors, published in peer-reviewed journals and available in scientific databases, were analysed.

A quantitative research method was selected for the empirical study. Quantitative research enables the systematic collection, quantification, and statistical analysis of data obtained from larger groups of respondents (Kardelis, 2017). This method was chosen to objectively assess dental hygienists' professional experience in working with patients with eating disorders, their professional preparedness and knowledge, their ability to recognize potential oral health changes, and the preventive measures applied in clinical practice. The quantitative research approach enabled standardized data collection, comparison of the obtained data, and statistical analysis of the study results.

Data Analysis Method .All collected data were processed and analysed using Microsoft Office Excel and Jamovi statistical software. These programs were selected for their suitability for organizing and statistically analysing the research data. The study results were presented in the form of tables and figures. The collected data were systematically organized and analysed using descriptive statistical methods (Kardelis, 2017). Response frequencies, percentage distributions, and mean values were calculated during the analysis. The findings were compared and interpreted to assess the specific aspects of dental hygienists' work with patients with eating disorders.

Research Instrument. A structured anonymous questionnaire was used for data collection. The questionnaire was developed with reference to the questionnaire used by Dalvi et al. (2025) and adapted to the professional context of dental hygienists. It assessed respondents' self-perceived knowledge and professional development needs regarding eating disorders, their clinical experience with affected patients, observed oral health problems, professional management practices, oral care recommendations, and referral practices.

The research instrument was developed on the basis of evidence reported in the scientific literature and an adapted non-standardized questionnaire, taking into account the topic and aim of the present study. An anonymous questionnaire survey was selected as the data collection method, enabling the systematic collection of data on dental hygienists' professional experience, knowledge, and specific aspects of their work with patients with eating disorders.

The questionnaire was created using the Apklausa.lt online survey platform, and the survey link was distributed through Facebook groups for licensed dental hygienists.

III. RESULTS AND DISCUSSION

1. Socio-demographic and Professional Characteristics of the Respondents

A total of 101 respondents participated in the study, including 79 women (78.2%) and 22 men (21.8%). The respondents ranged in age from 23 to 50 years. More than half of the participants were aged 23–29 years (56.4%), while 29.7% were aged 30–39 years and 13.9% were aged 40–50 years. Thus, the study sample was predominantly composed of women and respondents aged 23–29 years. (Table 1)

Table 1. Distribution of Respondents by Gender and Age (n, %)

Gender	**n=101**	**%**
Male	22	21.8
Female	79	78.2
Age (Years)	**n=101**	**%**
23-29	57	56.4
30-39	30	29.7
40-50	14	13.9

The majority of respondents (Table 2) lived in a city (n = 88, 87.1%) and were employed in private healthcare institutions (n = 55, 54.5%). Of the respondents, 34 (33.7%) worked in public healthcare institutions, while 12 (11.9%) were employed in both private and public healthcare institutions. Regarding work experience, the largest proportion of respondents had up to 5 years of professional experience (n = 63, 62.4%), followed by those with 6–15 years of experience (n = 34, 33.7%), while only 4 respondents (4.0%) had 16–25 years of professional experience. The distribution of respondents by place of residence, type of workplace, and work experience is presented in Table 2.

Table 2. Distribution of Respondents by Place of Residence, Type of Workplace, and Work Experience (n, %)

Place of Residence	**n=101**	**%**
City	88	87.1
Urban area / Rural or small-town area	13	12.9
Type of Workplace	**n=101**	**%**
Private institution	55	54.5
Public institution	34	33.7
Private and public institutions	12	11.9
Work Experience	**n=101**	**%**
Up to 5 years	63	62.4
6–15 years	34	33.7
16–25 years	4	4.0

To characterize the respondents' professional practice, the number of patients seen per week was analyzed. The results are presented in Figure 1.

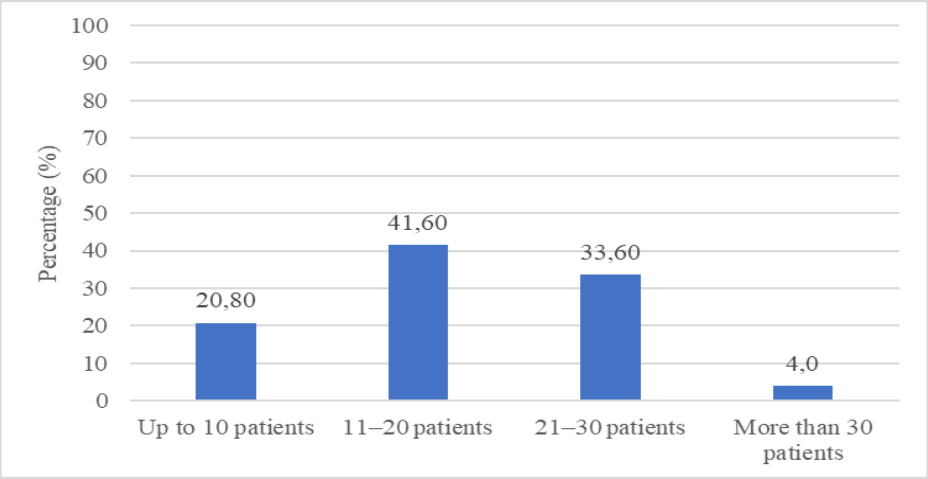


Figure 1. Distribution of Respondents by the Number of Patients Seen per Week (%)

Analysis of the distribution of respondents according to the number of patients seen per week showed that the largest proportion of dental hygienists saw 11–20 patients per week (n = 42, 41.6%). A total of 34 respondents (33.6%) saw 21–30 patients per week, while 21 respondents (20.8%) saw up to 10 patients. The smallest proportion of respondents reported seeing more than 30 patients

per week (n = 4, 4.0%) (Figure 1). In the study conducted by Choi et al. (2019), the number of patients seen by dental hygienists per day was assessed as one of the work environment factors. The study found that 66.6% of respondents saw more than 8 patients per day, whereas 33.4% saw 8 or fewer patients per day.

2. Dental Hygienists' Self-Assessed Knowledge and Professional Development Needs

Respondents were asked to self-assess their knowledge of working with patients with eating disorders. More than half of the respondents (51.5%) rated their knowledge as good, while 28.7% rated it as average. Only 15.8% considered their knowledge to be very good, whereas 4.0% rated their knowledge as poor or very poor (Table 3).

Table 3. Respondents' Self-Rated Knowledge of Working With Patients With Eating Disorders (n, %)

Knowledge rating	n =101	%
Very good	16	15.8
Good	52	51.5
Average	29	28.7
Poor	3	3.0
Very poor	1	1.0

The findings indicate that although most dental hygienists rated their knowledge positively, some respondents may still benefit from further developing their knowledge of working with patients with eating disorders.This need is also supported by findings from previous studies. Presskreischer et al. (2023) found that oral health professionals often had insufficient knowledge and limited clinical experience related to the recognition of eating disorders and the referral of patients for appropriate care. Cush et al. (2020) similarly identified a need for additional education regarding the management of patients with eating disorders. More recently, Veerabhadrappa et al. (2025) assessed the knowledge of 193 dental students and 40 practicing dental professionals regarding the psychological, physical, and oral manifestations of eating disorders. Knowledge levels varied depending on the specific manifestation: participants demonstrated good knowledge of some signs and symptoms, whereas knowledge of several important physical and oral manifestations was insufficient. The authors concluded that more targeted education on eating disorders is needed.

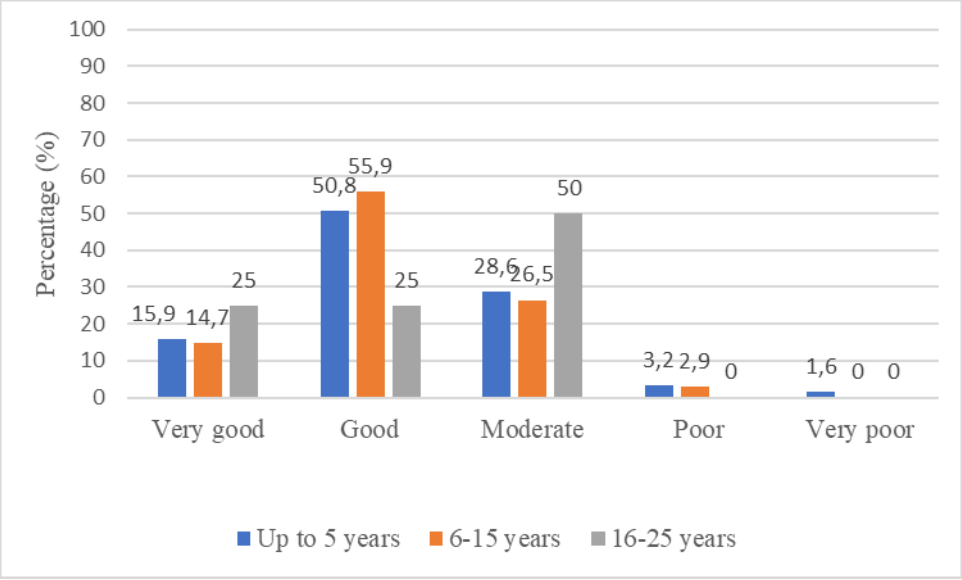


Figure 2. Dental Hygienists' Self-Assessed Knowledge of Eating Disorders by Years of Professional

Moderate self-assessed knowledge was reported by 18 (28.6%) respondents with up to 5 years of professional experience, 9 (26.5%) with 6–15 years of professional experience, and 2 (50.0%) with 16–25 years of professional experience. Only a small proportion of respondents rated their knowledge as poor: 2 (3.2%) respondents with up to 5 years of professional experience and 1 (2.9%) respondent with 6–15 years of professional experience. Only 1 respondent (1.6%) with up to 5 years of professional experience rated their knowledge as very poor (Figure 2). Monteleone et al. (2024) identified gaps in knowledge related to the etiology, diagnosis, and treatment of eating disorders and emphasized the importance of targeted education.

To determine how respondents develop their professional knowledge regarding the care of patients with eating disorders, the methods used for professional development were analysed. The analysis showed that dental hygienists most frequently enhanced their knowledge of working with patients with eating disorders through self-directed learning (n = 32; 31.7%) and participation in seminars (n = 27; 26.7%) (Table 4). Professional development courses were attended by 17 respondents (16.8%), while 6 (5.9%)

participated in psychology courses. Nearly one-fifth of the respondents (n = 19; 18.8%) reported that they did not engage in professional knowledge development in this area.

Table 4 . Methods Used by Respondents to Develop Professional Knowledge on the Care of Patients with Eating Disorders (n; %)

Professional knowledge development	n (101)	%
Self-directed learning	32	31.7
Participation in seminars	27	26.7
Participation in professional development courses	17	16.8
Participation in psychology courses	6	5.9
No professional development	19	18.8

Presskreischer et al. (2023) found insufficient education and training on eating disorders among oral health professionals, emphasizing the need for further education. Similarly, Kandagal Veerabhadrappa et al. (2025) identified gaps in dental professionals' knowledge of physical and oral manifestations of eating disorders. These findings highlight the importance of continuing professional development for dental hygienists working with patients with eating disorders.

To assess dental hygienists' views on the need to update their professional knowledge, respondents' opinions on this issue were analysed (Table 5). The results showed that the largest proportion of respondents (n = 40, 39.6%) indicated that professional knowledge should be updated every few years, while a similar proportion (n = 38, 37.6%) stated that it should be updated annually. The remaining respondents (n = 23, 22.8%)believed that knowledge should be updated as needed. None of the respondents (n = 0, 0.0%) indicated that updating professional knowledge was unnecessary. These findings show that all dental hygienists participating in the study recognise the need to update their professional knowledge when working with patients with eating disorders, although their views on how frequently such knowledge should be updated differ.

Table 5. Respondents' Need to Update Their Knowledge on the Care of Patients With Eating Disorders (n; %)

Need for knowledge updating	n (101)	%
Annually	38	37.6
Every few years	40	39.6
As needed	23	22.8
No need	0	0

The recognition of the need to update professional knowledge by all respondents highlights the importance of continuing professional development. Glover et al. (2025) also found that, despite the inclusion of eating disorder-related content in dental and dental hygiene programmes, gaps in practical preparedness remain. This supports the need for continuous professional development among dental hygienists in the care of patients with eating disorders.

3. Dental Hygienists' Clinical Experience with Patients with Eating Disorders

To determine how frequently dental hygienists observe oral changes in patients with eating disorders in clinical practice, the frequency of such observations was analysed (Table 6). Nearly half of the respondents (n = 49, 48.5%) reported observing oral changes frequently, while (n = 42, 41.6%) reported observing them sometimes. Oral changes were rarely observed by (n = 9, 8.9%) respondents, whereas only 1 (1.0%) reported never observing them. Overall, the majority of respondents (n = 91, 90.1%) reported observing oral changes in patients with eating disorders either frequently or sometimes.

Table 6. Frequency of Oral Changes Observed in Patients with Eating Disorders (n; %)

Frequency of oral changes	n (101)	%
Frequently	49	48.5
Sometimes	42	41.6
Rarely	9	8.9
Never	1	1.0

The study aimed to determine which eating disorders dental hygienists most frequently encounter in their professional practice. Respondents were allowed to select multiple response options (Figure 3).

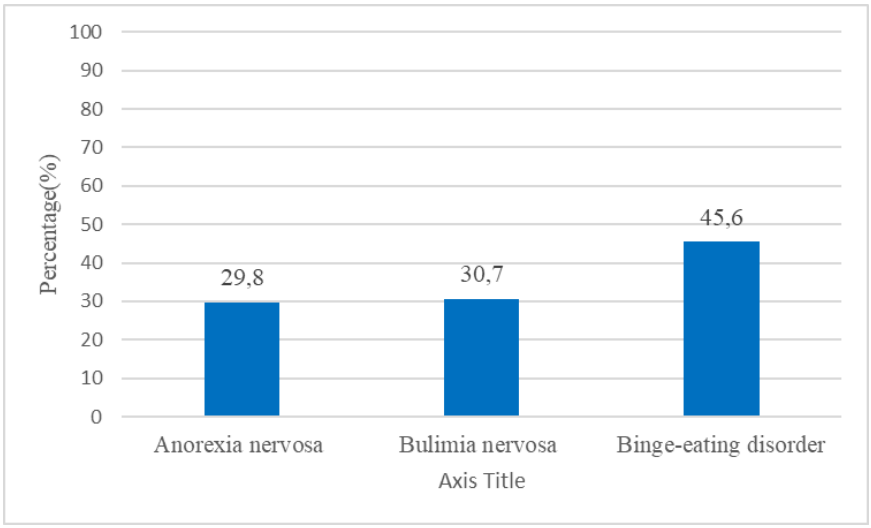


Figure 3. Distribution of Respondents by Eating Disorders Encountered in Professional Practice (%)

The results showed (Figure 3) that respondents most frequently reported encountering patients with binge-eating disorder (n = 46, 45.6%) in their professional practice, followed by bulimia nervosa (n = 31,
30.7%) and anorexia nervosa (n = 30, 29.8%). As respondents could select more than one response option, the total percentage exceeds 100%. Studies have shown that oral healthcare professionals encounter patients with various types of eating disorders in clinical practice. In the study by Silverstein et al. (2019), anorexia nervosa with binge-eating/purging episodes was the most prevalent diagnosis among patients participating in an eating disorder treatment program, while 22% of the participants had bulimia nervosa. In contrast, Gidlund et al. (2024) reported that 90% of individuals requiring dental rehabilitation had been diagnosed with bulimia nervosa. These findings indicate that oral healthcare professionals may encounter patients with different types of eating disorders in clinical practice.

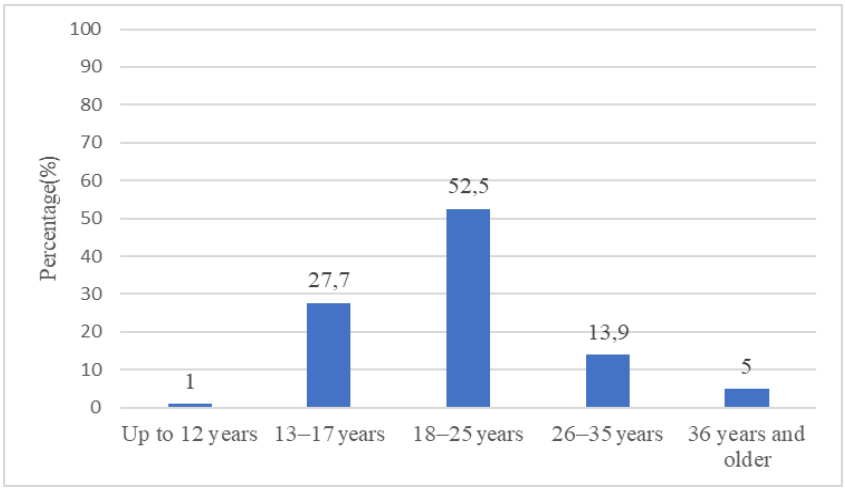


Figure 4. Distribution of Patients With Eating Disorders by Age (%)

Analysis of the age distribution of patients with eating disorders (Figure 4) showed that the largest proportion were aged 18–25 years (n = 53, 52.5%). The second largest group comprised patients aged 13–17 years (n = 28, 27.7%), while those aged 26–35 years accounted for 13.9% (n = 14). Dental hygienists reported encountering patients aged 36 years and older (n = 5, 5.0%) and those younger than 12 years (n = 1, 1.0%) least frequently. These findings indicate that, in their professional practice, dental hygienists most frequently encounter adolescents and young adults with eating disorders. The relevance of these age groups is also supported by findings in the scientific literature. Chiesa et al. (2025) reported that the peak onset of anorexia nervosa typically occurs between the ages of 14 and 17 years and emphasized that dental professionals may play an important role in the early recognition of oral manifestations associated with eating disorders. Valeriani et al. (2024), in a recent systematic review, also highlighted the importance of early recognition of eating disorder-related oral and dental manifestations in dental practice.

To determine which oral changes dental hygienists most frequently observe in patients with eating disorders, the respondents' answers were analysed. Respondents were allowed to select more than one response option; therefore, the total percentage exceeds 100%. The results are presented in Figure 5.

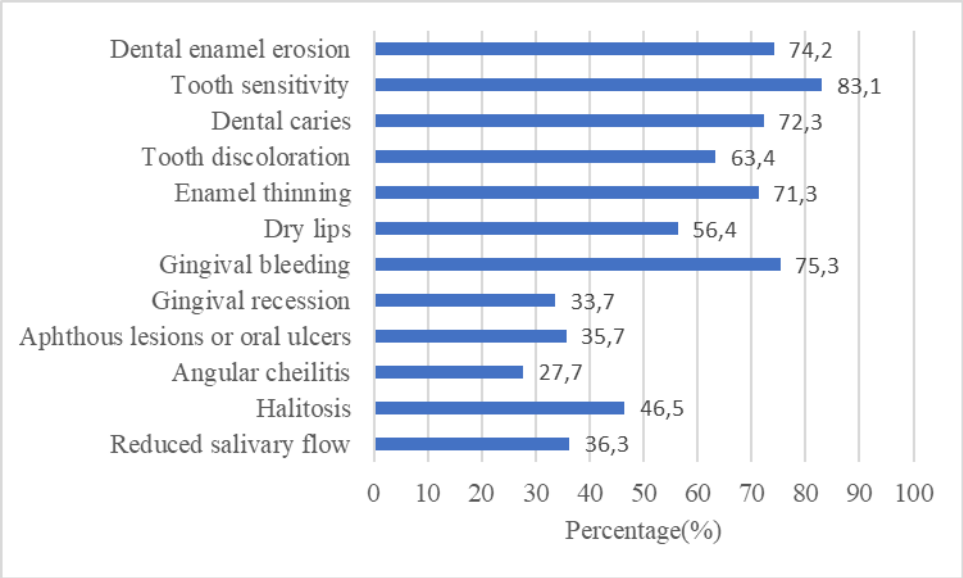


Figure 5. Oral Changes Observed by Dental Hygienists in Patients With Eating Disorders (%)

The study aimed to determine which oral changes dental hygienists most frequently observed in patients with eating disorders. The most frequently reported finding was tooth sensitivity (83.1%), followed by gingival bleeding (75.3%), dental enamel erosion (74.2%), dental caries (72.3%), and enamel thinning (71.3%). Tooth discoloration (63.4%) and dry lips (56.4%) were also frequently observed. Less frequently reported findings included halitosis (46.5%), reduced salivary flow (36.3%), aphthous lesions or oral ulcrs (35.7%), gingival recession (33.7%), and angular cheilitis (27.7%). These findings are consistent with oral manifestations of eating disorders reported in the scientific literature (Figure 5). Nijakowski et al. (2023) found in their systematic review that dental erosion was present in 42.1% of patients with eating disorders. When analyzed according to the type of eating disorder, dental erosion was identified in 54.4% of patients with bulimia nervosa and 26.7% of those with anorexia nervosa. In their systematic review and meta-analysis, Chan et al. (2024) also found that individuals with eating disorders had a higher prevalence of dental erosion, dentine hypersensitivity, dental caries, gingival inflammation, and oral mucosal lesions, as well as lower salivary flow compared with healthy controls.

4. Professional Management Practices and Oral Care Recommendations for Patients with Eating Disorders

To determine which remineralizing agents dental hygienists use when working with patients with eating disorders, respondents' choices were analyzed. Respondents were allowed to select multiple response options. (Figure 6).

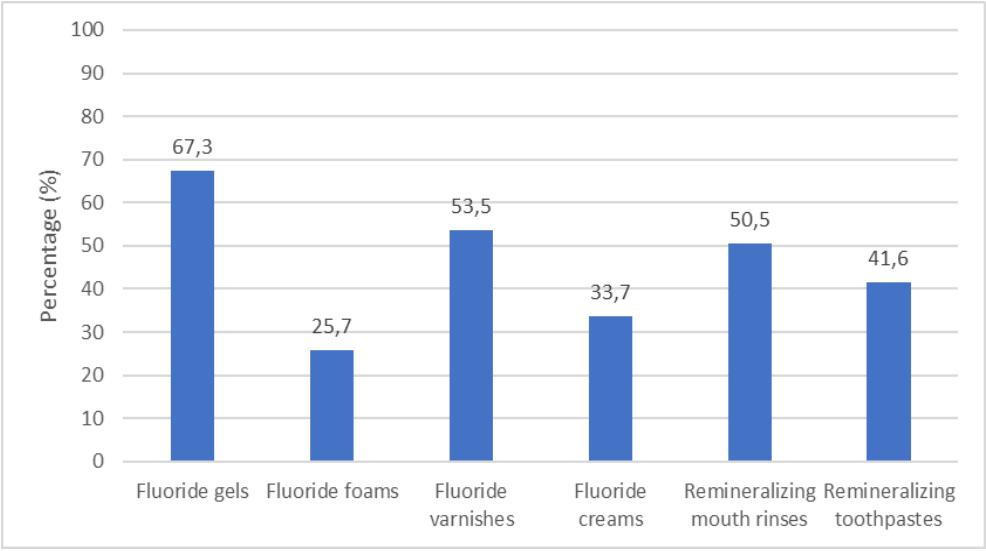


Figure 6. Remineralizing Agents Used by Dental Hygienists for Patients With Eating Disorders (%)

The results showed that fluoride gels were the most commonly used agents (67.3%), followed by fluoride varnishes (53.5%) and remineralizing mouth rinses (50.5%). Remineralizing toothpastes were reported by 41.6% of respondents, fluoride creams by 33.7%, while fluoride foams were the least commonly used agents (25.7%) (Figure 6). The use of fluoride-containing and remineralizing

agents is particularly relevant for patients with erosive tooth wear and dentin hypersensitivity. da Cunha et al. (2026) found that fluoride-containing toothpastes, particularly those containing stannous fluoride and bioactive components, provided greater protection against erosive and abrasive enamel wear than fluoride-free formulations. Similarly, Silva et al. (2024) reported that fluoride varnishes reduced erosive dentin wear and that their protective effect was enhanced by the addition of phosphates promoting remineralization. These findings support the importance of fluoride-containing and remineralizing agents in patients with eating disorders who may be at increased risk of dental erosion and dentin hypersensitivity.

To determine which oral care products dental hygienists recommend to patients with eating disorders, respondents' choices were analyzed. Respondents were allowed to select multiple response options. (Figure 7).

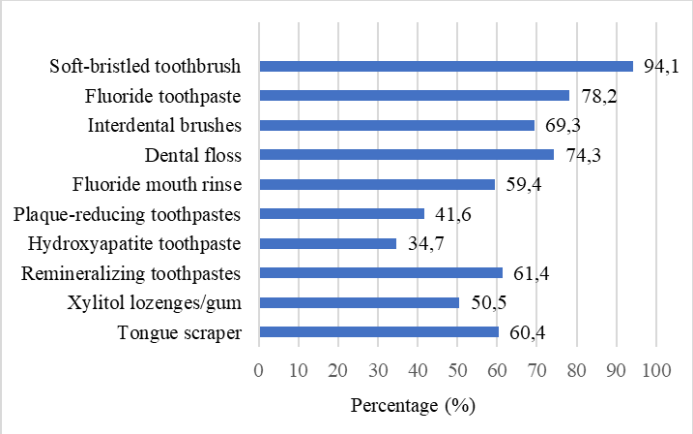


Figure 7. Oral Care Products and Devices Recommended by Dental Hygienists to Patients with Eating Disorders (%)

The results showed (Figure 7) that the most frequently recommended oral care products were a soft-bristled toothbrush (94.1%), fluoride toothpaste (78.2%), and dental floss (74.3%). Interdental brushes were recommended by 69.3% of respondents, remineralizing toothpastes by 61.4%, tongue scrapers by 60.4%, and fluoride mouth rinse by 59.4%. Less frequently recommended products included xylitol lozenges or chewing gum (50.5%), plaque-reducing toothpastes (41.6%), and hydroxyapatite-containing toothpastes (34.7%).These findings indicate that considerable attention is paid to daily mechanical plaque control and the use of preventive oral care measures. According to a systematic review, regular toothbrushing with fluoride toothpaste is an important measure for preventing dental caries, with higher fluoride concentrations generally associated with greater caries-preventive effects (Walsh et al., 2019). The use of interdental cleaning devices in addition to toothbrushing may also help reduce dental plaque and support periodontal health; however, the review noted that the certainty of evidence regarding the effectiveness of interdental brushes was not consistent (Poklepovic et al., 2013). More than half of the respondents (59.4%) also recommended fluoride mouth rinses. A systematic review showed that the regular use of fluoride mouth rinses reduces the development of dental caries in children and adolescents and may therefore be considered an additional measure for caries prevention (Marinho et al., 2016). However, the aforementioned systematic reviews were not conducted specifically in patients with eating disorders. Therefore, oral care products and devices for this patient group should be selected individually, considering the patient's oral health status and specific oral care needs.

To determine which specialists dental hygienists refer patients with eating disorders to, the respondents' answers were analyzed. The study results are presented in Figure 8. Respondents could select more than one answer.

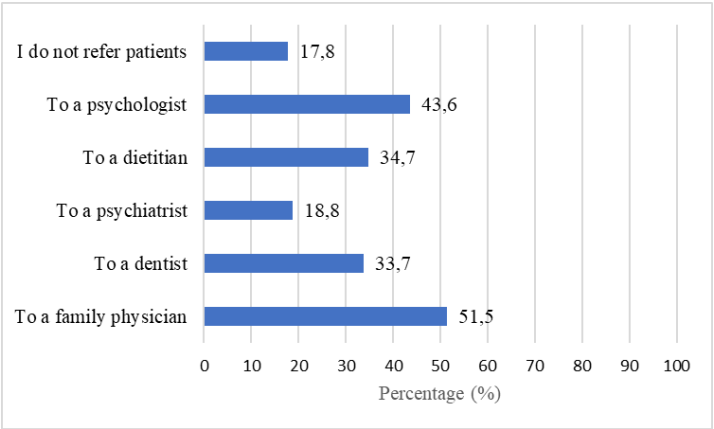


Figure 8. Healthcare Professionals to Whom Dental Hygienists Refer Patients With Eating Disorders (%)

Specific Aspects of Dental Hygienists' Work with Patients with Eating Disorders

The results showed that dental hygienists most frequently referred patients with eating disorders to a family physician (n = 52; 51.5%), a psychologist (n = 44; 43.6%), a dietitian (n = 35; 34.7%), and a dentist (n = 34; 33.7%). Patients were less frequently referred to a psychiatrist (n = 19; 18.8%), while 18 respondents (17.8%) indicated that they did not refer patients to other specialists (Figure 8).Referring patients with eating disorders to family physicians, psychologists, dietitians, and dentists reflects the importance of interdisciplinary care. The literature emphasizes the importance of collaboration between mental health professionals and dietitians in the treatment of patients with eating disorders (Bray et al., 2023). Oral health professionals may also play an important role in the early identification of signs associated with eating disorders and in referring patients for further assessment and treatment (Chan et al., 2024). Therefore, closer collaboration between oral health and eating disorder care professionals may contribute to more comprehensive patient care (Presskreischer et al., 2023).

IV. CONCLUSIONS

1. Most dental hygienists rated their knowledge of caring for patients with eating disorders positively; however, some respondents assessed their knowledge as moderate, poor, or very poor, indicating a need for further professional development. All respondents acknowledged the need to update their professional knowledge, with most indicating that it should be updated regularly, either annually or every few years.
2. Dental hygienists most frequently encountered patients with binge-eating disorder in their professional practice, followed by bulimia nervosa and anorexia nervosa, with young adults aged 18–25 years and adolescents aged 13–17 years representing the largest patient groups. The majority of respondents reported observing oral changes in patients with eating disorders frequently or sometimes. The most commonly observed oral health problems were tooth sensitivity, gingival bleeding, dental enamel erosion, dental caries, and enamel thinning.
3. Dental hygienists most frequently used fluoride gels, fluoride varnishes, and remineralizing mouth rinses in the care of patients with eating disorders. The most commonly recommended oral care products were a soft-bristled toothbrush, fluoride toothpaste, and dental floss. Patients were most frequently referred to a family physician, psychologist, dietitian, and dentist, reflecting an interdisciplinary approach to the care of these patients.

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