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Eating Disorders Tooth Abuse

Anorexics and bulimics pay a dental price

Women with eating disorders—an exceptionally image-conscious group—are willing to spend big bucks to cap and bond flawed teeth. Yet many have no idea they're destroying their teeth by starving themselves or by binge eating and vomiting. And their dentists aren't picking up on the disorders' often subtle signs.

"I didn't realize I was doing anything to my teeth," says Caroline Adams Miller, a bulimic from age 15 to 22. The now 26-year-old Harvard graduate has recovered and written a book about her experiences, *My Name Is Caroline* (Doubleday, \$17.95).

"The acid from self-induced vomiting does a tremendous amount of damage to the teeth. After four years of binging, I started getting cavities and had to have root canal work. Then chips began coming off my bottom teeth."

Despite frequent visits, Miller's own dentists never confronted her or asked questions about her eroded teeth. Instead, they scolded her for brushing too hard.

The main problem is failure to recognize an eating disorder, says Dr. Warren Scherer, director of



DEBORAH HEALY

restorative dentistry at New York University. "Bulimics look normal; they aren't underweight. So subtle changes in tooth enamel are often the determining factor."

But tooth erosion isn't the only symptom. According to a *Journal of the*

American Dental Association report, signs of bulimia include a variety of seemingly innocuous troubles—swollen salivary glands, root caries, irritated mouth tissue, hypersensitive teeth and dry mouth (from taking multiple doses of laxatives, stimulants and vitamins, which reduces salivary flow).

As for anorexia, infected gum tissue (from lack of vitamin C in the diet) and lots of cavities (from reduced salivary flow) are key dental problems, note other experts.

That's why it's important for patients to get help, says Scherer. "Dental treatment will never be successful until the eating disorder is stopped. Enamel erosion can become even more severe, making bonding procedures more difficult."

Miller agrees: "The scariest thing is that I haven't been a bulimic in years and I am still paying the price. The erosion is continuing. I have lost part of my two front teeth; my bottom teeth are worse."

Although Miller will need more dental work (not

covered by insurance), she believes she got off easier than most: "The vast majority of bulimics spend \$1,000 to \$10,000 or more, not just on root canals, but on jaw reconstruction."

—Paula Bernstein

Snap, Crackle, Pop!

Fingerprinting Sound

Computer interprets jaw clicks and grinds

Over half of all Americans are estimated to have one symptom of temporomandibular joint (TMJ) syndrome: jaws that snap, crackle or grind. But do they have the elusive joint disorder, arthritis or just plain creaky jaw bones? Now Swedish and American researchers are helping sort out the noise.

Joint disorders such as TMJ are diagnosed, in large part, through jaw sounds. A dentist uses a conventional stethoscope and his own expertise to identify "crepitus" (sandpaper-like sounds of bones grinding together) or clicks (indicating an unstable disk in the jaw joint). High-tech imaging—expensive and not widely available—can then determine whether those questionable clicks and grinds the doctor picked up signal actual damage. However, a study in the *Journal of Craniomandibular Practice* suggests doctors' "ear-pertise" may be way off.

At the University of

S.O.S. Helping Hands

If you'd like more information on eating disorders, contact:

■ Overeaters Anonymous, 4025 Spencer St., Suite 203, Torrance, CA 90503; 213-542-8363.

■ Caroline Adams Miller, c/o FEED (Foundation for Education about Eating Disorders), Box 34, Boring, MD 21020; 301-429-4918.

■ The American Anorexia/Bulimia Association, 133 Cedar Lane, Teaneck, NJ 07666; 201-836-1800.

—P.B.