

Symptoms

- Rampant caries, gingival recession, & dental erosion in young patients using illicit drugs (e.g. methamphetamines)

Pathogenesis

- Increased carbohydrate and sugary beverage consumption
- Poor hygiene and teeth grinding
- Drug-induced xerostomia

Treatment

- Dental/oral surgery referral and behavioral health interventions



Photos: James Cecil, DMD, MPH



Smiles for Life
A magnolia oral health organization

An example of severe oral consequences resulting from substance use and abuse is "Meth Mouth". Meth mouth is seen in methamphetamine users (aka meth, speed, ice, crystal, crank) when the drug is smoked, snorted, injected, or taken orally. Rapid onset oral devastation is mainly a problem of teens and young adults. Research has shown that behavioral factors, such as smoking, consuming sugary beverages, and poor oral hygiene, are more important than use of methamphetamines itself.

Up to 5% of the 12-to-40-year old population admit to having used methamphetamines.

Symptoms

- Rampant caries, gingival recession, and dental erosion in a young patient
- Involves the buccal smooth surfaces, anterior teeth, and gums
- Often accompanied by behavioral changes and sometimes weight loss

Pathogenesis

Methamphetamine use leads to:

- Drug induced xerostomia
- Poor hygiene
- Increased carbohydrate and carbonated beverage consumption
- Teeth grinding
- Direct acid effect of the drug

Treatment

- Dental/oral surgery referral and behavioral health referral

References

- Curtis EK. Meth mouth: a review of methamphetamine abuse and its oral manifestations. *Gen Dent.* 2006; 54(2): 125-9.
- Clague J, Belin TR, Shetty V. Mechanisms underlying methamphetamine-related dental disease.. *J Am Dent Assoc.* 2017. 148(6): 377-386.
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