

Relationship of Psychiatric Disorders with Deleterious Habits, Oral Mucosa Conditions, TMJ Assessment; A Hospital Based Cross - Sectional Study.

Pallawi Pandey¹, Yogender Singh², Mohit Kapoor³, Asha karabwal⁴

¹Associate Professor, Department of Oral Medicine& Radiology, SMMH Govt. Medical College & Hospital, Saharanpur.

²Assistant Professor, Department of Oral surgery, SMMH Govt. Medical College & Hospital, Saharanpur.

³S.Lecturer, Department of Public Health Dentistry, Yamuna Institute of Dental Sciences and Research, Gadholi, Y. Nagar.

⁴S.Lecturer, Department of Oral pathology, Yamuna Institute of Dental Sciences and Research, Gadholi, Y. Nagar.

Received: July 2017

Accepted: July 2017

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ABSTRACT

Background: “The greatest burden of oral diseases is on the disadvantaged and socially marginalized populations” The World Oral Health Report(WOHR) . Such diseases also undermine self-image and self-esteem, discourage normal social interaction and lead to chronic stress, depression as well as incur great financial costs. Aim: Relationship of psychiatric disorders with deleterious habits, oral mucosa conditions, TMJ assessment. **Methods:** A cross sectional study with simple random sampling of 700 psychiatric patients aged between 35-74 years attending the psychiatric out patient department of two government hospitals ie. Patna Medical College and Hospital (PMCH) & Nalanda Medical College and Hospital (NMCH). **Results:** Among psychiatric patients, majority had not been previously admitted to the hospital, 90 percent were seen to have history of medication and majority had dry mouth problem. Majority had clicking in TMJoint among which majority had shizophrenia. It is actually surprising that patients had no tenderness in TMJoint even though bruxism habit was quite prominent in the subjects. Among them majority were on medication out of which, majority had oral mucosa condition. In mucosal conditions majority had aphthous ulcers which is also related to the presence of 71% of subjects with xerostomia. Associations were statistically significant($p<0.001$). **Conclusion:** An oral health care system must have three concurrent approaches to care: treatment of oral diseases, oral diseases prevention, and oral health promotions In order to gain a deeper understanding of the research area, further investigations of oral health in psychiatric populations both hospitalized and in outpatient care is needed.

Keywords: Psychiatric disorders, Deleterious habits, hospitalization, medication, TMJ, Hospital based, Cross-sectional study.

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INTRODUCTION

“The greatest burden of oral diseases is on the disadvantaged and socially marginalized populations” The World Oral Health Report (WOHR), 2003¹. Oral wellbeing is a critical and basic piece of general wellbeing and basic for the general prosperity of a person. The collecting logical proof amid the previous two decades has essentially added to our comprehension of the significance of the oral cavity as well as the craniofacial complex. Such infections likewise undermine mental self view and confidence, demoralize typical social collaboration and prompt unending anxiety, wretchedness and in addition cause extraordinary finance related expenses.

Name & Address of Corresponding Author

Dr. Yogender Singh,
Assistant Professor, Department of Oral surgery,
SMMH Govt. Medical College & Hospital,
Saharanpur.

The weight of ailment limits exercises in school, work, and home, and frequently fundamentally reduces the personal satisfaction. Examinations of living conditions have demonstrated that individuals with endless emotional wellness issues requiring psychiatric administrations separate from that example. Research into oral wellbeing related personal satisfaction in this gathering may upgrade our insight into the connection between oral wellbeing, wellbeing discernments, life fulfillment, and oral status, in individuals with psychological wellness issues. The general point of this is to portray psychiatric clutters and oral wellbeing connection in people going to psychiatric healing facilities; including self-related factors and social angles.

Little is thought about the dental wellbeing status of psychiatric patients of Patna City. A few investigations of the oral wellbeing status of psychiatric patients in different nations have uncovered that emotional instability can cause and amplify the seriousness of dental maladies.

Hospitalized psychiatric patients in those different nations seem to constitute a high-hazard gathering of patients as for dental infection and require uncommon attention.^[10] Decreased salivary stream is normally noted in patients with schizophrenia and dementia and patients taking psychotropic medications.^[2] The resultant abatement in salivation (xerostomia, dry mouth) is the oral reaction most as often as possible announced by patients and clinicians.^[11] The phenothiazines and tricyclic antidepressants have the best anticholinergic impact and in this way deliver the most exceedingly bad symptom.^[7]

Poor oral cleanliness and over the top sugar allow likewise add to the expanded dental caries rate seen in hospitalized psychiatric patients. Different components adding to the predominance and seriousness of dental caries incorporate the way that these patients can't or unwilling to coordinate with treatment. The nursing staff does not have the essential information, capacities, and inspiration to give oral cleanliness care to these patients, and these foundations do not have the vital assets to give suitable levels of dental care.

Aim of the study

Relationship of psychiatric disorders with deleterious habits, oral mucosa conditions, TMJ assessment

Objectives of the Study:-

1. To assess the Oral mucosa condition, deleterious habits and TMJ assessment among psychiatric patients.
2. To assess the relationship of H/O hospitalization and medication with Psychiatric conditions of the Psychiatric patients.
3. To assess the relationship of bleeding gums, xerostomia with Psychiatric conditions of the Psychiatric patients.
4. To provide adequate information to the patients regarding preventive and curative measures.

MATERIALS & METHODS

Study Population And Study Design

Study group:

Psychiatric patients aged between 35-74 years attending the psychiatric out patient department of two government hospitals ie. Patna Medical College and Hospital (PMCH) & Nalanda Medical College and Hospital (NMCH).

Approval of study

Ethical clearance was obtained from the research ethical committee of Buddha dental college and hospital following which a consent was taken from Patna Medical College and Hospital (PMCH) & Nalanda Medical College and Hospital (NMCH) to perform the study in the respective hospitals. The

protocol for this study required obtaining informed consent from all participants.

Calibration and training

- Calibration of investigator was carried out in the Department of Public Health Dentistry, Buddha Institute of Dental Sciences and Hospital, Patna
- Training of Co-investigator for filling of self administered questionnaire was done prior to start of investigating procedure.

The investigator conducted these examinations for a period of four months in which all the patients between 35-74 years of age, attending OPD of psychiatric department of these hospitals were examined based on study protocol.

Pilot testing

Immediately after the calibration of the examiner a pilot testing was carried out by the investigator on 20 psychiatric patients. The study subjects were chosen from patients visiting OPD of psychiatric ward of PMCH hospital. The pilot test assessments were utilized for planning future course of the study. The subjects participated during pilot study were not considered in main study. The pilot study assessments were utilized for planning, rescheduling and executing the main study.

Duration & Sampling Of The Study Group

A simple random sampling of 700 psychiatric patients attending the OPDs of these hospitals during march 2014 to june 2014 were selected as the study population.

Methodology

Relationship of psychiatric disorders with deleterious habits, oral mucosa conditions, TMJ assessment in two government hospitals of Patna City. The study protocol was discussed with the concerned administrative head and members of the institutions and reassured them that there would be no harm to the individuals by being a part of this study and also concerns regarding the benefits to the patients and confidentiality of the reports were discussed.

Inclusion criteria:

- a. Psychiatric patients aged between 35-74 years attending the psychiatric department in two government hospitals.
- b. Subjects whose medical condition does not restrict them to be the part of this investigation.
- c. Subjects who fulfilled the research criteria and ready to give the consent to participate were considered for the study.

Exclusion criteria:

In order to prevent certain medical complications as a result of the intra-oral examination and to best adhere to ethical protocol, the following exclusion criteria will be observed:

1. Individuals requiring prophylactic antibiotic coverage prior to dental exams (i.e. probing), according to guidelines set by the American Health Association
2. Individuals with a medical condition, including a psychiatric disorder, as determined by hospital officials, which would have increased the risk of harm to the patient and/or the examiner during or following the collection of clinical data.
3. Individuals unable to give informed consent due to a cognitive impairment as determined by hospital officials (staff psychiatrist, dental health professional or attending nurse).

Examination:

1. Extraction of data based on demographic details and other information from patients through direct interviews using structured questionnaire and OPD records.
2. An intra-oral examination of the patients was conducted by a single examiner throughout the study. The examination was assessed as per the criteria mentioned in WHO ORAL HEALTH ASSESSMENT FORM, 1997. Clinical examination (type 3) was conducted under artificial light and aseptic precautions were taken during intra oral examination.

Statistical Analysis

The data was entered on to a personal computer and the master charts were prepared for analysis of data. The data was analyzed using the statistical software. SPSS version 18.0 was used to analyse the data. Pearson's chi-square test was applied to see the difference in nominal type data and t-test was used to see the mean difference between two groups. P-value less than 0.05 is considered as significant.

RESULTS

In the present study among 700 psychiatric patients there is seen equal no. Of males and females. Among 700 psychiatric patients, majority 294(42 percent) had schizophrenia, 217(31 percent) had depression, 98(14 percent) had anxiety, 50 (7.1 percent) are maniacs, and 41(5.9 percent) suffer from substance abuse [Figure 1]. Among 700 psychiatric patients, majority 574(82 percent) had not been previously admitted to the hospital and 126 (18 percent) had the history of hospitalization. Among 700 psychiatric patients, 630 (90 percent) had history of medication and only 70 (10 percent) were not having such history. Among 700 psychiatric patients, majority 469 (67 percent) gave the history of toothache but 231 (33 percent) did not had the same in the past. Among 700 psychiatric patients, majority 686 (98 percent) had bleeding from the gums and only 14 (2 percent) did not have the same. Among 700 psychiatric patients, majority 497 (71 percent) had dry mouth problem but 203(29 percent) did not have

such kind of problem and in these patients, majority 616 (88 percent) gives history of bad breath but 84 (12 percent) did not reported the problem. Among 700 psychiatric patients, majority 406(58 percent) had bruxism problem and 294(42 percent) did not had this habit [Table 1]. Among 700 psychiatric patients, majority 385 (55 percent) had attrition problem, 154 (22 percent) had no wasting disease at all, 84 (12 percent) had both attrition and abrasion, 56 (8 percent) had abrasion and only 21(3 percent) had both attrition and abrasion.

Among 700 psychiatric patients, 574 (82%) did not had history of hospitalization among them 210(36.6%) were having schizophrenia, 196 (34.1%) were having depression whereas 126 (18%) had history of hospitalization. Association is calculated by chi square test and the results are statistically significant ($p < 0.001$) [Table 2]

Among 700 psychiatric patients, 686 (98%) had bleeding gums, among which 287 (41.8%) were suffering from schizophrenia. Then among 217 depression patients and among 98 anxiety patients, all had bleeding gums. Association is calculated by chi square test but the results are statistically significant ($p < 0.001$). Among 700 psychiatric patients, 693 (99%) had bleeding gums, among them 637(91.9%) were on medication. Association is calculated by chi square test but the results are statistically significant ($p < 0.001$) [Table 3].

Among 700 psychiatric patients, 497 (71%) had experienced dry mouth problem of whom 238 (47.9%) had schizophrenia, 133 (26.8%) had depression, 70 (14.1%) had anxiety, 32 (6.4%) had mania and 24(4.8%) had substance abuse. Association is calculated by chi square test and the results are statistically significant ($p < 0.001$). Among 700 psychiatric patients, 497 (71%) who had dry mouth, were on medication. Among 63 psychiatric patients who were not on medication, majority 56(88.90%) did not had dry mouth problem and the results are statistically significant ($p < 0.001$)

Among 700 psychiatric patients, 616 (88%) had halitosis which is related to bleeding gums which was present in 686 (98%). Association is calculated by chi square test and the results are statistically significant ($p < 0.001$).

Among 700 psychiatric patients, majority 406(58%) had bruxism problem, among which 126(31.03%) had depression, 119(29.3%) had schizophrenia. Association is calculated by chi square test and the results are statistically significant ($p < 0.001$). [Table 4]. Among 700 psychiatric patients, majority 385(55%) had attrition, among which 126(32.7%) were suffering from depression. Attrition could be mainly because of presence of bruxism in maximum of the psychiatric patients. Association is calculated by chi square test and the results are statistically significant ($p < 0.001$).

Among 700 psychiatric patients, majority 406(58 percent) had clicking on TMJ examination and only

294 (42 percent) did not have the same. Among 700 psychiatric patients, majority 385 (55 percent) did not had tenderness on TMJ examination but 315(45 percent) had experienced the same. Among 700 psychiatric patients, majority 623 (89 percent) did not show reduced jaw mobility on TMJ examination and 77 (11 percent) suffered from this problem. Among 700 psychiatric patients, 406 (58%) had clicking in TMJoint among which 189 (46.5%) had shizophrenia. Association is calculated by chi square test and the results are statistically significant($p < 0.001$) (Figure 2). Among 700 psychiatric patients, 385 (54.1%) did not have tenderness in TMJoint whereas 315(45.90) had tenderness in the joint. It is actually surprising that patients had no tenderness in TMJoint even though bruxism habit was quite prominent in the subjects. This is attributed to the time of examination of the patient. Association is calculated by chi square test and the results are statistically significant($p < 0.001$). [Figure 3].

Among 700 patients majority 623(89%) had normal jaw movements even though clicking in TMJoint and bruxism was present. Association is calculated by chi square test and the results are statistically significant($p < 0.001$) [Figure 4].

Among 700 psychiatric patients 154 (22%) did not had any oral mucosal condition and maximum of the patients 280 (40%) had ulceration which was maximally present in buccal mucosa region and then in floor of mouth then tongue and then hard or soft palate. also in some patients, 28 (4 %) ulceration was seen on both the buccal mucosa and floor of mouth. Also some patients 70 (10%) had leukoplakia and some 35(5%) had OSMF.

Among 700 psychiatric patients, majority 280(40%) had aphthous ulcers among which 182(65%) belong to schizophrenia category, the second most frequent finding is leukoplakia in 147 (21%) of patients among which 42(28.6%) was seen in schizophrenia patients and least ,7 (1%) patients had candidiasis problem. Association is calculated by chi square test at 5%level of significance and the results are statistically significant ($p < 0.001$) [Table 5]. Among 700 psychiatric patients 630 (90%) were on medication out of which, majority 511(81.1%) had oral mucosa condition, among which maximum 266 (42.2%) had aphthous ulcers which is also related to the presence of 71% of subjects with xerostomia. Association between history of medication and oral mucosa condition was calculated by chi square test and results were statistically significant($p < 0.001$) [Figure 5].

Table 1: Distribution of psychiatric patients according to past experiences of dental problems.

Past experience of dental problem	Bleeding gums	Dry mouth	Bad breath	Nail biting	Bruxism
Yes	686(98%)	497(71%)	616(88%)	175(25%)	406(58%)
No	14(2%)	203(29%)	84(12%)	525(75%)	294(42%)
Total	700	700	700	700	700

Table 2. Association between the history of hospitalization of psychiatric patients and type of psychiatric condition.

		Type Of Condition					Total	
		Schizophrenia	Depression	Anxiety	Maniacs	Substance Abuse		
History Of HOSPITALISATION	Yes	Count	84	21	7	7	7	126
	% within type of condition		28.60%	9.70%	7.10%	14.00%	17.10%	18.00%
	No	Count	210	196	91	43	34	574
	% within type of condition		71.40%	90.30%	92.90%	86.00%	82.90%	82.00%
Total		Count	294	217	98	50	41	700
		% within type of condition	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Chi-Square Tests

	Value	Df	P-Value
Pearson Chi-Square	40.836a	4	<0.001

Table 3: Association between the past experience of bleeding gums in psychiatric patients and history of medication of psychiatric condition.

		History of medication		Total	
		On medication	Not on medication/placebo		
Past experience of bleeding gums	Yes	Count	637	56	693
	% within History of medication		100.00%	88.90%	99.00%
	No	Count	0	7	7
	% within History of medication		0.00%	11.10%	1.00%

	Count	637	63	700
Total	% within History of medication	100.00%	100.00%	100.00%
Chi-Square Tests				
	Value	Df	P-Value	
Pearson Chi-Square	70.714a	1	<0.001	

Table 4: Association between habit of bruxism in psychiatric patients and type of psychiatric condition

		type of condition					Total
		Schizophrenia	Depression	Anxiety	Maniacs	substance abuse	
Habit of bruxism	Yes	Count 119	126	77	49	35	406
	% Within Type Of Condition	40.5%	58.1%	78.60%	98.00%	85.4%	58.00%
	No	Count 175	91	21	1	6	294
	% Within Type Of Condition	59.5%	41.9%	21.40%	2.00%	14.6%	42.00%
Total		Count 294	217	98	50	41	700
		% Within Type Of Condition	100.00%	100.00%	100.00%	100.00%	100.00%

Chi-Square Tests			
	Value	Df	P-Value
Pearson Chi-Square	1.449E2a	8	<0.001

Table 5: Association between presence of oral mucosa conditions in psychiatric patients and type of psychiatric condition

		Oral mucosa condition						Total
		0	2	3	4	6	8	
TYPE OF CONDITION	Schizophrenia	42(14.2%)	42(14.2%)	14(4.8%)	182(61.9%)	7(2.4%)	7(2.4%)	294(100%)
	Depression	98(45.2%)	21(9.7%)	35(16.1%)	42(19.3%)	0	21(9.7%)	217(100%)
	Anxiety	14(14.3%)	14(14.3%)	21(21.4%)	42(42.9%)	0	7(7.1)	98(100%)
	Maniacs	0	41(82%)	6(12%)	3(6%)	0	0	50(100%)
	substance abuse	0	29(70.7%)	1(2.4%)	11(26.9%)	0	0	41(100%)
Total		154(22%)	147(21%)	77(11%)	280(40%)	7(1%)	35(5%)	700(100%)

Chi-Square Tests			
	Value	df	p-value
Pearson Chi-Square	3.736E2a	20	<0.001

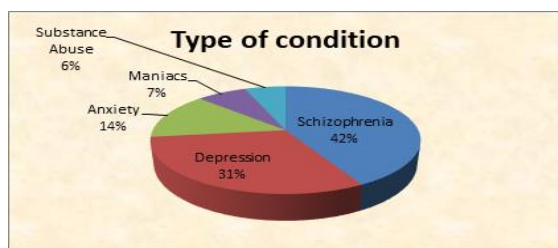


Figure 1: Distribution of psychiatric patients according to type of psychiatric condition

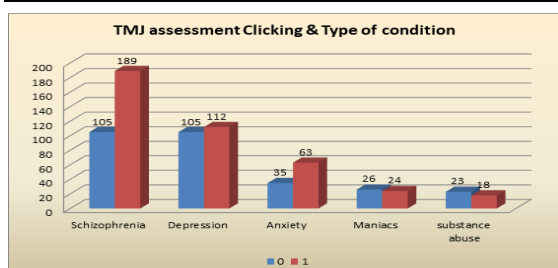


Figure 2: Association between presence of TMJ clicking in psychiatric patients and type of psychiatric condition.

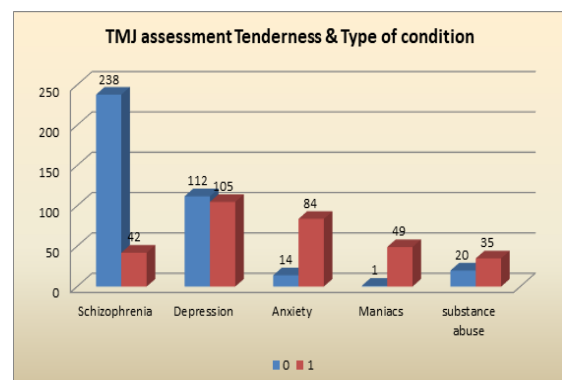


Figure 3: Association between presence of TMJ tenderness in psychiatric patients and type of psychiatric condition.

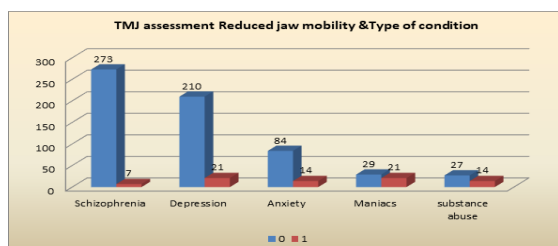


Figure 4: Association between presence of reduced jaw mobility of TMJ in psychiatric patients and type of psychiatric condition.

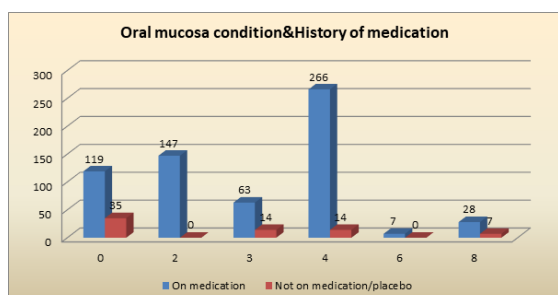


Figure 5: Association between presence of oral mucosa conditions in psychiatric patients and history of medication for psychiatric condition.

DISCUSSION

The present study showed equal distribution of males and females whereas in study conducted by Vigild M et al (1993) in institutionalized patients in Spain showed male female ratio as 40% and 60 %, [3] similar study conducted by Fairouz Sayegh et al on non-institutionalized patients had similar result as the present study. [11] The study conducted by Viral R. Shah et al again on non-institutionalized patients showed male to be 66.17%. [12] The present study showed that among 700 psychiatric patients, majority 294(42 percent) had schizophrenia, 217 (31 percent) had depression, 98 (14 percent) had anxiety, 50 (7.1 percent) are maniacs, and 41(5.9 percent) suffer from substance abuse. This result was almost similar to the study conducted by by Fairouz Sayegh et al on non-institutionalized patients which showed 57%schizophrenia and 43% mood disorder including unipolar and bipolar disorder. [11]

Present study revealed that Among 700 psychiatric patients, majority 385(55%) had attrition this finding is consistent with study conducted by Rekha.R et al which revealed 52.8% of psychiatric patients had attrition. [13]

In present study among 700 psychiatric patients, majority 280 (40%) had aphthous ulcers, 5% osmf, 147(21%) leukoplakia , 7(1%) patients had candidiasis . Whereas in study conducted by Viral R. Shah et al (17.29%) patients had problem of burning mouth syndrome followed by oral sub mucous fibrosis in 12 (9.02%) and Lichen planus in 3 (2.25%) of patients. [12,23]

In present study 71% of subjects had xerostomia which is very much similar to the study done by Jordanian (70%) on out patients suffering from psychiatric disorders.

In study done by Rekha R et al the results were slightly different from present study in percentage presence of xerostomia(45.90%) but was similar to present study in respect to that, [13] they suggested xerostomia as the most commonly encountered side effect of psychotropic drugs.

In study done by Bhuvan jyoti et al the results(1%) were surprisingly different from the present study(71%).

In the present study (45.90%) had tenderness in the in TMJ, 406(58%) had clicking in TMJ joint among which 189(46.5%) had schizophrenia. . In study done by Sirpa et al [14] it was seen that A high rate(46.4%) of depressive symptoms was associated with symptoms of temporomandibular disorders (TMD), and slightly higher findings (66.6%) were found in study conducted by Rekha R et al. [13]

CONCLUSION

A sample of 700 Psychiatric patients aged between 35-74 years attending the psychiatric out patient department of two government hospitals was studied. Female participants (50%) were same compared to males (50%).

In psychiatric patients 630(90 percent) had history of medication which was seen related to causing xerostomia which could be an important reason to lead to development of oral mucosal lesions, increased caries incidence and periodontal destruction. Among all patients maximum patients suffered from TM Joint abnormalities like clicking, tenderness in joint and reduced jaw mobility.

Majority subjects had oral mucosal conditions like leukoplakia, lichen planus, candidiasis, OSMF(oral submucous fibrosis) and maximum of the patients had ulceration which was maximally present in buccal mucosa region.

The need for prophylactic dental treatment was considerable in a group of persons in treatment in outpatient psychiatric care. Questions concerning oral health and dental attendance should be addressed regularly both in the psychiatric care services as well as in social services. Supportive activities concerning oral health should be founded in the individual's capacity and suited to the individual's need. Need of care of psychiatric patients still exceeded that of the general population. Use of saliva stimulating agents for treatment of xerostomia is also a requirement. An oral health care system must have three concurrent approaches to care: treatment of oral diseases, oral diseases prevention, and oral health promotions In order to gain a deeper understanding of the research area, further investigations of oral health in psychiatric populations both hospitalized and in outpatient care

is needed. Further research concerning dental care utilization in groups under treatment in psychiatric care who are at risk to decreased oral health is required.

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How to cite this article: Pandey P, Singh Y, Kapoor M, karabwal A. Relationship of Psychiatric Disorders with Deleterious Habits, Oral Mucosa Conditions, TMJ Assessment A Hospital Based Cross - Sectional Study. *Ann. Int. Med. Den. Res.* 2017; 3(5):DE19-DE25.

Source of Support: Nil, **Conflict of Interest:** None declared