

# Letters to the Editor

## Oral Health Care Is an Important Issue for Military Veterans

**Original Article:** Care of the Military Veteran: Selected Health Issues

**Issue Date:** November 1, 2019

**See additional reader comments at:** <https://www.aafp.org/afp/2019/1101/p544.html>

**To the Editor:** I was impressed with this article on care of military veterans. In addition to issues such as moral injury, posttraumatic stress disorder, and specific exposures, oral health of veterans warrants mention. It is not known exactly how many veterans lack dental care or have poor oral health; however, anecdotally the number appears to be high. In veterans who have serious mental health conditions, 60% have fair to poor oral health, and about 33% find it difficult to eat because of these issues.<sup>1</sup> Poor oral health can affect self-esteem, employment opportunities, heart and endocrine health, and overall systemic health. Many veterans do not qualify for dental care from Veterans Affairs unless they have a preexisting dental condition, a disability, or were a prisoner of war. Furthermore, 87% of veterans do not use the Veterans Affairs for any health care.<sup>2</sup> In many states, Medicaid does not cover adult dental health, and Medicare provides no dental benefits.

There are programs that can help veterans find dental care. The National Veterans Foundation has a list of veterans who qualify for dental care (<https://nvf.org/veterans-dental-care/>). There are more than 200 locations for veteran dental services across the United States (<https://www.va.gov/DENTAL/Dental-Clinic-Locations-Finder.asp>). Everyone for Veterans is a non-profit organization that has connected hundreds of low-income veterans with dentists for free dental care (<https://www.everyoneforveterans.org/>). Aspen Dental runs the Healthy Mouth

Movement, which has served more than 20,000 veterans with a mobile dental unit and an annual free day of care (<https://www.aspendental.com/about/healthy-mouth-movement>). Many federally qualified health centers have dental facilities and offer graduated payments based on income to anyone without dental insurance. Some dental schools and dental hygiene schools offer free or reduced-fee services. Finally, family physicians should get to know local dentists to make personalized referrals for veterans who are in need because many private dentists offer pro bono care to individuals.

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## Postpartum Relapse Prevention: The Family Physician's Role

**Original Article:** Postpartum Care: An Approach to the Fourth Trimester

**Issue Date:** October 15, 2019

**Available at:** <https://www.aafp.org/afp/2019/1015/p485.html>

**To the Editor:** I enjoyed the article on postpartum care written by Drs. Paladine, Blenning, and Strangas. I would add to it the need to anticipate the possibility of a patient's postpartum relapse to drugs. Between 50% and 75% of women who used drugs before pregnancy will completely stop using drugs during pregnancy,<sup>1</sup> and it is easy for

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## LETTERS TO THE EDITOR

a physician to miss the diagnosis of substance use disorder or to become complacent about the disease. However, most of these women relapse postpartum,<sup>1</sup> which has a significant effect on the woman's health and affects her ability to parent her newborn adequately.

At least four states have found that postpartum overdoses contribute substantially to maternal mortality. In a Maryland Maternal Mortality Review, substance use was the leading cause of pregnancy-associated deaths, with the numbers increasing.<sup>2</sup> In a Colorado study, 30% of maternal deaths from 2004 to 2012 resulted from accidental overdose or suicide.<sup>3</sup> Substance use disorder contributed to 33% of all maternal deaths in 2017 in Tennessee.<sup>4</sup> Massachusetts noted 11 fatal overdoses among 4,154 women with opioid use disorder who delivered a child from 2012 to 2014. The rate was lower in women receiving pharmacotherapy for their opioid use disorder.<sup>5</sup>

Postpartum relapse is often accompanied by shame and fear of losing custody of the newborn. As family physicians, we can identify women with a history of substance use disorder who may be at risk of relapse and hopefully get them into treatment before this happens. Also, we can be alert to any signs of relapse and respond compassionately and appropriately, making sure that mothers and babies get the care they need.

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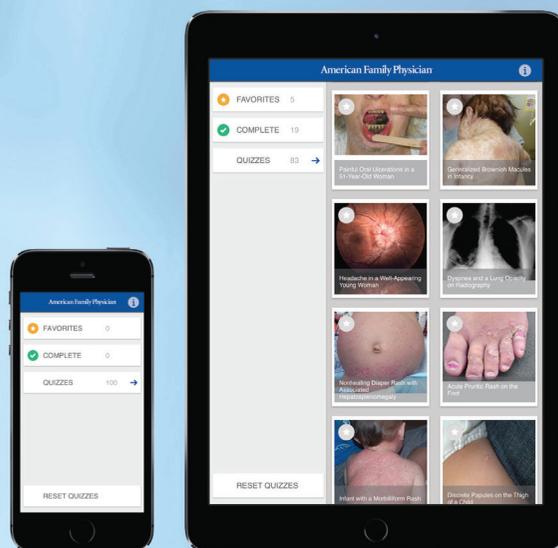
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This letter was sent to the authors of "Postpartum Care: An Approach to the Fourth Trimester," who declined to reply. ■

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