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**POSTER ABSTRACT****Oral health in inpatients with psychiatric or substance use disorders**

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***Introduction***

There is an increasing focus on the co-occurrence of psychiatric and somatic disorders. People suffering from schizophrenia or severe substance use disorders have a shortened life expectancy, partly because they have an increased occurrence of somatic disorders. Patients with severe psychiatric disorders or substance use disorders often have a reduced ability to attend to their own care, including their diet, hygiene and the regular use of dental services. Social and financial challenges may contribute to the problem. The use of medication may result in oral dryness and subsequently in tooth decay and gum disease.

***Aims Objectives Theory or Methods***

While some prior studies from other countries have pointed to the challenges related to oral health in patients suffering from severe psychiatric or substance use disorders, we lack recent data from Norway that may inform us about the scope of the problem. There is a lack of information regarding which disorders and symptoms that are strongest associated with poor dental status. We also lack information about how the patients perceive the existing dental services and accordingly how one can adapt the services to increase their use and patients' satisfaction.

***Highlights or Results or Key Findings***

In our study, we will distribute a questionnaire and perform an examination of the participants' oral health to assess oral health and quality of life. We aim to include at least 200 participants. We will examine socioeconomic, structural and health related factors associated with oral health in patients with severe psychiatric disorders or substance use disorders. We will assess the use of dental services in these patient groups as well as any barriers they perceive in receiving necessary dental health services, including any lack of integration of services. The participants will be asked for suggestions regarding how to improve access and use of the dental services.

***Conclusions***

Prior research has suggested that many people suffering from severe psychiatric disorders and substance use disorders have poor dental health. In our study, set in Norway, we will collect data from questionnaires and clinical examinations to obtain up-to-date knowledge that might be used to improve the services.

***Implications for applicability/transferability sustainability and limitations***

We hope the findings of our study might be used to improve the access and use of the dental health services. Updated knowledge concerning the associations between psychiatric and substance use disorders and poor dental health might be used to adjust provider-patient communication and treatment strategies to patients' needs.