Objective:

Identify advances in clinical assessment and management of selected healthcare issues related to persons with developmental disabilities

Notes:
The workshop will focus on the unique strategies and nuances of oral health care for those with developmental disabilities, including everyday homecare and hygiene as well as diagnosis and treatment of oral disease and habits in a clinic versus operating room setting.

- **Primary Track:** Education
- **Practice Level:** Beginner

**Topics to be discussed**

- Disabilities and oral health
- Diseases common to persons with disabilities
  - Why?
  - Difficulties with oral hygiene
  - Diet
  - Teeth grinding (bruxism)
  - Periodontal diseases/caries
- Diseases unique to specific disabilities
  - Down syndrome
  - Seizure disorder
  - Cerebral palsy
  - Autism
  - Schizophrenia
- Prevention
  - Oral hygiene techniques
  - Resources (specializedcare.com, Mint-K-9 center)
  - Chlorhexidine, fluoride
  - Especially with medication-induced xerostomia
  - Spectrum of Management Approaches
  - Access to care
Dental care for special needs patients:
Past

State hospitals typically had dental programs for mentally impaired and mentally ill. Some dentists who worked in these programs brought these skills to their private practice. Deinstitutionalization occurred. Typically there were dentists in most communities who were comfortable providing care for persons with special needs. Some dentists had hospital privileges and provided care in operating rooms. Several hospital-based dental programs existed in Detroit and one in Ann Arbor.

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In the 1960s the conditions of these institutions was looked at closely, and the idea of deinstitutionalization came about. A system of community services was recommended, but many communities fall short.
Dental care for special needs patients: Present

- Fewer dentists providing care for this population
- Dental programs have closed
- Medicaid reimbursement rate discourages participation
- Lack of adequate training

Dental care for special needs patients: Future

- The population of people with special needs is increasing
  - Aging of population
  - Maintaining dentition
  - Medical/neurological problems requiring medication
- Fewer providers

Disabilities• Special Needs

- Multiple sclerosis
- Amyotrophic lateral sclerosis (ALS)
- Muscular dystrophy
- Parkinson's disease
- Huntington's disease
- Schizophrenia
- Dementias
- Cerebral palsy
- Mental impairment
- Down syndrome
- Autistic Spectrum Disorders
- SCI/TBI
- CVA (stroke)
- Seizure disorder
- Autism
- ETOH/Substance abuse
MR: Typical dentition with caries and periodontal disease.

Seizure disorder: Gingivectomy could be beneficial in cases of gingival hyperplasia as well as decrease seizure potential with decreased pain. Stress oral hygiene! Consult physician regarding medication modification.
MI/ID Dental Management Strategies

- Communication may be nonexistent to normal
- Consider allotting more time for treatment, re-instruct, re-explain with simple, concrete and visual instructions in a non-stimulating environment
- Rewards can be used, consistency helps
- Sometimes uncooperative and combative
- Routine care recommended, focus on prevention
- Extensive restorative and prosthetics may be contraindicated
- Presence of dental pain can be difficult to assess

MR: Restored dentition that is cleansable, functional and esthetic.

CP Dental Problems

- Increased caries and periodontitis
- Increased risk for both dental diseases
- Poor oral hygiene
  - Food-pouching due to altered swallowing, chewing ability
  - Gustatory salivation, calculus accumulation when NPO status
- Malocclusion
  - Class II
  - Anterior open bite
- Increased risk for dental trauma; trismus and a 3-fold increase in dental fractures
  - 57% versus 18-22% in the general population
  - Premature maxillary intrusion due to Class II malocclusion
  - Difficulty with movement/increased likelihood of falls
- Enamel Hypoplasia/Hypocalcification
- Dental Erosion
- Bruism
- Oral hypersensitivity
  - Reaction to touch, taste, noise, smell
- TMD
  - Prolonged and exaggerated bite and gag reflexes
  - Tongue thrust, drooling, mouth breathing
  - Xerostomia, often drug-induced
  - Arch development in dysphagia
Poor oral hygiene with periodontitis, oligodontia. Class II occlusion observed.

Severe bruxism limits restorative dentistry potential; however, biteplint therapy in the setting of gag reflex and swallowing inefficiencies may be contraindicated.

- Allow time for adequate communication, explain procedures thoroughly
- Introduce new experiences slowly
- Make the operatory calm and relaxing with consistency (consistency leads to improved cooperation)
- Place pt in slightly upright position for tx, suction efficiently, consider rubber dam
- Recommend fluoride gel, water and baking soda solution, chlorhexidine
- Emphasize oral hygiene practices, engage caregivers, check the mouth after meals if pouching reported
- Consider orthodontics for mild CP
  - Musculoskeletal dystonia, tongue thrusting → relapse!
  - Risk for caries and enamel hypoplasia

CP Dental Management Strategies
Autism Dental Problems

- Caries/Periodontitis similar to the general population
- Poor oral hygiene
- Delayed eruption
  - Gingival hyperplasia

- Damaging oral habits
  - Bruxism
  - Tongue thrusting
  - Pica
  - Picking at gingiva
  - Lip biting

Autism: Note caries, fractured teeth, bruxism which is and should all be restorable and maintainable by the patient.

Autism Dental Management Strategies

- Doing the same procedures in different ways
- Give patient the opportunity to adapt
- Provide communication options
  - Tell-show-do
- People with autism can learn and adapt repetitive tasking and rule-based systems
- Consider mouthguard if tolerable

- May require restraints, sedation, general anesthesia
- No contraindications to any procedure except what patient can learn to manage and care for
- Drug induced xerostomia
- Poor oral hygiene
- Increased caries and periodontal disease
- Desensitization and behavioral modifications required