

Tuesday, 10:00 – 11:30, A6

Presentations on Oral Health and Dentistry

Tamar Shrikian

Objectives:

Identify effective methods for the practical application of concepts related to improving the delivery of services for persons with developmental disabilities at the level of the state.

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

Discuss the ethical issues related to persons with developmental disabilities

Notes:

Erica Wu, DDS

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HOW PEOPLE SAY "OUCH!" WITHOUT TALKING

A DENTAL SPIN

Tamar Shrikian, DMD

WHY DO WE WORRY ABOUT DENTAL PAIN?

- Pain is underreported in patients who have altered cognitive status
- Chronic pain negatively affects quality of life and long-term health outcomes for patients who cannot communicate well.
- Dental pain can be indicative of potentially life-threatening infections and indicates a need for treatment.
- Poor dentition has significant systemic implications, especially in patients with existing comorbidities.

WHO CAN'T COMMUNICATE PAIN WELL?

- Pediatric patients (0-2 years old)
- Patients with developmental disabilities
- Patients with autism
- Patients with dementia
- Patients who are intubated, with or without altered mental status.

WHAT ARE POTENTIAL CAUSES OF OROFACIAL PAIN?

- Dental Cavities
- Periodontal Disease
- Acute Dental Abscess
- Fractured Teeth
- Temporomandibular Joint Disorder
- Trigeminal Neuralgia

PAIN ASSESSMENT TOOLS

- There are a variety of pain assessment tools that can be used by caregivers, family members, and clinicians.
- Pain is generally communicated by behaviors.
- Most pain assessment tools gauge pain by displays of facial expressions, speech and vocalizations, posturing, changes in socialization, and the onset of repetitive behaviors.
- Some pain assessment tools also take into account physiological changes

PAIN NUMERIC RATING SCALE

- 0-10
- Zero is "no pain at all"
- Ten is "worst possible pain"
- Most frequently used scale for verbal patients
- Mild 0-3, Moderate 4-6, Severe 7-10
- Frequently used, but may have limited accuracy
- May be impossible to use in patients who cannot communicate

CHECKLIST FOR NONVERBAL PAIN INDICATORS (CNPI)

- Vocalizations
- Grimaces
- Bracing
- Rubbing
- Restlessness
- Verbal complaint

All are gauged at rest and with movement.

Pilot study regarding the CNPI studied patients that were s/p hip surgery.

FLACC BEHAVIORAL SCALE

Item	0	1	2
Face	No expression or smile	Occasional grimace, frown	Frequent or constant frown
Legs	Normal position, relaxed	Uneasy, restless, tense	Kicking or legs drawn up
Activity	Lying quietly, normal position, moves easily	Squirming, shifting back and forth, tense	Arched, rigid, or jerking
Cry	No cry	Moans, whimpers, occasional complaint	Crying Steadily, screams, sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to	Difficult to console or comfort

- Scored 0-10.
- Cumulative score is consistent with the NRS 0-10.
- Used for Pediatric and Developmental Delayed patients

THE ASSESSMENT OF DISCOMFORT IN DEMENTIA

Chronic Care for Nurses to use each shift with Dementia Patients.

One of the only Pain Assessment tools to include the use of analgesics to help assess for pain

- Step 1: Review behavioral symptoms including mood, body language, voice and behavior.
- Step 2: review of physiological signs for any sympathetic change (Including BP, Temp, RoS, Full Physical Exam to assess for potential sites of pain)
- Step 3: Assess environmental conditions, treat by nonpharmacological means
- Step 4: Treatment with non-narcotic analgesic to assess for relief of behavioral changes/pain like symptoms
- Step 5: Consult with physician

DENTAL PAIN

- Gingival Irritation can be caused by Plaque and Tartar buildup causing Occasional Pain on Chewing and Gum Soreness.
- Reversible Pulpitis can be stimulated by cold or hot foods and last briefly (0-30 seconds) and will most likely resolve on its own without additional injuries continuing.
- Irreversible Pulpitis can be stimulated by cold or hot foods (30 seconds +), will not resolve on its own, will require definitive pulpal treatment (Root Canal Treatment vs. Extraction)

DENTAL PAIN, CONTINUED

- Percussion sensitivity or sensitivity to chewing can be indicative of recent trauma to the tooth, a fractured tooth, or a potential infection
- A dental abscess can manifest as a throbbing consistent pain, as a pain that wakes someone at night, or as a pain that wakes a person.
- A dental abscess can result in an acute swelling in a patient, and should be evaluated immediately by a dentist.

DENTAL PAIN CONTINUED

- Pain may also be caused by Periodontal disease, which manifests as a soreness after eating or from teeth that move while chewing.
- Recently Fractured teeth may have exposed pulpal nerves and would be acutely painful to any external stimulus.

HEAD AND NECK PAIN

- Temporomandibular joint disorders may be the result of elongated ligaments in the joint causing popping and clicking that can be painful to the patient. This may cause pain on opening, limitations opening or closing, and compensatory muscular pain in the head and Neck.
- Trigeminal Neuralgia causing a burning, electrical pain that may be triggered by light touch to the patient's face

I STILL DON'T KNOW IF SOMEONE IS IN PAIN

- Make sure you're regularly checking their mouth for any signs of broken down teeth, mobile teeth, extraoral or intraoral signs of swelling, or lesions that won't heal
- The majority of dental pain can be treated with Ibuprofen and Acetaminophen before being evaluated by a dentist.
- Suspected dental pain should be evaluated by a dentist promptly
- Swelling or pus should be evaluated within a few days by a dentist, significant swelling should be addressed with Antibiotics immediately in the Emergency Department if a dentist is not available that same day.

UNIVERSITY OF MICHIGAN'S HOSPITAL DENTISTRY CLINIC

- Specializing in patient's with special needs, who cannot be treated in a typical dental private practice setting.
- Requires a referral from a PCP or a dentist, phone evaluation, and clinical evaluation to determine eligibility to be a patient in our clinic.
- Treat patients in clinic and in OR setting
- Located in Ann Arbor, MI
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