Oral Health for Patients with Developmental Disabilities

Ray Lyons, DDS; Alicia Grady, DDS; Candace Owen, RDH, MS, MPH
April 30, 2019
About NNOHA

• Founded in 1991 by dental directors working in federally qualified health centers (FQHCs) who identified a need for peer-to-peer networking, collaboration, research, and support.

• Membership now includes more than 3,000 dentists, dental hygienists, supporters, and partners.
HRSA National Cooperative Agreement Grantee – Training and Technical Assistance

- Learning collaboratives
  - Integration of oral health and primary care practice, uniform data system (UDS) sealant measure, quality improvement

- Operations manuals
- Webinars
- Listserv
- Promising practices
- Resources – dental forms library, education materials

nnoha.org or e-mail info@nnoha.org
Review statistics of patients with developmental disabilities.

Describe oral manifestations for patients with developmental disabilities.

Identify barriers to oral health care for patients with developmental disabilities and strategies to mitigate these barriers.
Developmental Disability (DD)

- DD develops before the age of 22
- Long-term disability that can affect cognitive ability, physical function
- Genetic or other causes\(^1\)

- One in six children has a developmental disability\(^2\)
Examples of DD

- Cerebral palsy
- Down syndrome
- Autism spectrum disorders
- Fetal alcohol syndrome
- Traumatic brain injury
- Intellectual disability
- Spina bifida
- Fragile X Syndrome

• 18.8% children in US have special health care needs (SHCN)

• 19.3% indicated that in the last 12 months their child had a dental related problem compared to 12.5% for children without SHCN

• 12.8% children with SHCN had not seen an oral health provider in the last 12 months
Oral Health Access

• ADA Health Policy Institute
  • More than 8,000 dentists specialize in pediatrics
• National Survey of Children’s Health
  • 13 million children have SHCN

• 2008 – CDC National Center on Birth Defects and Developmental Disabilities
  • 60.3% individuals with disabilities had a dental visit in the last year
  • 70.6% individuals without disabilities had a dental visit in the last year
Safety Net Provider’s Role

• Many patients with DD may have financial barriers or be on Medicaid
  • You WILL have a patient with DD in your clinic!

• Provider awareness, knowledge, and comfort – training opportunities for patients with DD

• ADA Code of Conduct – 2018 update
  • 4.A.1 When considering the treatment of patients with a physical, intellectual, or developmental disability...the individual dentist should determine if he or she has the need of another’s skills, knowledge, equipment or expertise and if so, consultation or referral pursuant is indicated.
Oral Manifestations

- Malocclusion
- Heavy calculus accumulation
- Periodontitis
- Macroglossia (enlarged tongue)
- Tongue thrust
- Food pouching
- Erosion
- Increased risk for caries
- Bruxism (grinding)
- Delayed eruption
- Increased risk for oral trauma
- Gag reflex
Resources

• NNOHA Conference Presentations

• Special Care Dentistry Association https://www.scdaonline.org/

• University of Washington School of Dentistry Oral Health Fact Sheets https://dental.washington.edu/dept-oral-med/special-needs/patients-with-special-needs/
References

5. http://pediatrics.aappublications.org/content/131/3/614
Contact Us!

Candace Owen, RDH, MS, MPH
NNOHA Education Director
candace@nnoha.org

National Network for Oral Health Access
181 E 56th Avenue, Suite 401
Denver, CO 80216
Phone: (303) 957-0635
Fax: (866) 316-4995
info@nnoha.org
Access - What’s the problem?

• Lack of experiential training
• Inadequate financial reimbursement
  • State Medicaid hassles
  • Managed Care
  • Tight Health Care Market
• Attitudes- lack of sensitivity, patience
• Healthcare by committee, transportation, failed appts.
• Difficult/demanding care- time, behavior, risks, movement, lack of communication
Complicating Factors for Comprehensive Oral Care for the Person with a Disability

• Oral Hygiene
• Behaviors
• Malocclusion
• Soft Diet
• GERD
• Trauma
• Oral Functional Deficits/Habits/Reflexes/Dysphagia
• Diagnosis: no finger that points, no voice to complain
Unique Behavioral Challenges

• Body Movement
  • Motor Center Dysfunction
  • Impulsive, involuntary, intentional
  • Repetitive self-stimulation/ritual

• Broader Life Experience
  • Multiple Medical Encounters
  • Possible hx. of Institutionalization
  • High Incidence of Abuse
  • Develop Effective Avoidance Behaviors
Down Syndrome

- Increased congenitally missing teeth
- Teeth often small, ovoid, short roots
- Macroglossia, mid-face hypoplasia
- High narrow palate, can be “stair step”
- Class III malocclusion- chewing/rest
- Increased periodontal disease
- Congenital heart abnormalities: ~40%
- Thyroid dysfunction common
Convulsive Disorders

- Dental fractures, oral trauma, avulsed and missing teeth
- Gingival hyperplasia - Dilantin
- Delayed shedding - primary teeth
- Delayed eruption - prim. & perm. Teeth
- Malalignment of teeth
- Isolated or Part of global insult
Cerebral Palsy

• Enamel hypoplasia
• Caries, Periodontal disease
• Motor dysfunction
  • tongue thrust, bruxism, drooling
• Class II malocclusion
• Prolonged food retention
• Anterior tooth fractures
Autism Spectrum Disorder

• Increased incidence:
• Cause/treatment-highly anecdotal
• Parents above average occupational-intelligence bracket
• Symptoms/presentation vary widely- impaired social, behavioral, communication, sensory function
• Sameness of environment
• Perseveration- (obsessive repetition) words, phrases, movement
• Deep pressure often soothing
Autism-oral findings

• Significant incidence of “oral behaviors”
  • Regurgitate, ruminate
  • Poke at/rake gums with fingernails
  • Taste everything
  • Bites self (hands, arms)
  • Chew aggressively on anything
  • SIB around head/jaws
  • Behavioral attrition of dentition
Ability to Learn

• Slower with reduced carryover
  • Communicate: verbal & visual
  • Time: repeat, reinstruct, re-explain

• Inability to predict outcome or generalize from prior experience

• Environment
  • Familiarity (same staff/setting)
  • Non-stimulating?

• Learn what is taught: Consistency is Key!
Successful Behavioral Support: Dental Teamwork

• Respect Patient Dignity
• Time
• Adequate Staff (numbers/training)
• Team Approach (“Four-C’s”)
  • Committed
  • Calm
  • Confident
  • Consistent
• Familiar Office Setting and Staff
• Trusted Caregiver
Behavioral Treatment Planning

• Start with easy task, reinforce and cultivate coping skills
• You choose when to end tx. for the day, yet .......
• Respect “Cooperative Window”
• Nothing worse than an initial appt. where pt. w/ special needs has an acute dental emergency!
• “Post-tx. Debriefing”- parent, staff, patient
• 50% of our new patients have only had care under GA, yet only 2% go back to the OR.
Everyone smiles in the same language.