Oral Health Care for Patients with Intellectual and Developmental Disabilities

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Olmsted Decision 1999
U.S. Supreme Court

- states must offer the least restrictive and most integrated care possible to people with disabilities
- placing individuals who could otherwise live in community settings into institutions is unjustified segregation and discrimination under the Americans With Disabilities Act
32% untreated dental caries
80% periodontitis
10% edentulous

Nearly one-quarter of the participants had only a limited ability to accept any dental intervention without the application of advanced behavior management techniques, and nearly 40 percent required some form of behavioral assistance to receive dental treatment. One third of the participants were able to receive dental treatment without these modalities.

Conclusions. Dental care is the most prevalent unmet health care need for CSCHN, affecting substantially more children than any other health care need category. Moreover, the perceived need for dental care for CSCHN exceeds the need for either preventive or specialty medical care. Given these findings, dental care should be an integral and explicitly stated part of the comprehensive coordinated services that the medical home aims to provide.
Dentists have less training and feel less prepared to treat persons with cognitive and sensory limitations compared to that for children ages 0 to 5.

Conclusion: we need better training at the predoctoral and postgraduate levels.

### Illinois
- 2008 IPHCA survey of safety net dental clinics
  - Only 26% could provide comprehensive care
  - 35% refer out all I/DD patients
  - 56% stated the reason was the providers were not comfortable treating patients with I/DD

- IDPH Survey of licensed dentists
  - Common statement that additional training was needed in order to allow providers a higher level of expertise in treating patients
  - 30 percent stated that they needed additional training.

### ADA Code of Conduct - 2019
The changes, reflected in section 4. A of the Code, now explicitly prohibit dental care providers from denying care to patients because of their disability, as was already the case based on a patient's race, creed, color, sexual orientation or gender identity, or national origin.

Additionally, the Code, in section 4. A. 1, now specifies that patients with disabilities in need of another dentist's skills, knowledge, equipment, or expertise should not be turned away and should instead be referred to dentists able to provide the necessary care.
Case Study: 28 year old woman

- Cerebral palsy, non-verbal
- Recently began hair pulling
- Coincidentally an upper 2nd molar fractured, requiring extraction
- Hair pulling stopped
- Two years later a second incidence of hair pulling
- Inflammed / Infected gingival tissues
- Debridement of plaque and calculus
- Two week follow-up, hair pulling stopped
Case Study: 10 year old boy

- Autism, minimally verbal
- Handmouthing
- Frequent tantrums, crashing his body in the wall
- Most recently saying “teeth”
- An oral swelling brought him in for a dental exam
- Following dental treatment in the hospital, the behaviors stopped
- Gastronomy children were significantly more likely to have calculus
- Calculus was significantly related to aspiration pneumonia
- Personal oral hygiene to reduce calculus may be ineffective

(Pediatr Dent. 2004;26:283-288)
SONICARE FOR KIDS

3 years later

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http://www.autismspeaks.org/community/family_services/dental.php