DENTAL CARE FOR DEVELOPMENTALLY DISABLED

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Background

• Graduated from University of Florida College of Dentistry, Florida
• Private practice, Florida
• State of Florida Health Department, Florida
• Tacachale In-Patient Facility, Florida
• Children’s Dentistry, Wenatchee
• Green Dental, Wenatchee
Patient Population Seen In Practice

**Developmentally Disabled**
- Down’s Syndrome
- Autism
- Cerebral Palsy
- Cognitive Disabilities
- Blindness
- Hearing Impaired

**Geriatric Patients**
- Alzheimer and/or Dementia
- Stroke
- Parkinson’s Disease
- Wheelchair Bound
- Nursing Home Residents
Syndromes And Disabilities Treated Locally

- Prader Willi Syndrome
- Patau Syndrome (Trisomy 13)
- AVM Rupture (Arteriovenous Malformation)
- Cornelia De Lange Syndrome
- Cystic Fibrosis
- Autism
- Down’s Syndrome
- Cerebral Palsy
- Complex Partial Seziure Disorder
- Velo-Cardio-Facial Syndrome
- Rubenstein-Taybi syndrome
- Kabuki syndrome
- Mastocytosis
- Alzheimer/Dementia
- Polio
Objectives

• 10 Tips, Tricks, and Tools
• Building Rapport with Caretaker
• Hygiene and Homecare
• Dietary Counseling
• Medications: active ingredients and additives
• Oral habits that affect dentition
• Dental care provided in office and at the hospital
10 Tips, Tricks, and Tools

1. Three headed toothbrush
2. Same staff, Same room, Same time
3. NEVER RUN LATE!
   - The moment the patient has left their house the appointment has started
   - Make appointments during off times
4. Have a copy of medical history day before the appointment
5. Plan to use 2 assistants
10 Tips, Tricks, and Tools

6. SALT
   • Packets of salt on tongue help reduce gag reflex for x-rays and treatment

7. Chlorhexidine
   • When tooth brushing can’t be performed
   • Indicated for high risk aspiration pneumonia
   • Before every prophy

8. Make caretaker demonstrate how they brush

9. Never stick your finger in someone’s mouth
   • Hold 3 popsicle sticks to help examine
   • Use a mouth prop

10. Huggies!!! Always end on a positive note
Building Rapport With Caretaker

• Who will bring patient to appointments
• Define who can consent to treatment
  • The person who accompanies the patient may not be authorized.
  • Oral consent with witness over phone
  • Email communication and confirmation of treatment plan
• What are the treatment goals of the caretaker
  • Alleviate pain
  • Esthetics goals
  • Stopping points
  • Use of restraints or sedation
  • Financial considerations
Tailor Home Care To The Patient’s Ability

• Three Categories determined by patient’s ability to communicate, physical ability, and emotional responsiveness

• Mild
  • Requires general parental supervision
  • Able to follow instruction and reminders
  • Patient has the dexterity to support hygiene needs

• Moderate
  • Requires parental interaction
  • Limited dexterity to brushing, needs assistance with flossing

• Severe
  • Requires parental treatment
  • Difficulty swallowing
  • Sensitivity to intraoral stimulation with brushing
Home Care

• Mild Patient
  • Brushing 2x day, supervision at least once
  • Flossing 1x day
  • Fluoride rinse 1x day

• Moderate patient
  • Brushing 2-3x day, actively help brush at least once
  • Adapted toothbrush
  • Assisted flossing 1x day
  • Fluoride rinse 1x day
  • Chlorhexidine rinse as needed

• Severe
  • Tailored approach
  • Brushing if possible 2-3x day, actively help at each brushing
  • Assisted flossing 1x day
  • Fluoride rinse 1x day
  • Chlorhexidine rinse as needed
Brushing Myths

• You have to brush with a toothbrush
• You have to brush teeth in a bathroom
• You have to face the person while they are brushing
• You have to use a toothpaste
Types Of Toothbrushes

- Miswak Toothbrush
- Three Headed Toothbrush
  (Collis Curve Toothbrush)
Types Of Toothbrushes

• Electric Toothbrush

• Adaptive Toothbrush
Brushing Positions

Conventional over the sink
Brushing in different locations

- Behind person standing
- Behind a person sitting
Brushing Positions

- Behind a person lying down
- Facing a person while they are sitting
Toothpaste

• Fluoridated Toothpaste
  • OTC toothpaste or Prescription (Colgate Prevident 5000)
  • Mild to Moderate patient with the ability to expectorate

• Non fluoridated Toothpaste
  • Sensitivity to Fluoride
  • Caretaker wants a homeopathic alternative
  • Patient is unable to expectorate
  • Xylitol alternative toothpastes (Spry, Epic, Tom’s toothpastes)

• No Toothpaste
  • Sensitivity to anything in the patient’s mouth
  • Sensitivity to taste or texture
  • Dip toothbrush in chlorhexidine or fluoridated mouth rinse
  • Using just a dry toothbrush
  • Using a wet rag
  • Spiffy wipe (xylitol wipe)
  • Miswak Sticks

• Choose a Flavor that is enticing!!!
Toothpaste Amount

Smear amount

Pea size amount

Way too much!!
**Flossing**

**Manual flossing using fingers**

- Use about 18” of floss, leaving an inch or two to work with.
- Gently follow the curves of your teeth.
- Be sure to clean beneath the gumline, but avoid snapping the floss on the gums.

**Proxy brushes**

**Floss Picks and Threaders**
Floss The Teeth You Want To Keep!
Mouth Rinses And Medicaments

- Fluoride Rinse
- Spiffy wipes
- Chlorhexidine (Peridex)
- MI paste
- Colgate Gel Kam
Diet

• Diet cheaters
• Caregivers or others who enable poor diet choices
• Soft food or liquid diets
• Food pocketing
  • Alter food textures
  • Sit up during feedings
Diet

• Effects of inability to masticate appropriately
  • Reduced muscle tone (hypotonia)
    • Imbalanced forces on teeth
    • Less efficient chewing
    • Malocclusions

• GI tube fed patients
  • Build up large amounts of supra gingival calculus
Medications Effects
• Compounded medications, with sugary flavor additives
• Xerostomia side effects
• Anti epileptic medications
  • Gingival hyperplasia
• Pill Pocketing
  • Acidic medication burns

• Recommendations
  • Chewing xylitol gum
  • Rinsing or spraying the mouth with water after dose
  • MI paste regimen
  • Moisturizing mouth spray (Biotene, ACT or Oasis)
Medication Adverse Reactions

Gingival Hyperplasia

Aspirin Burn
Oral Habits

- **Drooling**
  - Identify reason
    - Poor mouth closure
    - Medication
    - Treat as symptoms appear (antifungal as needed)
    - Physical therapy referral

- **Bruxing/Clenching**
  - Night guards
  - Choosing different restorative materials
  - Sometimes no treatment can be offered
  - Physical therapy referral
  - Botox

- **Oral fixation**
  - Try to direct away from dangerous objects
    - Choose moist towels
    - Miswak stick
Scheduling First Appointment

1. Know patient’s medical history and primary care physician before appointment
2. Identify who can consent to treatment
3. Identify daily caretaker
4. Chief Complaint
5. Patient’s level of cooperation
6. Patient’s level of communication
7. Best time to schedule appointment
8. Distance traveled to office
9. Set expectations with caretaker that treatment may need to be broken up into several appointments
Office Care

- Examination
- Intra oral x-rays
- Panograph x-ray
- Determine hygiene care
  - Type of cleaning dependent on what patient will tolerate
    - Cavitron
    - Handscale
    - Toothbrush prophy
- Determine recall care intervals
  - 6 months
  - 4 months
  - 3 months
Determining Restorative Needs

- Identify and classify caries risk
  - Low
  - Moderate
  - High
- Determine patient’s ability to sit for procedure
  - Cooperation
  - Break up treatment plan into shorter appointments
- Determine patient’s tolerance and acceptance of restorations in mouth
- Goal of treatment
  - Alleviate pain
  - Esthetic
  - Hygiene
Restoration Options

Stainless Steel Crowns

Valplast Partials
Flexible
Strong

Fuji Restorations
White Fillings
Release Fluoride
Determining Restorative Needs

- Determine if support at home will follow through with recommendations
- Determine number of assistants needed to treat patient
- Identify if patient will tolerate sedation
  - Nitrous oxide
  - Oral benzodiazepines
  - General anesthesia
- Physical Restraints?
- Discuss treatment goals and costs with guardian
  - Decide on functional needs and esthetic concerns
Referral Network

- Speech Therapist
- Physical Therapist
- Occupational Therapist
- Sleep Specialist
Office Layout

- Larger operatories that are wheelchair accessible
- Some treatment can be performed in wheelchair
- Parents are allowed to be present for treatment
- Trained Staff
Hospital Care

- General anesthesia at local OR
- Uncooperative patients
- Oral aversion patients
- Extensive decay
- All restorative needs are performed in one appointment
Conclusion

• Poor oral health can cause delays in communication skills
• Poor oral health can lead to difficulty eating and malnourishment
• Poor oral health can lead to pain and discomfort
• Patients with disabilities tend to have risk factors that increase their chances of dental decay
• Poor oral health can have a systemic health effects
Excellent Reference Sources

• National Institute of Dental and Craniofacial Research, “Dental Care Every Day: A caregiver’s guide”
• Special Olympics “A Caregivers guide to Good Oral Health for Persons with Special Needs”
• American Academy of Pediatrics, “Protecting All Children’s teeth”

References

Toun, FF. Prospective, randomised, controlled study evaluating early modification of oral microbiota following admission to the intensive care unit and oral hygiene with chlorohexidine. J. Glob Antimicrobial Resistance 2017 March, 8:159-163.


The End

Whoa, whoa. Is that a copy of *Dentistry for Dummies* on your shelf?