

# Improving Access for Patients with Developmental Disabilities



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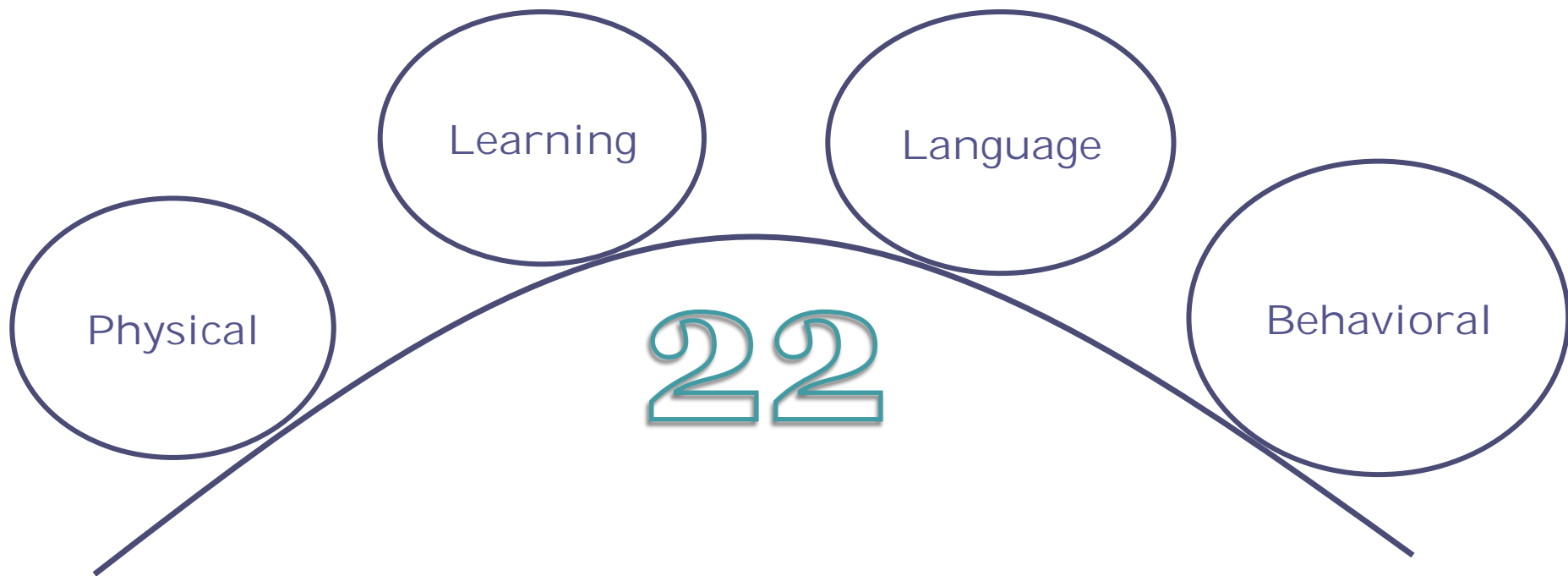
April 26, 2017

National Oral Health Conference

# Special Care Dentistry

- Provision of oral care services to people with physical, medical, developmental, or cognitive conditions which may limit their ability to receive routine dental care

# Developmental Disability



# Causes of Developmental Disability

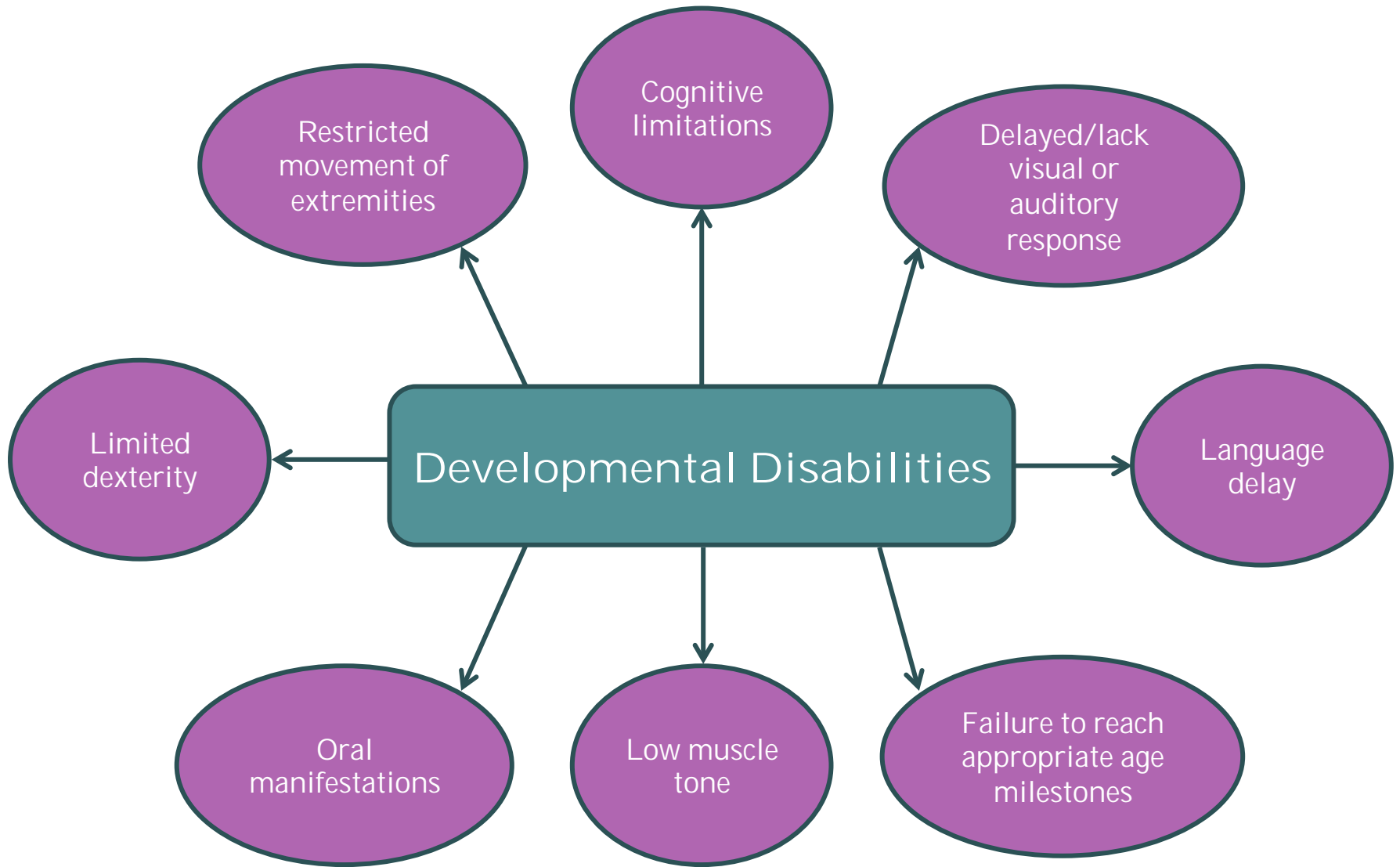
- Genetic causes
  - Fragile X syndrome
  - Down syndrome
- Parental behaviors
  - Medications, alcohol, drug use
- Infections during pregnancy
- Environmental toxins

# Types of Developmental Disabilities

- Down syndrome
- Fetal alcohol syndrome
- Cerebral palsy
- Autism
- Intellectual disability
- Traumatic brain injury
- Neural tube defects

# Prevalence

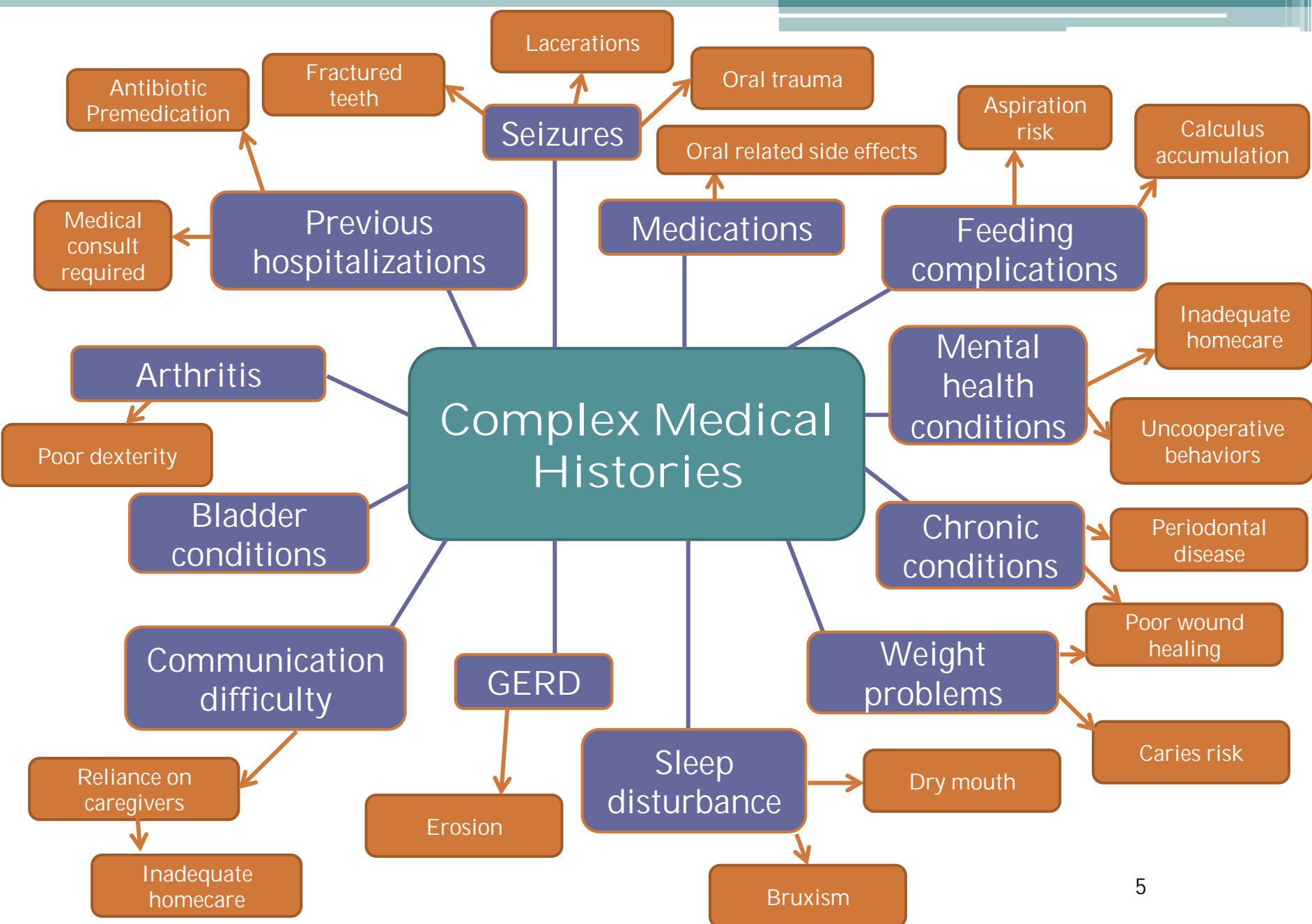
- 1 in 7 children in the US has a developmental disability (DD)<sup>2</sup>
- Increasing trend of individuals with DD
- "...Resources directed toward improving health care and supporting families and communities are needed to prevent mental, emotional, and behavioral disorders..."<sup>3</sup>



# Complex Medical Histories

- GERD<sup>5</sup>
- Arthritis
- Bladder conditions
- Communication difficulty
- Previous surgeries/  
hospitalization
- Weight problems
- Sleep disturbance
- Mental health conditions
- Chronic conditions
- Seizures
- Feeding complications<sup>4</sup>





# Possible Behavior

- May be cooperative and have no behavioral complications during treatment
- Frequent sudden body/head movements
- Vocalizations
- Uncooperative behavior
- Leads to increased risk for injury of provider and patient

# Oral Manifestations

- Bruxism<sup>7,8</sup>
- Erosion
- Periodontal disease
- Dental caries
- Chipped teeth
- Tongue thrust
- Mobility
- Furcation involvement
- Retained root tips
- Cervical decay
- Oral lesions
- Malocclusion

# Contributing Factors to Poor Health

- Transportation
- Reliance on caregivers/guardians
- Dexterity
- Complex medical conditions
- Financial limitations<sup>9,10</sup>
- Architectural
- Lack of evidence and data
- Willingness and competence of providers

# Historical Trauma

- 20<sup>th</sup> century
  - Forced institutionalization<sup>4</sup>
  - U.S. immigration laws excluded those with disabilities
- Buck v. Bell: U.S. Supreme Court upheld sterilization laws to prevent births of “mentally defective” people
  - Sterilization continued in 27 states until 1968 after Buck v. Bell case
  - 65,000 Americans with intellectual disabilities forced to sterilize

# Historical Trauma

- 1953: Pennsylvania did not allow people with epilepsy to receive a marriage certificate<sup>4</sup>
- 2007: 30 states still had statutes that banned the right of people with disabilities to get married

# Access to Dental Care

- 1990 Americans with Disabilities Act<sup>10</sup>
  - Forbids discrimination of people with disabilities
  - Goal: provide people with disabilities the same opportunities as the general population
  - May still be unable to receive care
    - Cost, acceptance of insurance
    - Safety
    - Proper equipment
    - Adequate training

# Perception of Providers

- Lack of experience
- Inadequate training
- Negative beliefs
- Undeveloped interest
- Misconception of population



# Improving Perception

- Improving perception starts with educational experiences of dental and dental hygiene students
- Improving perceptions leads to improved access to care

Commission on Dental Accreditation<sup>14</sup>  
Dental Hygiene Programs 2-12  
and Dental Programs 2-24

“ Graduates must be competent in assessing the treatment needs of patients with special needs. ”

42%

Dental hygiene programs in US provide clinical experience with DD in 2008<sup>13</sup>

98%

Dental hygiene programs in US provided lectures on individuals with disabilities

70%

Graduates from US dental schools reported 5 hours or less of classroom instruction in SCD<sup>11</sup>

60%

US dental school graduates report "little to no confidence" with patients with DD

53%

Dental school deans

Feel most graduates are not competent in care for those with developmental disabilities<sup>14</sup>

60%

Dental students

50%

Dental school directors

Report their programs do not provide appropriate training in patients with DD

53%

Dental residency directors

75%

Dental students report interest in treating individuals with DD

# UNM Department of Dental Medicine

- HRSA grant in 2015
  - Create additional clinical and educational opportunities
- Special needs clinic housed within dental hygiene school
- Goal: enhance training of students and community providers in treating patients with developmental disability, improve access to care



UNM Novitski Dental Clinic

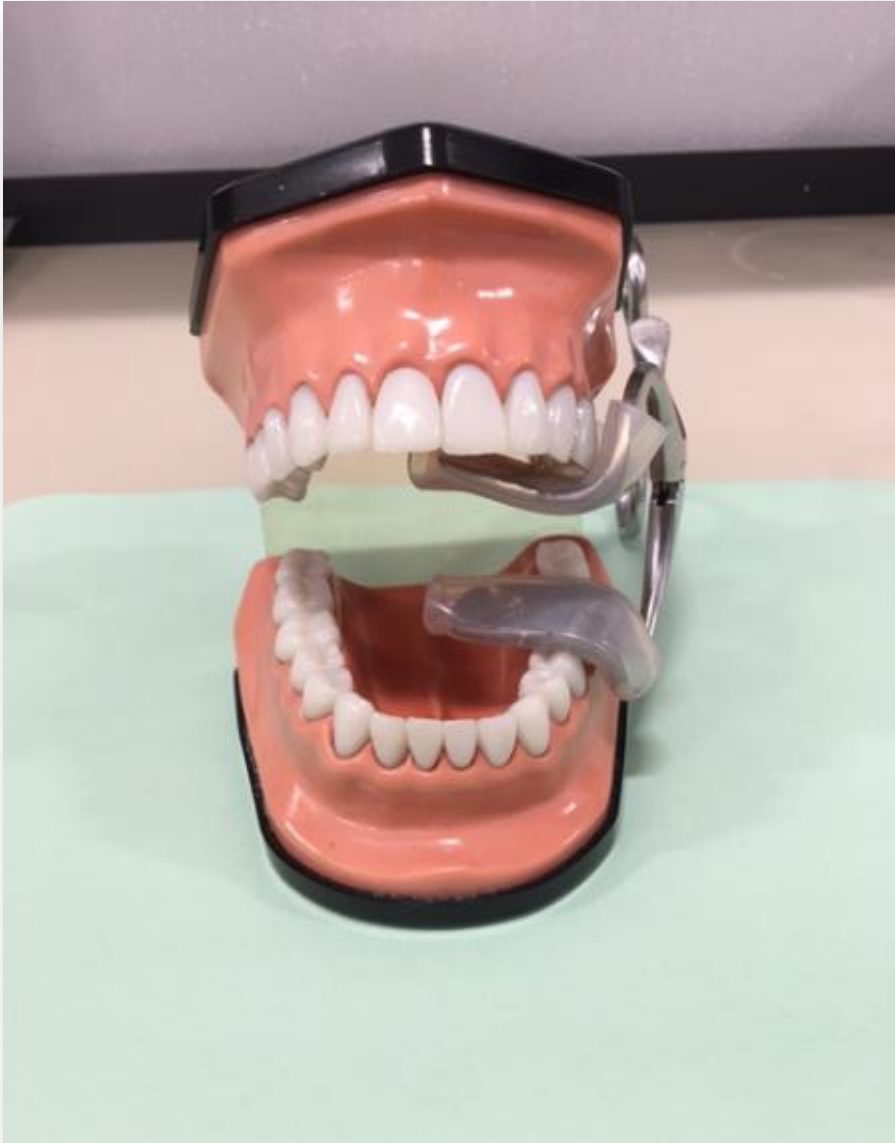
# Student Clinical Rotations

- Dental residents
  - 4 day rotation: 32 hours
- Dental hygiene students
  - 3-hour shadowing experience (1<sup>st</sup> year)
  - 3.5 hour clinical experience (2<sup>nd</sup> year)
  - Additional clinical enrichment (up to 44 hours)

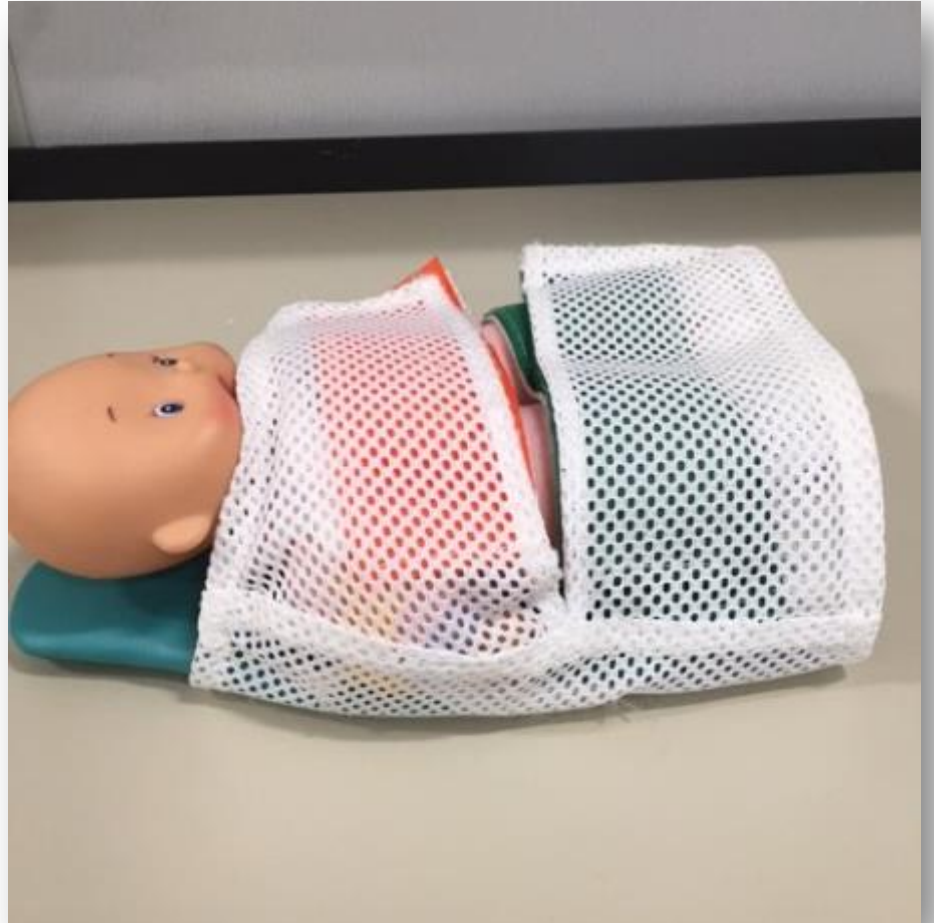
# Provision of Dental Care

- Communication tools
  - Tell-show-do
- Medical immobilization
  - Physical: hand guarding, etc.
  - Chemical: anxiolytic medications, anesthesia, nitrous oxide
  - Mechanical: papoose boards, mouth props, arm restraints, etc.





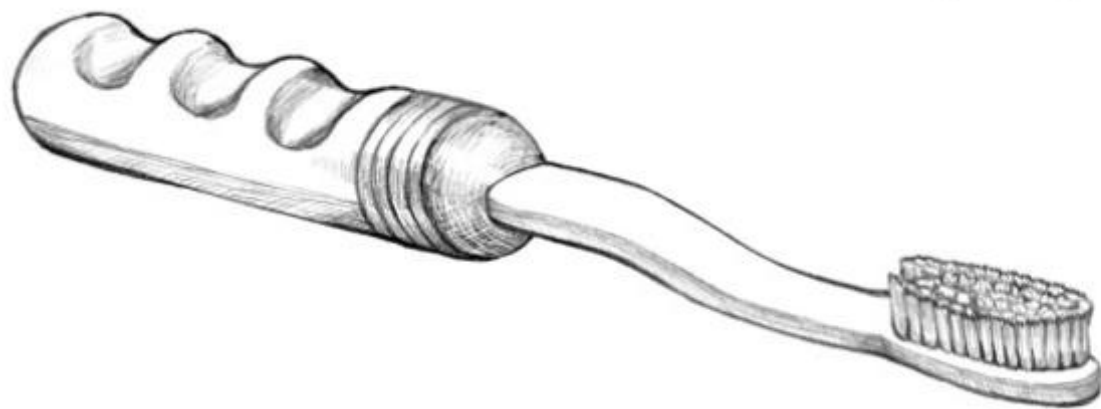
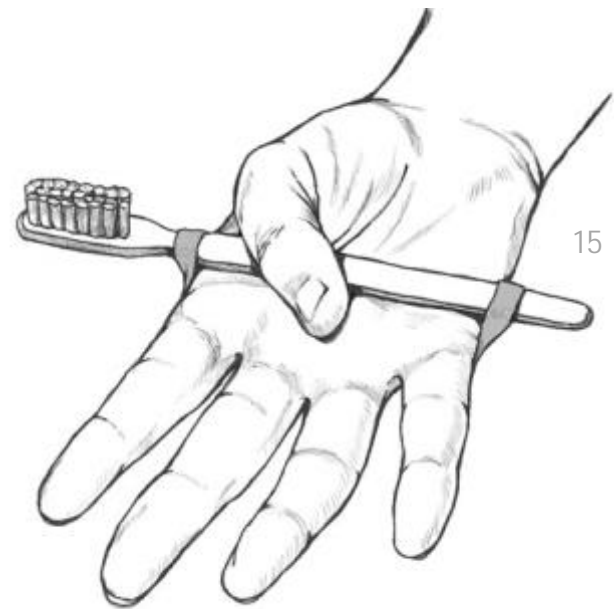
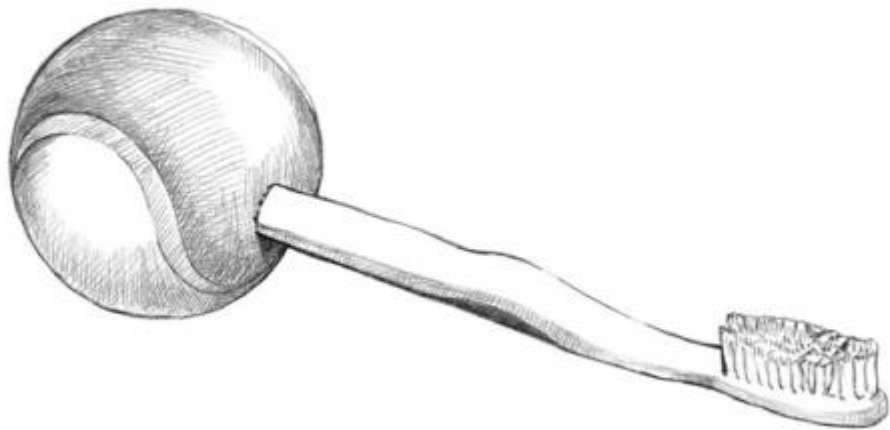




# Oral Hygiene Instruction

- Provided to the patient, caregiver, and/or guardian
- Give tools to help with home habits
  - Plastic mouth mirrors
  - Foam mouth props
- Appropriate recommendations





# Dental Considerations

- Thorough examinations for lesions, mobility, malocclusion, caries
- Chlorhexidine .12%
- Higher concentration fluoride products
- Using adaptations for patient and operator safety

# Summary

- Individuals with developmental disability experience poor oral health outcomes
- Many contributing factors to oral health
- Providers have a role in improving oral health for this population
  - Education
  - Continuing education
  - Willingness

# Questions?

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Thank you!



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