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### Did you know that...

- **Data indicate that people with intellectual disability have more untreated caries and a higher prevalence of gingivitis and other periodontal diseases than the general population.**
- **Some patients cannot be moved into the dental chair but instead must be treated in their wheelchairs.**
- **Uncontrolled body movements and reflexes associated with Cerebral Palsy can make it difficult to provide care.**
- **Cardiovascular anomalies such as heart murmurs and damaged heart valves occur frequently in people with intellectual disability. Consult the patient's physician to determine if antibiotic prophylaxis is necessary for dental treatment.**



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DE Health and Social Services  
Division of Public Health  
Bureau of Oral Health and  
Dental Services  
302-744-4554  
<http://www.dhss.delaware.gov/dhss/dph/hsm/ohphome.html>

Delaware Medical Assistance  
Program (DMAP)  
Customer Relations Unit 1-  
800-372-2022  
<http://www.dhss.delaware.gov/dhss/dmma/medicaid.html>

## The Learning Curve

*“Enhancing the Knowledge of DDDS Professionals”*

### Practical Oral Care for Persons with Developmental Disabilities

Developmental Disabilities such as autism, cerebral palsy, Down Syndrome, and intellectual disability are present during childhood or adolescence and last a lifetime. They affect the mind, the body, and the skills people use in everyday life: thinking, talking, and self-care. People with disabilities often need extra help to achieve and maintain good health. Oral health is no exception.

Over the past three decades, a trend toward deinstitutionalization has brought people of all ages and levels of disability into the fabric of our communities. Today, approximately 80 percent of those with developmental disabilities live in community-based group residences or at home with their families. Together with their caregivers, they now look to practitioners in the community for dental services.

Providing oral care to patients with disabilities, however, is not without its challenges—or its rewards. Variations in mental capacity, behavior, and physical ability, for example, call for flexibility and creativity for the dental practitioner.

*(Above article condensed from US Dept. of Health & Human Services; National Institutes of Health website).*

For the millions of people worldwide with Developmental Disabilities, dental care is often not a top priority and takes a back seat to more pressing medical issues. However, maintaining good oral health should be a priority for everyone.

The ways to maximize oral health and daily hygiene are through brushing, rinsing, and, if possible, flossing. This will prevent dental



problems from occurring in the future. It is important to keep in mind that every individual requires a plan of treatment specific to his or her dental needs.

Providing dental care to individuals with disabilities may require increased awareness, attention and accommodation by the dentist and dental staff, such as: frequent consultation with other health care providers, communicating with patients who have sensory impairment, transfer of patient from wheelchair to dental chair, reducing patient anxiety, obtaining appropriate informed consent, proper airway positioning and modifications to routine treatment procedures.



The following is a list of some common dental concerns that require the consultation of a dentist regard-

ing the oral health of a consumer:

**Bad Breath**—Most causes of bad breath are related to problems of the mouth and poor oral hygiene, gum disease, dry mouth and the effects of smoking.

**Bruxism**—Grinding or gnashing of teeth is common in persons with developmental disabilities.

**Cavities**—Poor oral hygiene and a diet high in sugar can cause cavities. They must be treated in primary teeth, as well as in permanent teeth.

**Darkened / Discolored Teeth**—This discoloration indicates change in vitality of the nerve in the tooth, usually because of a past history of trauma to the tooth.

**Fractured/Lost teeth from trauma**—Seek professional care as soon as possible. The sooner the treatment, the better the chance of success. If you are unable to stick the tooth back in the socket, place the tooth in milk and seek professional care immediately. If milk is unavailable, you may substitute water.

**Medications**—Persons with special needs are generally prescribed more medications such as antibiotics, that are often taken over a long period of time can result in tooth decay.

**Tartar (Calculus)** - Plaque deposits that become calcified or hardened on the teeth and under the gums are called tartar. Tartar contains bacteria and irritates the gums causing gingivitis, bleeding gums and cavities.

**Periodontal Disease**—(Also known as gum disease) is caused by bacteria, and it advances in stages, destroying the gum tissue and ligaments that connect the teeth to the bone.

**Sensitivity**—The root may become exposed because of age, severe inflicted trauma, improper tooth brushing technique, or excessive force during tooth brushing.

### Creating a Personal Oral Hygiene Program

A personal oral hygiene evaluation and program checklist can be helpful in evaluating the level of ability the person with special needs has in maintaining his/her oral care program. The person who works most closely with the individual will complete this form. Upon completion, the form should be reviewed with the dentist or hygienist to solicit their recommendations for oral hygiene and care.

#### 1. Classification of Cleaning Skills (check one)

- Requires significant assistance
- Has some dexterity but insufficient cleaning techniques
- Effectively brushes with little assistance
- Requires virtually no assistance

#### 2. Current Brushing Method

- Manual toothbrush
- Electric
- Specially designed toothbrush
- Cleans dentures properly

#### 3. Person uses toothpaste appropriately

- Yes
- No

If yes, type of toothpaste used (e.g.tartar control)

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#### 4. Rinse

- Rinses toothpaste from mouth/uses mouthwash
- Unable to rinse

#### 5. Floss

- Able to floss
- Patient is unable to floss; caregiver assistance needed
- Flossing not indicated (consumer has no teeth)

(From the NJ Division of Developmental Disabilities, Office of Quality Improvement September 2004)

**What's Happening in Delaware ?** An article



entitled... "Teeth cleaning is anything but routine for disabled" ran in The News Journal on October 24, 2008 and highlighted the challenges faced by persons with disabilities in visiting the dentist and getting regular checkups. One of the biggest hurdles to overcome is fear. However, that fear in some cases prevents persons with disabilities to obtain the routine care they require. In fact, the article went on to say that nationally, about 35 percent of adults with disabilities did not receive a routine dental exam within the past six months. In fact, routine dental procedures aren't covered under Medicare. "The state contracts with dentists to pay for care for the disabled, but it only has a limited amount of money to do so. And Delaware is one of only seven states that does not extend dental coverage to the poor and disabled through Medicaid."

Other challenges exist in the area of special training for Dentists to be able to properly care for persons with disabilities. "In many cases, advocates say, the patients end up without routine care and end up in the emergency room. Putting off routine dental care can lead to periodontitis, an oral disease that has been linked to a variety of problems that can affect the entire body, such as heart disease and diabetes."

Issues that are problematic for Dentists working with persons with disabilities range from paratransit delivering patients late for appointments, to patients becoming physically aggressive because they are in an unfamiliar environment and may feel threatened. Unfortunately, in many instances, the only way to treat patients with disabilities or to just figure out their dental needs, has been through sedation or the use of some form of physical restraint.

Although the Division of Developmental Disabilities Services (DDDS) contracts with dentists to pay for dental care, and last year spent \$417,300 for dental services, many dentists believe that they are not adequately reimbursed, in light of the special care required for persons with disabilities.

#### New Nonprofit "Practice Without Pressure"

Practice Without Pressure, was founded by Deb

Jastrebski, was inspired by her son Marc, who has Down syndrome. From an early age, he underwent many medical exams and procedures that required that he be restrained. Since no one offered any alternatives, she created her own program. It's unique in the way that she breaks down each medical procedure and practices them with her son, and now the many clients that contact Practice Without Pressure. In addition to easing fears about Dental visits, the non-profit also works with individuals with disabilities to prepare them for other medical procedures, such as blood draws, eye exams, orthodontia, and hair and nail care.

"Practice Without Pressure, works to educate patients, caregivers and dental professionals and coordinate care. It brings disabled persons to Bear-Glasgow Dental so they can get used to the surroundings." The key is reaching patients before they've been through an upsetting experience. Practice Without Pressure is making great strides in Delaware. Please visit their website ([www.pwpde.com](http://www.pwpde.com)) for more information, as well as testimonials regarding on-going patient success stories.

#### Resources

##### Division of Developmental Disabilities Services Information and Assistance:

24 Hour Toll Free Contact Number 1-866-552-5758

The News Journal, "Teeth cleaning is anything but routine for disabled," October 24, 2008.

[www.delawareonline.com](http://www.delawareonline.com)

NJ Division of Developmental Disabilities, Office of Quality Improvement, September 2004.

[www.state.nj.us/humanservices/ddd/publications/Oral%20Care%20Bulletin.pdf](http://www.state.nj.us/humanservices/ddd/publications/Oral%20Care%20Bulletin.pdf)

Weddell JA, Sanders BJ, Jones JE. Dental Problems of children with disabilities. In McDonald RE, Avery DR, Dean JA. Dentistry for the Child and Adolescent (8th ed.) St. Louis, MO: Mosby, 2004. pp. 524-556.

##### U.S. Department of Health and Human Services National Institutes of Health

(Write or e-mail to the following address to receive additional information regarding Oral Health Care for persons with Developmental Disabilities)

##### National Institute of Dental and Craniofacial Research

National Oral Health Information Clearinghouse

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Bethesda, MD 20892-3500

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