

Dental Considerations for persons with Autism Spectrum Disorder and Intellectual Developmental Disabilities.

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Who are we?



Dental Hygiene Students from Fanshawe College



<https://www.fanshawe.ca/programs-and-services/academic-schools/health-science/dental-hygiene-student-clinic>

This presentation will discuss:

- ✓ Dental conditions commonly seen in persons with ASD and IDD
- ✓ Oral self care techniques (from caregiver and persons supported perspective)
- ✓ Strategies to manage dental anxiety for persons with ADD and IDD

Did you know?

Dental health is directly related to overall health.

Oral Health and Systemic Health

■ Poor oral health is linked to:

- Cardiovascular disease
- Infective endocarditis
- Diabetes
- Respiratory diseases
- Aspiration pneumonia
- Inadequate nutrition

What does oral health look like?

- Pink/Pigmented firm gingival tissues that are tight to the teeth
- Healthy tissues are stippled
- No bleeding
- No recession
- No cavities
- No signs or symptoms of pain
- Lots of watery saliva

What is Intellectual Developmental Disability?

- IDD is an umbrella term
- Includes limitations to reasoning, learning and problem solving
- Can be cognitive or physical disabilities (Cerebral palsy, or Epilepsy) or both (Down Syndrome)

What is Autism Spectrum Disorder?

- A group of developmental disorders that are behaviorally based consisting of:
 - impaired social interaction
 - impaired communication skills
 - activities, behavior and interests that are repetitive and restricted
- Classifications of ASD are termed:
 - Child Autism or Autistic Disorder, Asperger Disorder, Pervasive Developmental Disorder, Rett Syndrome, Childhood Disintegrative Disorder

Common conditions with ASD

- Sensorimotor deficiencies
- Repetition of spoken words
- Deficiencies in symbolic thinking
- Self-injurious behaviors
- Intellectual disability
- Seizure disorders

Enormous variation in behaviors and severity of symptoms among individuals

Dental Conditions Commonly Seen in Persons with ASD and IDD

Tooth Decay

- Bacteria in the mouth thrive on consumed fermentable carbohydrates
- These bacteria have acid producing properties that cause decay on the tooth surface
- White spot lesions may occur at first and later develop into dark spots and holes in the teeth
- Prevalence is not increased due to the conditions but to increased challenges with oral self care/regular dental care
- Prevention is always important!

Prevention strategies against tooth decay

- Fluoride – toothpaste, tap water, fluoride varnish at the dental office
- Limit sugary snacks, especially the sticky kind(i.e. raisins, candy, soft drinks)
- Rinse with water if consuming sugary snacks
- Disrupt the plaque daily by brushing 2x day and cleaning in between
- Snack on foods that stimulate saliva (i.e. carrots, cheese, apples)
- Regular dental checkups

Periodontal Disease

2 categories:

Gingivitis	Periodontitis
<ul style="list-style-type: none">Inflammation of the gumsReversible	<ul style="list-style-type: none">Progressive inflammation leading to bone lossIrreversible

Gingival Hypertrophy (enlarged gums)

Common side effect in clients with ASD taking anti seizure medications

Xerostomia (Dry Mouth)

- Commonly caused in clients with ASD taking medications that reduce the flow of saliva
- Most common are SSRIs and antipsychotic medications (i.e. citalopram, fluoxetine, sertraline)
- Lack of saliva can affect nutrition and swallowing
- Also contributes to tooth decay and gum disease
- ✓ Increase water intake and experiment with saliva substitute products (i.e. Biotene)

Non-nutritive eating (Pica)

- Persistent eating of substances that have no nutritional value which can potentially cause dental trauma (i.e. ice cubes)

Dental trauma related to self injurious behaviours

- Risk of falling is higher in individuals with IDD
- Dental trauma can include fractured teeth, gingival trauma, lip injury, avulsed teeth, cheek/tongue injury

Strategies for Dental Trauma

- For avulsed (knocked out) teeth:
- When handling the tooth, do not touch the root, rinse off debris in cold water
- Put the tooth back in place as soon as possible, bite on a clean cloth or gauze to hold the tooth in place, go to dentist immediately
- If you cannot replace the tooth in the mouth, rinse off tooth in water if debris is present, place in iced water or milk, seek dental care immediately
- For bleeding, use gauze or clean cloth and gently apply pressure, seek emergency dental care

Bruxism

- Condition of grinding or clenching the teeth in the day or at night
- Can lead to damaged teeth, jaws and headaches

Treatment can include splints or mouth guards

Dysphagia (difficulty swallowing)

- ❑ Neuromuscular impairments associated with ASD can create difficulties in swallowing
- ❑ Drooling and gagging can result because of this
- ❑ Toothpaste should be avoided as it may be a choking hazard
- ❑ Water and products such as Perivex are appropriate substitutes
- ❑ Perivex is an alcohol free, antibacterial gel that is safe and easier to swallow

Hyper-gag Reflex

- ❑ Sensitive gag reflex
- ❑ Can make self care and dental care challenging

Strategies:

- ❑ Later day appointments (not early in the morning)
- ❑ Avoid eating 2 hours prior to appointment if possible

Oral Self Care Techniques for the Caregiver and Persons with ASD and IDD

For persons with ASD/IDD and caregiver assisting in performing oral self care

- Best to use and electric or battery operated toothbrush
- If using a manual toothbrush, ensure the toothbrush has soft bristles
- Brushing should occur twice daily (morning/night) for 2 minutes each time
- A pea size amount of fluoridated toothpaste is sufficient (ensure not to swallow)
- For the persons with ASD/IDD; enlarging the toothbrush handle for grip can be done by adding a foam tube, or rubber ball (get creative)

Oral Self Care Techniques from Two Perspectives:

- ① Electric toothbrush
- ② Fones toothbrushing method
- ③ Proxabrush
- ④ Sulcabrush
- ⑤ Floss holder

What to tell your dental office

- Complete medical history (allergies, medications, medical conditions)
- Pre medications required? High risk endocarditis?
- Previous medical visit experiences (positive/negative?)
- Negative sensory stimulation (bright lights, loud noises)
- Communication ability

Reducing Dental Anxiety

- Some persons may have significant anxiety about dental visits resulting in uncooperative behaviors during visits or avoidance of the dental office
- Desensitization
 - Involves a series of short dental visits introducing new things at each appointment and ending on a positive note
 - Although this is a time consuming process, it allows the person to become more comfortable with the dental environment

Reducing Dental Anxiety

- Same clinician
 - Visiting the same dental hygienist and dentist will reduce changes in environment and increase the persons comfort within the dental team
- Home rehearsals
 - Rehearsing the details of a dental visit on days leading up to an appointment can help prepare the person and reduce anxiety about what will occur during the appointment
- Call ahead
 - Calling the office ahead of time to ensure the schedule is on time to reduce waiting time before the appointment
- Visual Schedules
 - Showing pictures will help immensely in understanding of what is going to occur
- Social Stories
 - Including simple pictures and language to assist in describing a story on what is going to occur during the dental visit
