

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

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

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 an 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
