Oral Health Practices for Persons with Intellectual/ Developmental Disabilities

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Speaker Introduction



Theresa Brennan RDH, BS Health Education is a dental hygienist with over 34 years of experience working with people who have intellectual disabilities. She divides her time managing a portable dental program for at risk children in Head Start and School Programs and working as a clinical hygienist for Tufts Dental Facilities.



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Today's Agenda

- Oral health problems associated with persons who have an intellectual/developmental disability
- · Signs and Symptoms of Dental Disease
- Risk Factors
- Barriers to Care
- Intervention and Prevention Strategies
- Case Study
- Questions



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The Oral Health Problem



People with Intellectual/Developmental Disabilities are more likely to have poor oral hygiene, periodontal disease and untreated dental caries than are members of the general population.*

*Morgan, J.P. et al (2012) The Oral health status of 4,732 adults with intellectual and developmental disabilities JADA, 143(8), 838-846

The Oral Health Problem



- Electronic dental records for 4,732 adults with ID/DD
- Dental visit at a Tufts Dental Facility in Massachusetts
- Between April 2009 and March 2010 were analyzed



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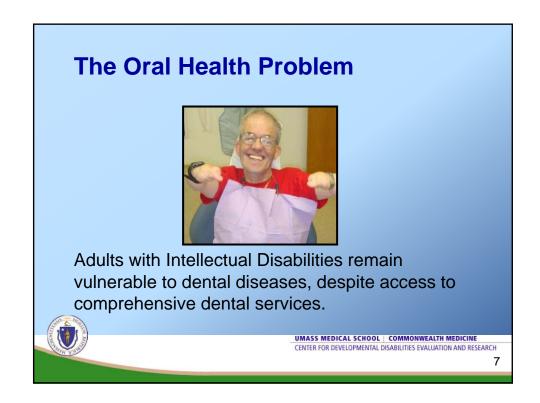
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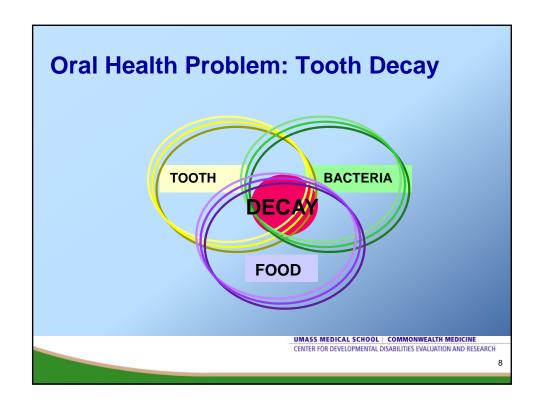
The Oral Health Problem

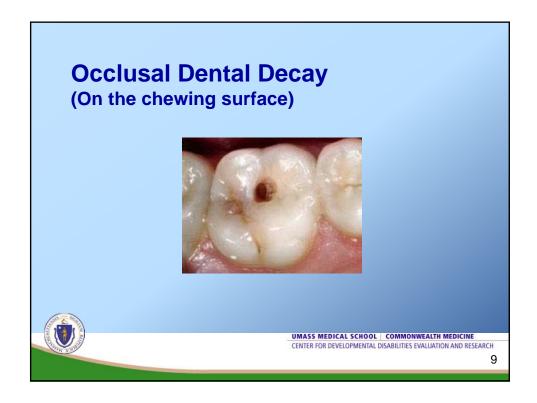
- 87% of participants had caries experience (cavities)
- 32% had untreated dental caries (cavities)
- 80% had periodontitis (gum disease)
- 11% had edentulism (missing teeth)

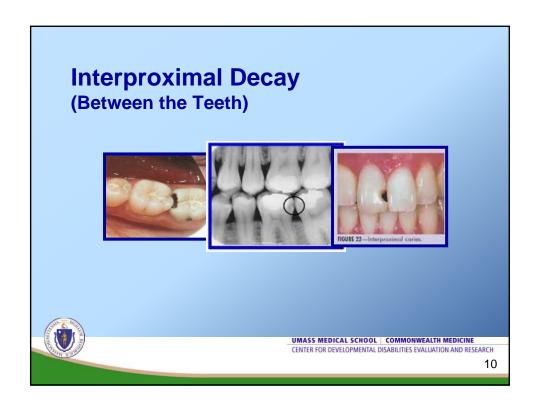


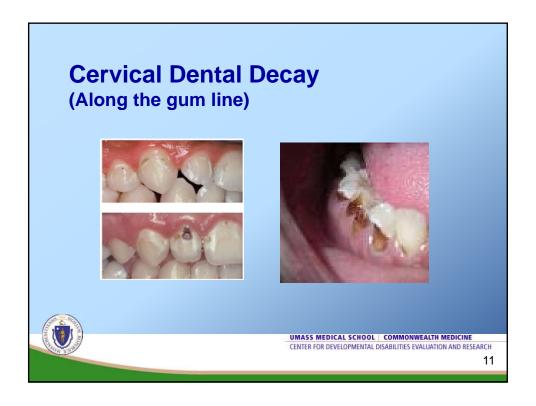
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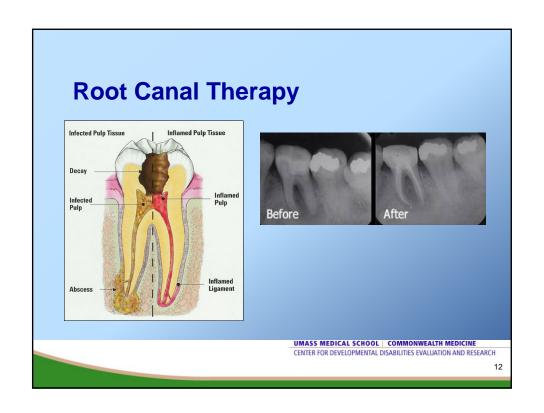


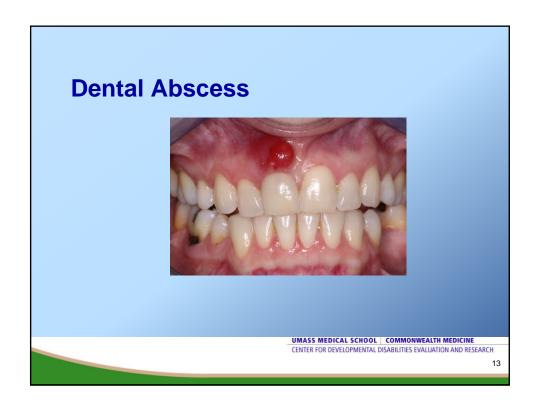


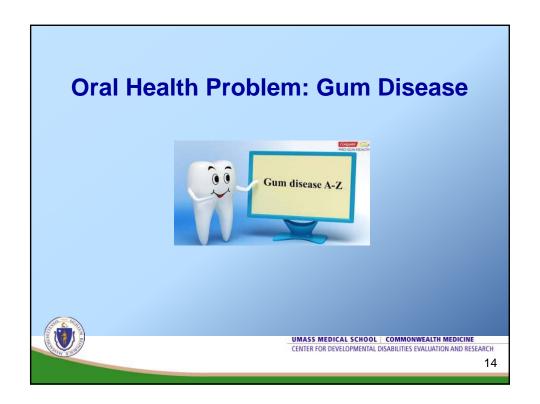












Healthy Gum Tissue

- Healthy gums are pale pink in color.
- They lay flat against the teeth.
- They fill the space between the teeth.
- They do not bleed when brushed.





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Gingivitis (Gum Inflammation)

- Unhealthy gums are red in color.
- They do not lay flat against the teeth.
- They will bleed when brushed.
- Bacterial plaque is visible on the tooth surface.





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Gingivitis risk factors

- Diabetes
- Smoking
- Aging
- Genetic predisposition
- Systemic diseases and conditions
- Stress
- Inadequate nutrition
- Certain medication use

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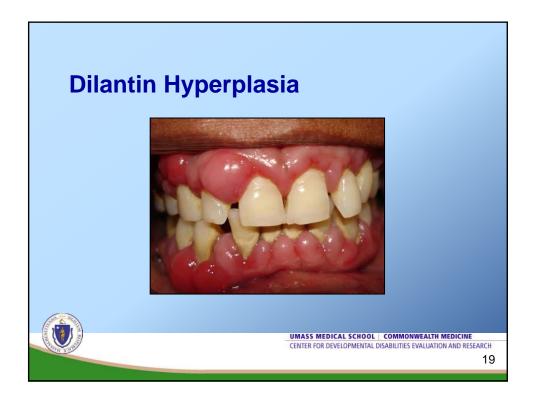
Dilantin Hyperplasia (Overgrowth of the Gums)

Poor

Oral Hygiene +



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Periodontal Disease (Gum Disease)

- Gums are red/purplish in color.
- They are not firmly attached to the teeth.
- They bleed when brushed.
- Teeth become loose.





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Gum Disease and Down Syndrome



- Periodontal disease (Gum Disease) is the most significant oral health problem in people with Down Syndrome
- · Loss of front teeth in early teens

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Contributing Factors

- Poor oral hygiene
- Poor tooth alignment
- Grinding
- Abnormal host response because of a compromised immune system





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Signs of Mouth Pain

- Ear- rubbing
- Head banging
- Face striking
- Disturbed sleeping and eating patterns
- Gum rubbing
- Drooling
- Biting or chewing
- General unhappiness or irritability

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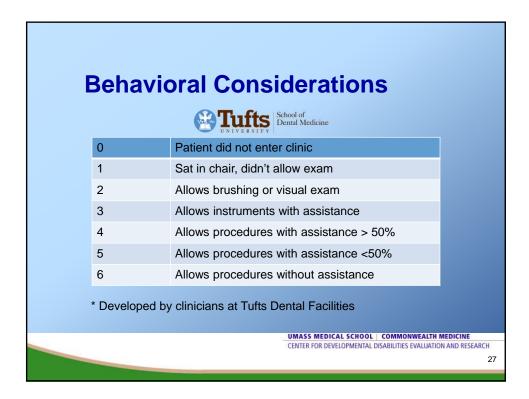
Risk Factors



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Strategies for a good dental visit

Before the Dental Visit

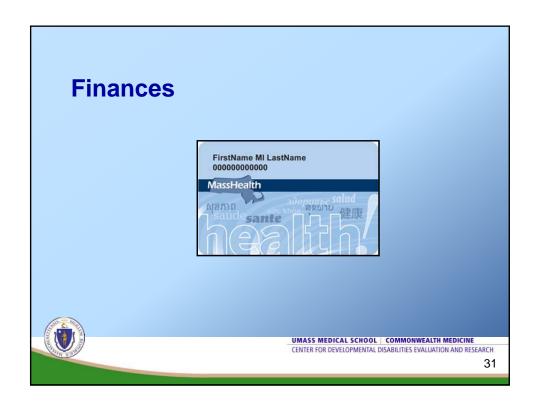
- Dental visit history
- Use pictures/dental equipment to familiarize the individual
- Schedule appointment to a time that best suits individual
- Communicate with office staff
- Provider continuity
- Control environmental stimulus

During the Dental Visit

- Bring comfort items from home
- Verbal reassurances
- Accompany individual into operatory
- Modeling
- Allow extra time
- Clearly explain the procedures
- Consider sedation prior to appointment

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Barriers to Care What is the component of the component





Fear and Apathy



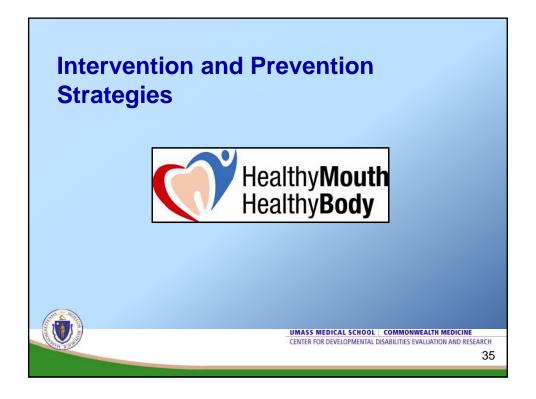
- Negative past dental experiences
- Afraid that there will be pain involved
- Medically compromised



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Lack of Providers What is a series of the component of



Prevention

- Toothbrushing
- Flossing
- Chlorhexidine Therapy
- Fluoride Therapy
- Routine Dental Care



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Location



- In front of the television
- In bed
- In the shower
- In the kitchen
- Dry brushing is acceptable



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Brushing Approaches- Positioning

- Good lighting
- Stand behind person
- Lean against a wall for support
- Gently hold the person's head against your body

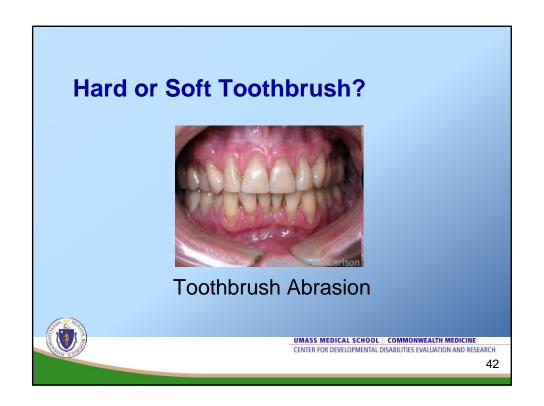






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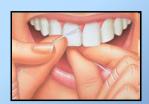


		۱na				
NAME:	I=Independent					
DATE						
Get out toothbrush and toothpaste						
Wet toothbrush and apply toothpaste						
Brush the OUTSIDE surfaces of the UPPER teeth						
Brush the CHEWING surfaces of the UPPER teeth						
5. Brush the INSIDE surfaces of the UPPER teeth						
6. Brush the OUTSIDE surfaces of the LOWER teeth						
7. Brush the CHEWING surfaces of the LOWER teeth						
Brush the INSIDE surfaces of the LOWER teeth						
Brush the tongue using small strokes						



Prevention: Flossing

- Wrap 18" of floss between index fingers
- Gently slide floss between the teeth in a back and forth motion
- Wrap around each tooth

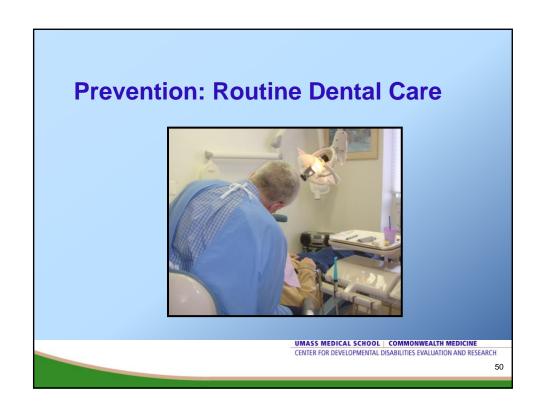




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Intervention Strategies

- Understand risk factors for oral disease
- Eat a healthy diet
- Maintain a healthy lifestyle





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Risk Factors for Oral Disease

- · Dependence on others for oral care
- Tobacco use
- Mouth breathing
- Dry mouth
- Certain medications
- Age
- Self-Abusive Behaviors



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Self-Abusive Behaviors

- Rumination: regurgitation, re-chewing, or re-swallowing food
- Pica: Eating non-edibles
- SIB: Self-injurious behaviors



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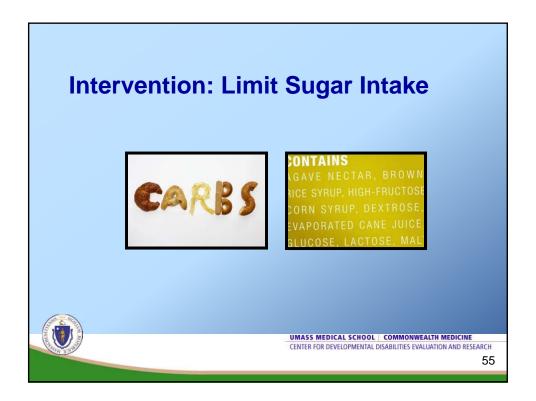
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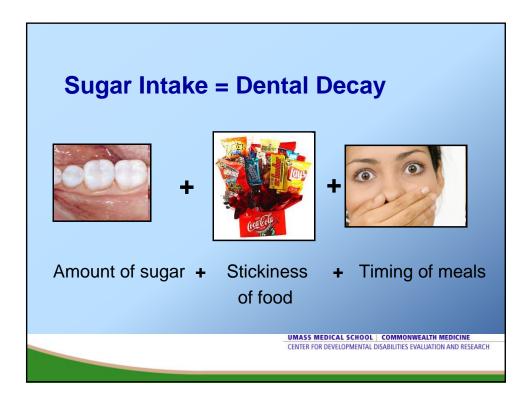
Intervention: Limit Sugar Intake

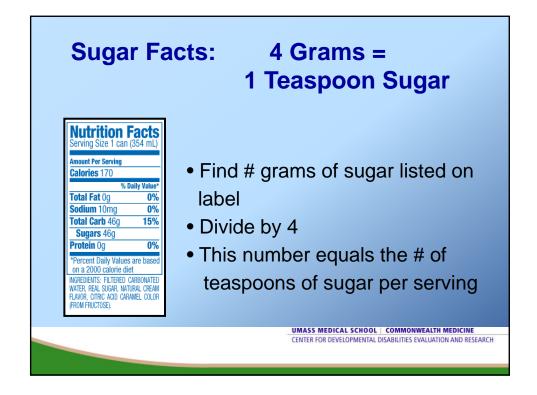


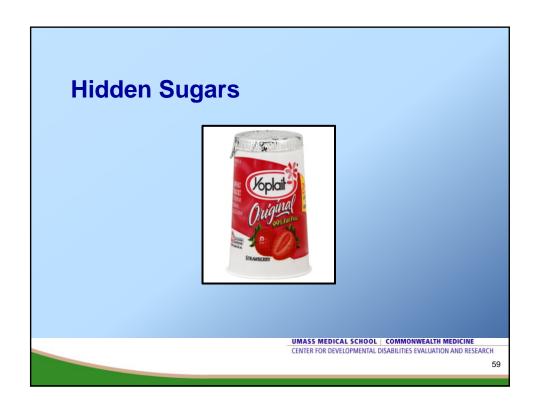
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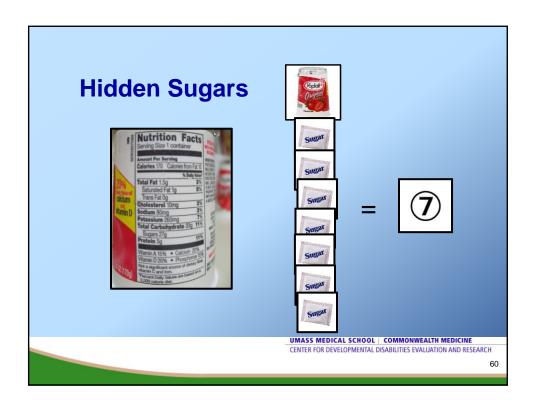
























Intervention: Sugary Medications

- 15 grams of sugar in one dose!
- · Rinse with water
- · Drink more water
- Take medicine prior to brushing
- Look for sugar free medications when available





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Case Study

- 32 year old male named Roger,
- Cerebral palsy
- Seizure Disorder
- Takes Dilantin for seizures
- Has not seen a dentist for over a year



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Clinical Findings



- Fractured front tooth that is beginning to discolor
- Gingival hyperplasia (Gum overgrowth)
- Lost fillings
- Broken clasp on lower partial denture but wears it anyway

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Oral Hygiene Habits



- Brushes independently once a day with Crest toothpaste
- Uses a hard toothbrush
- Uses a denture brush on lower partial denture when he remembers to take it out



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24 Hour Diet Recall

BREAKFAST	DINNER
1 cup coffee with cream and	2 cups beef stew
4 teaspoons sugar	1 dinner roll
2 scrambled eggs	1 cup milk 2%
2 toast with jelly	1 cup Jell-O
8 oz. apple juice	
LUNCH	SNACKS
2 cups micro waved macaroni and	2 Cheese Danish
cheese	3 cups microwave popcorn
1 cup granola	3 (6 oz.) servings Yoplait yogurt
1 (16 oz. bottle) Vitamin Water	2 cups coffee with cream and
1 cup mixed fruit in light syrup	4 teaspoons sugar



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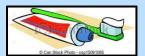
Intervention and Prevention

- · Routine dental appointments and cleanings
- · Educate staff and Roger about the side effects of Dilantin and poor oral hygiene = gum overgrowth
- Possible root canal therapy on front tooth
- Replace lost fillings
- Replace broken partial denture



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Homecare







- Help Roger brush 2-3 times daily targeting the gumline with a fluoridated toothpaste
- Floss once a day



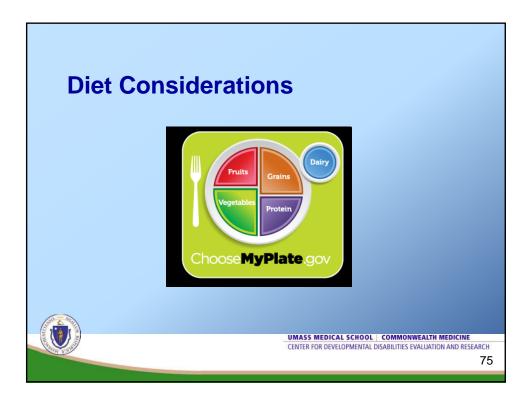
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Denture/Partial Care



- Line a sink with wet paper towels or fill the sink with warm water.
- Remove the denture and place it in the palm of your hand.
- Gently hold the denture over the sink and brush all parts of the denture.
- Turn the denture around and brush the inside too!
- Rinse the denture with cool water.
- Brush gums and tongue using a small soft toothbrush.



Important facts to remember:



- Build tooth brushing into a consistent, daily routine.
- Be methodical so you don't miss any teeth.
- Routine dental care TDF recommends 4 cleanings a year.
- · Limit sugar intake to avoid dental decay.

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