The Challenges and Joys of Special Needs Dentistry.

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BDSc (Melb) FRACDS (SND)
What is Special Needs Dentistry

• The Royal Australasian College of Dental Surgeons definition of Special Needs Dentistry.

Special Needs Dentistry is that part of Dentistry concerned with the oral health of people adversely affected by intellectual disability, medical, physical or psychiatric issues.
Lecture Plan

- Definitions
- Setting the Scene in Australia
- WHO international Classification of Function and Disability
- Rational Dental Care
- History taking, and identifying the Special Needs and other factors which impact on patient oral health care
- Prevention
- Consent
- Treatment Planning
- Photo Special Olympics
Definition of Oral Health

• A Standard of health of the oral and related tissues which enables an individual to eat, speak and socialize without active disease, discomfort or embarrassment, and which contributes to general wellbeing.

• (Ettinger R, J Can dent Assoc 2006)
Emerging trends Disability

- Increasing life expectancy
- Increased legal rights
- and antidiscrimination laws
- Increasing education of both
- disabled population and
- their carers who are
- more demanding of
- health care services and providers.
- Photos courtesy of Araluen
Growth in Australians receiving a Disability Support Pension.

- **Figure 1: Trends in the number (thousands) of recipients of Disability Support Pension and Unemployment payments, 1981–2011**

*Note: Figures are at June each year, except unemployment payments in 2011, which are for March. DSP numbers for 2010 are preliminary. Source: FaHCSIA, Income Support Customers: A Statistical Overview 2009*
### Who treats Special Needs patients

- We have 5 Special Needs Dentists in Victoria.
- We have 6 D Clin Dent Special Needs Students studying to become Special Needs Specialists in Victoria.
- All students are from overseas and will return home at the end of their course.
- At Royal Dental Hospital of Melbourne, we have a Special Needs Department which has 12.5 EFT staff.

<table>
<thead>
<tr>
<th>Living arrangements</th>
<th>All with reported disability</th>
<th>No reported disability</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ESTIMATES (‘000)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>0–59 YEARS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lives in a private dwelling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alone</td>
<td>68.2</td>
<td>192.7</td>
<td>260.9</td>
</tr>
<tr>
<td>With others</td>
<td>410.6</td>
<td>3,728.4</td>
<td>4,139.1</td>
</tr>
<tr>
<td>Total</td>
<td>478.8</td>
<td>3,921.1</td>
<td>4,399.9</td>
</tr>
<tr>
<td>Lives in a non-private dwelling</td>
<td>4.8</td>
<td>15.6</td>
<td>20.4</td>
</tr>
<tr>
<td>Total</td>
<td>483.6</td>
<td>3,936.7</td>
<td>4,420.3</td>
</tr>
<tr>
<td>Lives in accommodation for the retired or aged</td>
<td>1.8</td>
<td>4.5</td>
<td>6.2</td>
</tr>
</tbody>
</table>

4430.0 - Disability, Ageing and Carers, Australia: Summary of Findings, 2009  Australian Bureau of Statistics
Components of ICF 2001

Health Condition
(disorders or disease)

Body functions (b)
& Structures (s)
(impairments)

Activities (a)
(limitations)

Participation (p)
(restrictions)

Environmental Factors (e)
(barrier/facilitator)

Personal Factors
ICF socio-environmental factors (i.e. people’s living circumstances) interact with the personal dimensions of functioning and disability.

- 10.9 The ICF and oral health
- Gary D. Slade* and Anne Sanders, Australian Research Centre for Population Oral Health, The University of Adelaide.
- * Address for correspondence: gary.slade@adelaide.edu.au
**NSW Ombudsman report of reviewable deaths in 2004**

**Health conditions most commonly reported for disability services residents**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urinary incontinence</td>
<td>68.1</td>
</tr>
<tr>
<td>Dysphagia (swallowing difficulties)</td>
<td>65.2</td>
</tr>
<tr>
<td>Faecal incontinence</td>
<td>55.1</td>
</tr>
<tr>
<td>Respiratory condition</td>
<td>46.4</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>39.1</td>
</tr>
<tr>
<td>Constipation</td>
<td>39.1</td>
</tr>
<tr>
<td>Weight concerns – overweight or Underweight</td>
<td>33.3</td>
</tr>
<tr>
<td>Vision impairment</td>
<td>31.9</td>
</tr>
<tr>
<td>Gastro-Oesophageal Reflux Disease (GORD)</td>
<td>30.4</td>
</tr>
<tr>
<td>Mental illness</td>
<td>20.3</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>18.8</td>
</tr>
<tr>
<td>Cancer</td>
<td>17.4</td>
</tr>
<tr>
<td>Diabetes</td>
<td>15.9</td>
</tr>
<tr>
<td>Hypertension</td>
<td>13.0</td>
</tr>
<tr>
<td>Hearing impairment</td>
<td>13.0</td>
</tr>
<tr>
<td>Asthma</td>
<td>11.6</td>
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</tbody>
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*Photos from Special Olympics*
Special Olympics data 2013 from Amy Shellard
<table>
<thead>
<tr>
<th><strong>Special Olympics Data</strong> from Amy Shellard Feb 2013</th>
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</thead>
<tbody>
<tr>
<td><strong>Use Tobacco Products</strong>&lt;sup&gt;*&lt;/sup&gt;</td>
</tr>
<tr>
<td>----------------------------------------</td>
</tr>
<tr>
<td>(n = 3061)</td>
</tr>
<tr>
<td>Yes to Second Hand Smoke&lt;sup&gt;*&lt;/sup&gt;</td>
</tr>
<tr>
<td>Stretch (adults)</td>
</tr>
<tr>
<td>Fruits and Vegetables&lt;sup&gt;*&lt;/sup&gt;</td>
</tr>
<tr>
<td>Daily</td>
</tr>
<tr>
<td>Weekly</td>
</tr>
<tr>
<td>Never</td>
</tr>
<tr>
<td>Ink Sweetened Beverages Daily&lt;sup&gt;*&lt;/sup&gt;</td>
</tr>
<tr>
<td>//Comp./Video Games&lt;sup&gt;*&lt;/sup&gt;</td>
</tr>
<tr>
<td>3-6 hours/day</td>
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<tr>
<td>&gt; 6 hours/day</td>
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<tr>
<td><strong>FUNfitness</strong></td>
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<tr>
<td>FUNTech Screener</td>
</tr>
<tr>
<td>ears A Splint Or Brace&lt;sup&gt;*&lt;/sup&gt;</td>
</tr>
<tr>
<td>Problems with Circulation</td>
</tr>
<tr>
<td>Ear Extremity/Head Pain</td>
</tr>
<tr>
<td>Flexibility Problems Identified</td>
</tr>
<tr>
<td>Muscle Problems Identified</td>
</tr>
<tr>
<td>Balance Problems Identified</td>
</tr>
<tr>
<td>Physical Activity&lt;sup&gt;*&lt;/sup&gt;</td>
</tr>
<tr>
<td>more days most weeks than 3 days most weeks</td>
</tr>
<tr>
<td>Regular Exercise Program</td>
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The concept of ‘rational care’

- The concept of ‘rational care’ was proposed by Ettinger and Beck in 1984.
- It clearly pointed out that Care Planning for older adults and Special Needs Patients should be completed only after considering and addressing all relevant factors, including patients medical, physical and mental state conditions.
- Further, the concept of rational care implied that treatment for any individual should be planned only when a logical rationale or basis in some form of evidence had been identified.
Classification of Aged Care Patients.

- We can categorize the aging population into three broad functional groups:
  - functionally independent older adults;
  - frail older adults;
  - functionally dependent older adults.

- The majority of older adults (95 percent) live in the community; approximately 5 percent of these people are homebound and another 17 percent have a major limitation in mobility due to a chronic condition.

- **Oral Health and the Aging Population**
  - Ronald L. Ettinger, BDS, MDS, DDSc, DABSCD
  - The Journal of the American Dental Association
  - September 2007 vol. 138 no. suppl 1 5S-6S
Initial Consultation
What to think and ask about

- Presenting Complaint
- Causes of presenting compliant
- Clinical Findings
- Medical History
- Medications
- Social History
- Disability History
- Any Disability
- Physical
- Intellectual
- Psychiatric
Carers/Independence

- Where does patient live
- Who lives with them
- Do they need carers.
- What help does the patient need from carers, and what can the patient do independently
  If so, who are the carers, and what background and training do they have
- Primary carer, and other carers.
- May be paid, or voluntary carers
- Carer Burden. How do carers cope
Other issues

• Oral Home Care Issues
• Oral Clinical Issues
• Interplay between oral and general health
• Consent
• Who consents
• Financial, Who pays
• Patient
• Family
• Power of Attorney
• Third Party Providers

Photo from Araluen

dental health services victoria
oral health for better health
Clinical Issues 1  Physical Issues

- Physical Issues (can be in clinic, or when at home)
- Seating issues
- In dental chair with/without support
- In wheelchair. Is wheelchair giving good support
- Posture, upright, or reclining
- Movement Disorders
- Swallowing Problems, Need to ask, or it may not be disclosed. Ask about modified texture diets, thickenings for drinks, and dietary supplements. Parenteral feeds eg peg feeds.
- Opening mouth issues. Can patient open mouth wide enough, and can they stay open for long.
- Gagging issues
- Ability to perform oral hygiene with the disability. Does patient need modified tools?
- Tadvic and Independent Learning Centre are useful resources.
Clinical Issues 2 Psychiatric Issues

- Fear/Phobia
- History of Abuse/Post Traumatic Stress
- Depression (impact on motivation)
- Thought Disorder
- Acquired Brain Injuries
- Mild cognitive impairment can lead to a diminished capacity, may still give own consent.
- Schizophrenia
- Obsessive Compulsive Disorder
- Autism
- Other May not be disclosed
Behavioural Issues

• Can patient cope with sitting in a dental chair
• Will distractions help (eg conversation, busy box, music, headphones (have advantages and disadvantages).
• Relaxation, behavioural management techniques, slow deep breathing and visualization
• Tell/Show/Do
• Is there a need for physical support
• Will cognitive behavioural therapy or other psychological/psychiatric assistance help
• Discuss with family and carers to find out what the patient likes and dislikes and what their interests are. Look for strengths to build on, not just problem areas.
What are Smart Approaches

Gary Radler  Positive Behaviour Support Services

• building on strengths,
• teaching skills,
• improving health,
• fostering friendships,
• increasing opportunities for
• exercising control,
• and other things we can do
• to promote physical, psychological,
• and social well-being and happiness.

• Photo courtesy of Araluen

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oral health for better health
What are smart approaches

- Control
- Dignity
- Participate
- Connect
- Skills
  - Gary Radler Positive Behaviour Support Services, Special Olympics and Araluen
Social Issues

- Where does the patient live and who do they live with?
- What are the patient’s likes, dislikes, hobbies?
- Does the patient have a disability or medical condition which impacts on their daily life and oral health care?
- How does it impact?
- How independent is the patient. Is this realistic?
- Does the patient need carers?
- Do they have enough support, and are their carers coping and supported?
- Are there likely to be significant changes in the patient’s lifestyle in the near future?
  - Is there conflict between the patient, family and carers.
Communication Issues

• Does the patient have an intellectual disability and what is their level of comprehension?
• Does the patient have a physical disability which makes it difficult to see or hear what you are saying?
• Does the patient have a disability which makes it difficult to communicate with you?
• Some patients require interpreters, including Auslan, others have communication boards and electronic devices.
• Some patients are unable to communicate if they have dental problems, or if they have pain.
MEDICAL ISSUES 1
PREPARATION FOR THE VISIT

• Pre-planning helps enormously
• Obtain Medical History and consent information prior to the first appointment where possible
• This is particularly important where patients do not handle their own affairs, or give their own consent.
• Where medical histories are complex, organize for the GP to send a medical summary and get consent for release of this information.
• Medical History questionnaires can be just a starting point, and it may take some time to gather the relevant information together before treatment planning and treatment can be addressed.
Premedication/Sedation/GA. Read PS 9

• Options include
• Oral low dose anxiolytic medications.
• Inhalation Sedation with Nitrous Oxide and Oxygen
• IV Sedation
• General Anaesthetic.
• Take a long term view.
• Initially the patient may require emergency pain relief, but the aim is always to try to get the patient to a point where they can accept ongoing routine care, and not rely on a GA for all dental treatment.
Medical Issues 2

• Be prepared to look up conditions and medications that you are not familiar with.
• Use reputable sources, especially when on the internet.
• Know where to go, or who to ask if you need more information.
• Don’t expect to be familiar with every condition that your patient may possibly have, and don’t be afraid to ask questions or find out more.
• Management of conditions changes over time, and it is important to get up to date information.
• Be prepared to consult with the patients other health care providers, if needed.
Medical Issues 3  Look out for medications and conditions which

- Might need antibiotic cover for procedures.
- Result in poor wound healing or risk of infection
- Indicate a Compromised immune system
- Bleeding problems
- Dry mouth/salivary problems
- Osteonecrosis/Osteoradionecrosis risk
- Allergies
- Requirement for anxiolysis/sedation/GA
- Swallowing problems and dysphagia
- Suspicion of undisclosed medical issues
- Are medical conditions well controlled or unstable
- Are medical conditions progressive and will get worse
Medical Conditions 4
Watch out for

- Complex medical issues which need more investigation
- Patients who are poor historians
- Don’t assume that the patients carer has a good knowledge of the patients medical history, or can consent to dental treatment.
- Try to learn common abbreviations, but ask if you don’t know what something means.
Past Dental History

• Ask about previous dental treatment/history
• Has the patient been a regular dental attender
• Has the patient coped well with dental treatment, or been anxious/had bad experiences
• Was previous dental work done in dental chair, with sedation/GA or in a domiciliary setting.
• If the patient has suffered disability from injury, ask about pre-injury oral health status.
• Where patients have carers, assess the carers knowledge, skills, motivation and whether they are coping or not.

(image from Special Olympics)
Preventative Care

- Risk assessment
- Working with carers
- What disabilities are present
- what can we change and
- what do we have to live with
- Are our expectations realistic
- This may change over time
Prevention. If you don’t ask, you probably won’t find out

• Look at Saliva issues. Consider Medication, dehydration, salivary gland hypofunction, xerostomia, buffering capacity, consistency, and non prescription items like caffeine, alcohol and illicit drugs.

• Dietary issues. Cariogenic diet. Look at sugars and acid exposure frequency. The cheaper foods tend to be high in sugar and fat. They are often easier to prepare, and available take away.

• Is patient in healthy weight range, or over or underweight. Try to find out why.
  • Does the patient take dietary supplements, 
  • or have a modified texture diet.
Prevention Oral Hygiene

• Are there oral hygiene or periodontal problems
• Who performs oral hygiene
• What are they doing
• How are they managing
• Are they willing to modify technique, or get extra help if required. Is help available.
• Disability issues eg physical or cognitive disability
• If specialized products are needed, can the patient obtain them and afford them
• Is the patient modifying our advice eg buying a cheaper similar product, substituting an alcohol containing mouthwash for an alcohol free one.
Prevention

• Causes of Tooth Decay and Erosion.
  Preservation and restoration of tooth structure. G Mount and W Hume.

Fig. 7.1. Caries Causation: Schematic representation of lifestyle, behavioural and medical factors which reduce protective properties of saliva or increase pathogenicity of plaque. Increase the factors and increase the caries rate.
Transport Access issues

- Can the patient attend dental appointments unaccompanied.
- Do they have support if they need someone to come with them. Are there issues around the carers availability.
- How does the patient get to the clinic eg walk, public transport, private car, taxi
- Transfer issues. Can the patient get in and out of the vehicle or dental chair safely.
- For those in wheelchairs, can they get to the clinic and has the clinic got disabled access
- Does the patient require home visits.

[Image: Transportation and care support]
Legal Issues

- Self Consent. If not
- Who consents, and who administers finances
- Consent is required for both treatment AND release of medical information
- Know the legislation around consent in Victoria
- If there are court orders around VCAT/Guardian and Administration board, relating to power of attorney, and administration of affairs, get copies.
- Review this as court orders can change over time
- Be aware of diminished capacity, and family/carer conflict.

REFERENCE. FLOW CHART FROM OFFICE OF THE PUBLIC ADVOCATE
Patients need to be assessed individually. The concept of rational care is important. Work out what is possible, and how to overcome disability and associated barriers. Remember some ‘ideal’ treatments may not be achievable, or can’t be maintained and will fail. Often an assessment phase is useful to see what is possible. Many patients take time to settle into a clinic, and by working with the patient and their carers over time, and developing relationships, things which didn’t seem possible initially become possible.
What makes it easier

- Preparation
- Observing and Listening
- Connecting and relating
- Treating the person,
- not the teeth/mouth/disability
- Take things at the patients pace
- Be yourself and
- find your own genuine style
Some Resources

• DHSV website
• Oral health resources
• Guides and resources for health professionals
• Special Care in Dentistry Journal
• Gerodontontology Journal
• ARCPOH
• ASSCID
• ANZASND