

# Oral Health Management in Children with Special Healthcare Needs

## Importance of oral care measures for children with special healthcare needs



Early oral care measures adopted during childhood lay the foundation for a lifetime of good oral and overall health

Poor oral health can directly and negatively impact overall well-being and quality of life<sup>1</sup>




Children with special healthcare needs (SHN) may be at an increased risk of developing oral problems throughout their lifetime<sup>1</sup>



Management of oral health in children with SHN requires unique and multidisciplinary approaches, different from those considered routine<sup>1</sup>

This infographic outlines the commonly practiced approaches, but the list is not exhaustive



SHN are defined as any congenital, developmental, trauma- or environmentally-acquired impairments that limit functions, and require specialised medical management and support<sup>1</sup>

Neurodisability:  
cerebral palsy, attention-deficit/  
hyperactivity disorder, and autism  
spectrum disorder



Cardiovascular conditions:  
congenital heart defects, arrhythmia



Bleeding disorders












Endocrine disorders:  
diabetes



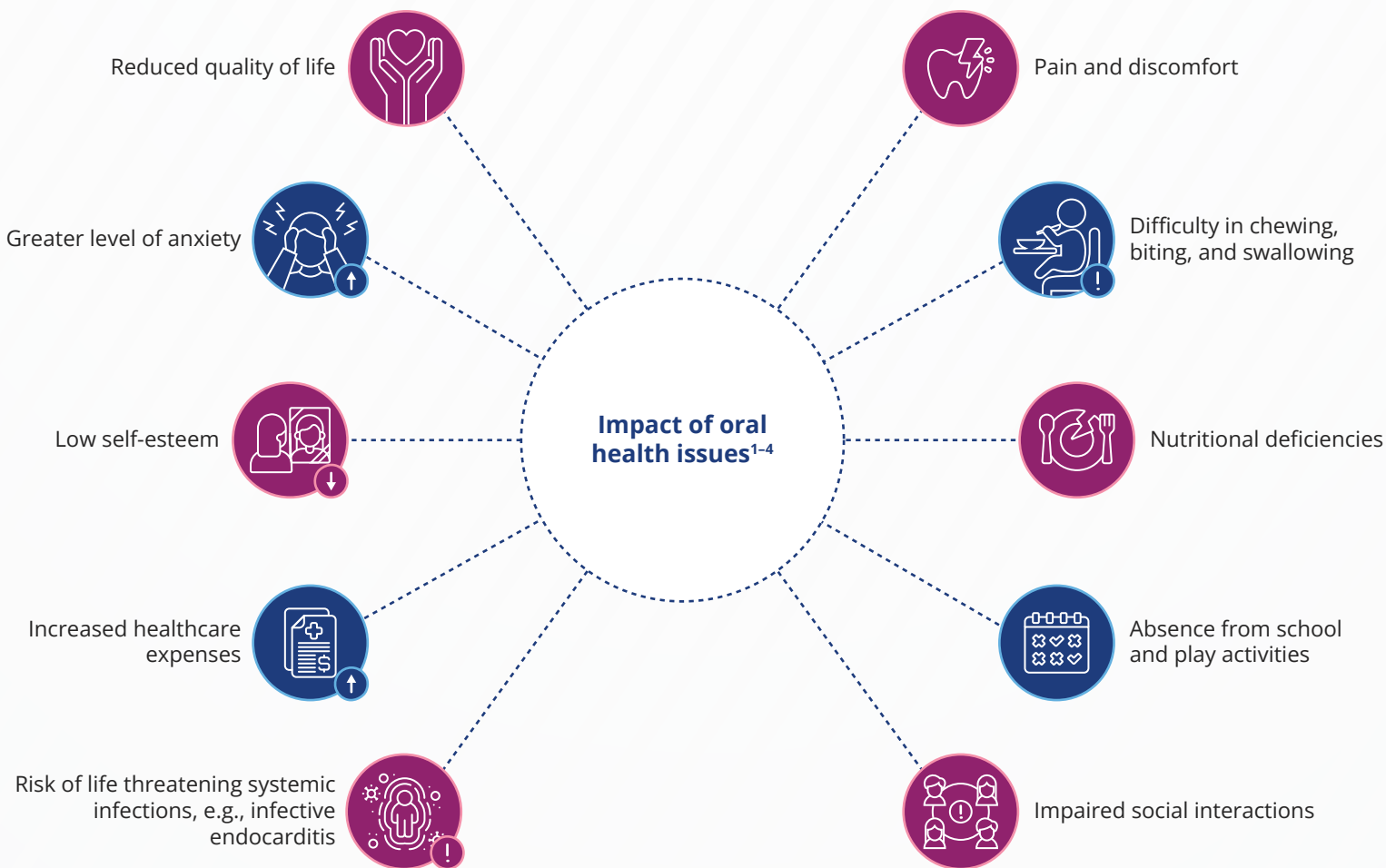
Cases of children  
with SHN are  
classified  
as follows

Commonly encountered oral health issues

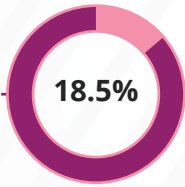
 Dental caries	 Enamel abnormalities, including hypoplasia and hypomineralisation	 Anomalies in tooth development – size, shape, emergence, and arch formation
 Plaque build-up	 Oral aversion and behaviour problems	 Tooth surface loss (eg., tooth wear, dental erosion)
 More prevalent and severe gingivitis and periodontal disease	 Dental crowding or malocclusion	 Dental trauma

Risk factors<sup>1,2,8</sup>

- ⚠ Sensory processing difficulties, sensitivity to oral care products, negative responses to sensory stimuli, and cognitive issues
- ⚠ Compromised manual dexterity
- ⚠ Plaque retentive factors in the mouth, e.g., crowding
- ⚠ Improper swallowing and drooling
- ⚠ Prolonged bottle-feeding
- ⚠ Snacking between meals
- ⚠ High sugar diet due to medical reasons, e.g., to increase calories, or the use of sweetened medication
- ⚠ Chewing difficulties
- ⚠ Increased number of medical appointments and hospital admissions



## Why is prioritising oral health important for children with SHN?



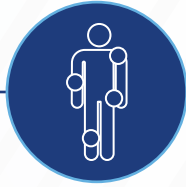
Children reported to have SHN<sup>1</sup>



Advances in medicine have led to an increase in the number of surviving children with SHN, including those with previously fatal conditions<sup>1</sup>



Children with SHN are likely to experience oral health problems throughout their lives and require specialised care<sup>1</sup>



Children with more severe and complex conditions may have greater unmet dental needs and are at an increased risk of systemic infections<sup>4</sup>



Lack of timely preventive and therapeutic interventions can exacerbate systemic health issues and increase healthcare expenses<sup>1</sup>

## Barriers to oral healthcare in children with SHN<sup>1,5,8</sup>



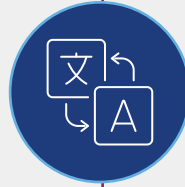
Lack of dental professionals with relevant expertise and willingness to treat children with SHN



Cultural and psychosocial barriers



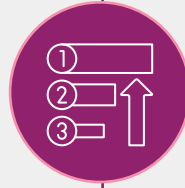
Uncooperative behaviour and sensory limitations



Language and communication barriers



Structural barriers, including transportation issues and accessibility issues of dental practices



Prioritisation of other emergent health problems over oral care



Anxiety from oral care beliefs and past dental experience



Lack of parental and physician awareness

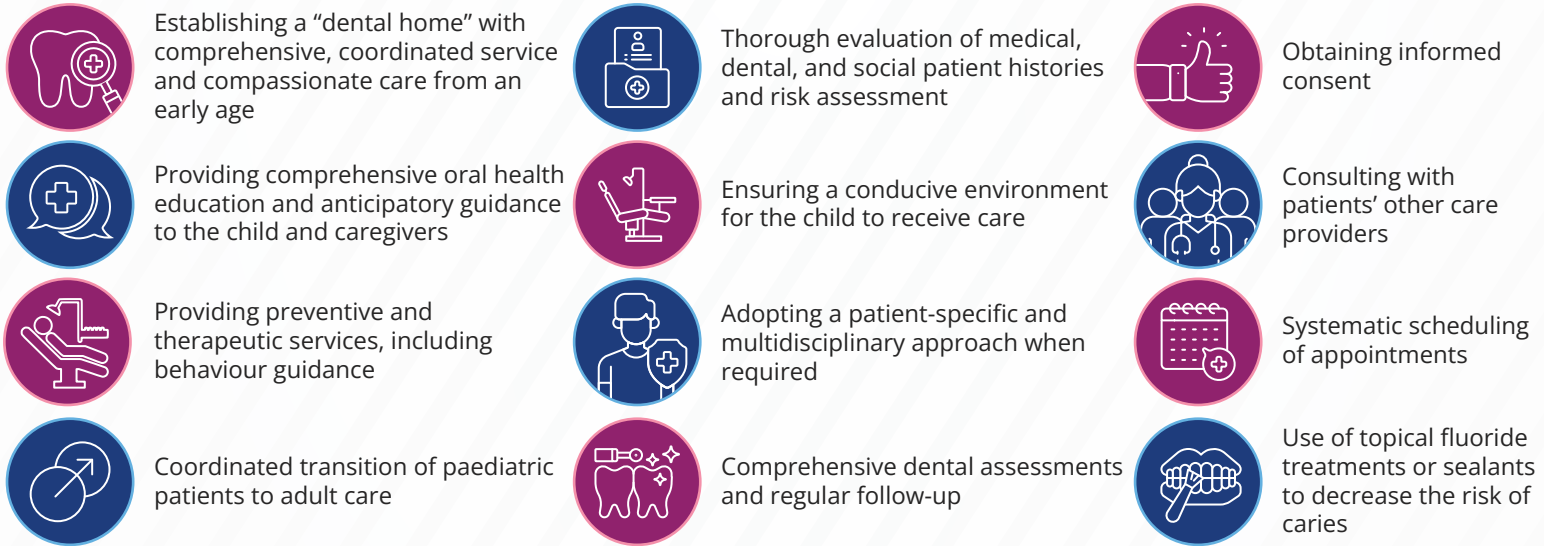


Financial constraints and poor reimbursement



Lack of healthcare resources, including access to general anaesthesia or sedation

## Recommendations for dental and healthcare professionals treating children with SHN<sup>1,8</sup>

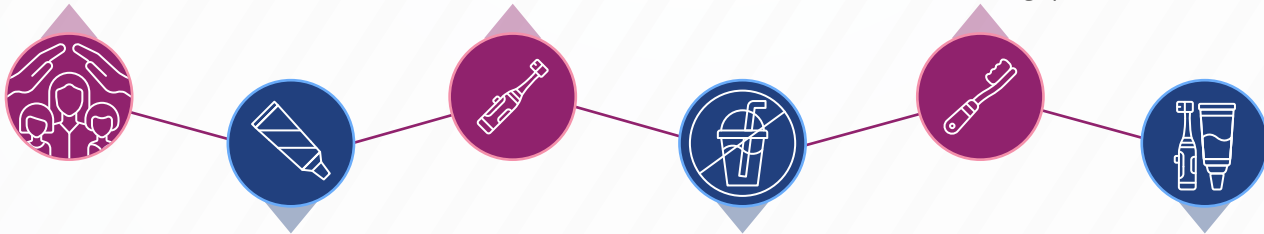


## Recommendations for caregivers and children with SHN<sup>1,6-8</sup>

Regular parental supervision during daily oral health and hygiene maintenance

Use of manual or electric toothbrush\*

Use of modified toothbrushes with better grip



Brushing with fluoridated toothpaste twice daily

Avoiding foods and beverages with a high sugar content

Use of flavoured, unflavoured, or non-foaming toothpaste should be determined on a case-by-case basis, taking into account any sensitivity or sensory issues

\*There is scientific evidence to recommend oscillating-rotating electric toothbrushes to paediatric dental patients<sup>9,10,11</sup>

## Oral health in children under prolonged hospitalisation<sup>12</sup>

Addressing oral health needs during hospitalisation is crucial for overall well-being

- ✓ Provide education and training to hospital staff to ensure proper oral care procedures are followed
- ✓ Carry out mouth care assessments and assist or provide mouth care
- ✓ Provide oral care advice for high-risk dysphagia patients
- ✓ Provide nutritional advice taking into account oral/dental health
- ✓ Create aids for toothbrushes for patients with physical disabilities
- ✓ Advise patients/carers on drug-related oral problems, including dry mouth

### Key message

**Prevention and treatment of oral health problems in children with SHN requires a specialised, individualised, and multidisciplinary approach distinct from treatment recommendations for the generalised paediatric population**

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