

# Oral Healthcare in Individuals with Special Healthcare Needs

## Prevalent oral health problems and treatment challenges



Oral health has a major impact on the overall health and well-being of an individual<sup>1</sup>

### Global status of oral health



Oral health encompasses good oral function and psychosocial well-being without pain, discomfort, and embarrassment



More than 3.5 billion people experience impaired oral health due to oral diseases

### The most common oral health conditions in adults include<sup>1,2</sup>



Healthy mouth



Unhealthy mouth

### Oral health associations with chronic diseases<sup>2</sup>



Cardiovascular disease



Nutritional deficiencies and obesity



Psychological and cognitive disorders



Diabetes



Stroke



Respiratory disease



People with special healthcare needs (SHN) include those who have physical, developmental, behavioural, cognitive, sensory, and mental health impairments. The condition could be developmental, congenital, or acquired through trauma, systemic diseases, or environmental causes<sup>3</sup>

Individuals with SHN are vulnerable to developing poor oral health due to barriers that range from an individual to a policy level



### Risk factors

- Dental trauma
- Poor oral hygiene
- High sugar diet
- Hyposalivation induced by medication/therapy/disease
- Tobacco use
- Alcohol consumption
- Gastroesophageal reflux disease
- Oro-facial dyskinesia
- Delayed oral treatment

## Oral diseases in individuals with SHN include<sup>2-9</sup>

- Untreated dental caries
- Periodontal disease
- Gingival inflammation
- Dysphagia
- Malocclusion
- Drooling
- Dental erosion
- Bruxism
- Oral infections
- High number of missing teeth

## Impact of oral diseases in people with SHN<sup>2</sup>



! People with SHN may experience or express pain differently, which can be misinterpreted by clinicians<sup>10</sup>

! Due to communication challenges, they may not seek care until later stages of the oral disease<sup>10</sup>

! They rely on staff observing and interpreting signs and clinicians bringing together key information to aid diagnosis<sup>10</sup>

### Structural-level interventions<sup>10</sup>

Dental healthcare staff should be aware of how to recognise and record oral pain behaviours in individuals with SHN, especially non-verbal pain indicators

### Policy-level interventions<sup>10</sup>

Policies should include a care pathway for referring individuals in pain in a timely fashion with supporting information, to aid the clinician with the diagnosis

Despite a greater need for preventative care and dental interventions, certain barriers result in people from such vulnerable groups having lesser access to oral healthcare services<sup>1</sup>



Good oral health is a right of individuals with SHN and cannot be separated from the overall health of a person



Most oral diseases are preventable and should be treated through an interdisciplinary approach in which not only dentists, but all health professionals are involved, especially for patients with SHN



There is an urgent need to understand the treatment challenges in oral healthcare and devise measures that improve outcomes for patients with SHN



## Barriers experienced by patients with SHN in accessing dental care<sup>1</sup>

### Individual level

-  Inadequate dental care at early ages or a lack of primary prevention
-  Poor understanding of how to access appropriate dental services
-  High sugar diet
-  Care-resistant behaviour and inability to give consent for treatment
-  Lack of services to access professional help
-  Lack of awareness on treatment options for SHN
-  Fear or anxiety of being stigmatised by healthcare practitioners
-  Hesitation to undergo sedation or general anaesthesia
-  Fear of tooth decay resulting in extraction rather than restoration
-  Not receiving support to maintain a good oral care routine
-  Consultations with non-dental healthcare providers who lack expertise in oral health
-  Care dependency and multi-morbidity
-  Inability to afford the treatment if not included in an adapted health insurance policy

### Institutional level

-  Lack of availability of appropriate dental services for patients with SHN
-  Lack of expertise, education, and training in managing patients with SHN
-  Lack of protocols and customised services for the management of vulnerable patients
-  Risk of undertreatment associated with the lack of specialised dentists
-  Lack of preventive programmes for individuals and low priority to oral hygiene provision among caregivers
-  Unwillingness to treat and negative attitudes of dental healthcare professionals on encountering patients with SHN
-  Shortage of staff and time limitations
-  Risk of multiple extractions instead of a restorative and conservative approach under general anaesthesia

### Policy level

-  Poor oral health literacy of citizens
-  Lack of public services catering to vulnerable groups
-  Socioeconomic inequalities in oral care access
-  Limited training modules established for dental healthcare professionals for the management of patients with SHN
-  Limited availability of domiciliary dental care, access to wheelchair services, and disability-friendly services
-  Lack of public funding to dental clinics for the provision of specialised services

## Recommendations for dental and healthcare professionals for the treatment of individuals with SHN<sup>1,2,3,11</sup>

-  Encourage preventive measures to decrease the risk of oral problems
-  Offer healthcare that caters to SHN by promoting individualised oral health practices
-  Offer assistance in scheduling appointments and follow-up visits
-  Familiarise with the patient's medical history, needs, and fears
-  Ensure equality of access to dental care through policy-level changes
-  Subsidise services for patients with SHN
-  Implement policies to address the challenges faced by vulnerable groups
-  Opt for multidisciplinary approach to manage complex cases
-  Opt for early preventive and myofunctional orthodontic approach in children with SHN
-  Prevent dental caries early using fluoride gel/varnishes and minimally invasive dentistry
-  Manage the risk of caries
-  Educate the patient and/or caregiver and obtain informed consent
-  Integrate dental care with healthcare, social, and community services for a holistic treatment approach
-  Include SHN treatment strategies in the undergraduate training for all oral health professionals
-  Enhance communication with the patient based on their intellectual level, since patients with hearing or visual impairment may require non-verbal communication and cues
-  Promote collaboration in the dental setting through individualised approach and desensitisation, in order to limit the need for dental care under general anaesthesia
-  Consultation between dentist and non-dental care provider should be encouraged to discuss about medications, sedation, general anaesthesia, and any other special restrictions and considerations
-  Implement educational training for practitioners and outreach for the management of patients with SHN

### Key takeaway

- People with SHN are at a risk of developing poor oral health
- Dental care providers must be aware of the needs of patients with SHN
- All healthcare providers need to be aware of the importance of prevention for oral health diseases and how to direct patients with SHN to appropriate dental services
- Taking into consideration the challenges faced by patients with SHN can help practitioners and policy-makers devise an appropriate treatment approach that caters to their specific needs

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