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. People 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

Visit oralhealth.knowledgehub.wiley.com/special-healthcare-needs/ for additional resources.
Oral diseases in individuals with SHN include:

- 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:

- Pain and discomfort
- Nutritional deficiencies
- Local or systemic infection and chronic inflammation
- Low self-esteem and social isolation
- Difficulty in speaking
- Impaired chewing and swallowing
- Halitosis
- Sleep disturbances
- Impaired quality of life
- Behavioural changes

Structural-level interventions:
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:
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.

People with SHN may experience or express pain differently, which can be misinterpreted by clinicians.
Due to communication challenges, they may not seek care until later stages of the oral disease.
They rely on staff observing and interpreting signs and clinicians bringing together key information to aid 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.

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.

Visit oralhealth.knowledgehub.wiley.com/special-healthcare-needs/ for additional resources.
| Inadequate dental care at early ages or a lack of primary prevention | Fear or anxiety of being stigmatised by healthcare practitioners |
| Poor understanding of how to access appropriate dental services | Hesitation to undergo sedation or general anaesthesia |
| High sugar diet | Fear of tooth decay resulting in extraction rather than restoration |
| Care-resistant behaviour and inability to give consent for treatment | Not receiving support to maintain a good oral care routine |
| Lack of services to access professional help | Consultations with non-dental healthcare providers who lack expertise in oral health |
| Lack of awareness on treatment options for SHN | 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 preventive programmes for individuals and low priority to oral hygiene provision among caregivers |
| Lack of expertise, education, and training in managing patients with SHN | Unwillingness to treat and negative attitudes of dental healthcare professionals on encountering patients with SHN |
| Lack of protocols and customised services for the management of vulnerable patients | Shortage of staff and time limitations |
| Risk of undertreatment associated with the lack of specialised dentists | Risk of multiple extractions instead of a restorative and conservative approach under general anaesthesia |

### Policy level

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

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>References</th>
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<tbody>
<tr>
<td>Enhance communication with the patient based on their intellectual level, since patients with hearing or visual impairment may require non-verbal communication and cues</td>
<td>8. Practical oral care for people with cerebral palsy. (2009) Practical Oral Care for People with Disabilities Series Booklet. NIH Publication.</td>
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<tr>
<td>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</td>
<td>10. MORE than WORDS (MtW) - A novel non-verbal orofacial pain assessment pathway</td>
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## 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

## References