Systemic Strategies for Improving Care and Oral Health Outcomes for Adult Dental Patients with Special Needs

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Introduction

There are approximately 61 million or 26% of adults in the United States living with a disability. Individuals with intellectual and developmental disabilities have become a much more prominent population for many reasons, including efforts and trends towards deinstitutionalization over the last 50 years, more people with severe disabilities surviving into adulthood, increased information and awareness surrounding this population, and legislative and social changes that have made space for the general recognition of rights for people with disabilities to fully participate of members of society.

Despite the societal advances, the special needs population often faces barriers to access healthcare, including dental care. The objective of this investigation is to assess the oral health status of and obstacles confronted by people with special needs and determine systemic strategies that can improve care and oral health outcomes for this population.

Oral Health in the Special Needs Population

- People with special needs generally have greater prevalence of poor oral hygiene and poor oral health, including greater prevalence of untreated caries, periodontitis, malocclusion, poor oral habits, oral malformations, and oral trauma and injury.
- Poor oral health negatively impacts overall health, including digestion, nutrition, and speech, as well as dignity and self-esteem.
- In many cases, people with disabilities require help and depend on others to achieve and maintain good oral hygiene and health.

Strategies

- The Americans with Disabilities Act (ADA) made dental offices considered to be “places of public accommodation”, which has created space to improve care and oral health outcomes for patients with disabilities
- Recent accreditation requirements of predoctoral programs have changed to include “more robust training” in the care of patients with intellectual and developmental disabilities
- Increased training of clinical and administrative personnel in caring for and interacting with patients with intellectual and developmental disabilities
- Community-based oral health prevention programs
- Integration of oral health issues into systems and services for general health and social services
- Increased support for personnel to implement community-based programs via social services
- Improvement in prevention protocols and care standards in the assessment and case management of adults with special needs through state agencies
- Incorporation and emphasis of oral hygiene and oral health education into Individualized Education Plan (IEP) or Individualized Health Plan (IHP) for children and young adults eligible
- Increased training, implementation, and use of assistive devices and technology to improve oral hygiene practices and education at home

Obstacles

- People with special needs often experience barriers to access oral health care, which could be due to cognitive impairment, lack of health literacy of the individual or the caretaker, lack of training, accommodations, or services on the part of the dental professionals or clinics.
- People with special needs often have trouble accomplishing adequate oral hygiene at home due to many factors, including limited mental capabilities, mobility problems, neuromuscular problems.
- Patients with special needs often have difficulties tolerating outpatient dental treatment due to behavior issues, lack of or poor cooperation, or physical limitations.
- These patients often require general anesthesia or sedation for safe and effective treatment to be accomplished. However, this can be accompanied by anesthetic complications, increased intra- and postoperative risks due to limited or lacking medical work ups, and delay in timely treatment and intervention.
- Adults with special needs often get lost in the shuffle during the transition from pediatric to adult dental care

Results

- Through a 3-year community based system demonstration project, Glassman *et al.* found an overall decreased burden of disease, improvement in finding and accessing dental care, and improvement in the amount and urgency of treatment for dental patients with special needs.
- There was an increase in dental hygiene and assisting education programs that agreed to begin treating patients with special needs.
- The Department of Developmental Services (DDS) (CA) added oral health questions to its statewide client information database, increasing data collection.
- DDS (CA) also incorporated oral health information into training programs for licensed evaluators and budgeted funding to continue some of the system changes from the project.

CONCLUSION

Systemic changes and community-based prevention are practical and have the potential to improve care and oral health outcomes for people with special needs, while also complementing, reducing or replacing the need for pharmacological interventions and allowing these patients to receive dental treatment in an outpatient setting. There is space for systemic changes in state-level agencies, regional and local social services, support and training of caregivers, oral health education of patients, and education of dental health professionals, to improve the care and oral health outcomes of adults with intellectual and developmental disabilities.

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