**مرحلة ثالثة Community د. نادية عفتان**

**Oral health care for**

 **special populations**

 There is a broad range of special populations, including children, pregnant women, individuals with mental , physical or development disabilities, and those with other diseases such as HIV, AIDS, heart disease, cancer, or diabetes, who have unique needs with respect to oral health and therefore may require care and oral health care that is integrated with medical care.

**Elderly people**

 As the ageing population is increasingly retaining their natural teeth, their need for optimal oral health care also increases.

Older peoples’ mouths are prone to oral disease and those with natural teeth are more likely to have advanced gum disease (gingivitis or periodontitis).  Oral health care for older people is often further complicated by a past dental history including crown and bridge work, partial dentures and implants.

Dental care of dependent adults is an integral aspect of medical care and can only be successful with a team approach.

Diseases in seniors will improve not only the conditions of their mouths, but also their overall health and well-being. Recent data indicate that periodontal diseases are associated with chronic diseases such as cardiovascular disease, cerebrovascular diseases, and diabetes. Chronic oral infection can complicate the medical management of general illnesses such as diabetes, chronic heart failure and respiratory diseases

Oral diseases and dysfunction can be extremely painful, and they have an acute impact on quality of life, affecting chewing, eating, speaking, and social interactions.

Poor oral health results in bad breath and affects people’s ability to speak, socialize and feel happy with their appearance.

Medications taken by older people often cause dry mouth (xerostomia) which affects speaking, eating and also increases the levels of oral bacteria and infection.

 Older people may have a range of health problems or disabilities that impact on their ability to care for their own oral health and may need assistance during their hospital stay as well as follow up care on discharge. This may be related to issues associated with cognitive impairment or functional limitations such as hand and upper limb function due to poor dexterity, pain and strength. It may also involve functional problems with mouth and tongue movements and swallowing.

**The steps to improve oral health care for seniors:**

First, the financing and provision of oral health care must be integrated with the mechanisms used to ensure overall health and well-being for the elderly.

Second, because seniors are more likely to visit a physician than a dentist, it is imperative that primary care providers and geriatricians be educated about the medical, functional, emotional, and social consequences of oral diseases and dysfunction and that they provide regular screening and preventive education for dental diseases.

Third, the daily caretakers of homebound and institutionalized elderly—nurses, home care workers, and nurses’ aides—need improved oral health care education and training.

Fourth, quality assurance measures used by organizations that provide care for seniors ought to address oral health and function.

Finally, the dental community must recognize that the management of oral diseases in the elderly poses specific challenges; it is vital that we generate new options for providing improved oral health care to seniors, including making geriatric dentistry a recognized specialty of dentistry.

**Pregnant women**

 Pregnancy is a unique period during a woman’s life and is characterized by complex physiological changes, which may adversely affect oral health.

Preventive, diagnostic, and restorative dental treatment is safe throughout pregnancy and is effective in improving and maintaining oral health. In addition to providing pregnant women with oral health care, educating them about preventing and treating dental caries is critical, both for women’s own oral health and for the future oral health of their children.

Evidence suggests that most infants and young children acquire caries-causing bacteria from their mothers. Providing pregnant women with counseling to promote healthy oral health behaviors may reduce the transmission of such bacteria from mothers to infants and young children, thereby delaying or preventing the onset of caries.

For these reasons, it is essential for health professionals to provide pregnant women with appropriate and timely oral health care, which includes oral health education.

**Special Care Dentistry (SCD):**

 Special Care Dentistry (SCD) could be defined as that branch of dentistry that provides oral care services for people with special health care needs (SHCN). It is used in reference to care for individuals with disabilities or those with systemic diseases.

**Special Health Care Needs (SHCN)**

 Special Health Care Needs (SHCN) is defined as any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, health care intervention, and / or use of specialized services or programs.

 Health care for individuals with special needs required specialized knowledge acquired by additional training , as well as increased awareness and attention, adaptation, and accommodative measures beyond what are considered routine.

 Individuals with SHCN may be at an increased risk for oral diseases throughout their lifetime. Oral diseases can have a direct and disturbing impact on the health and quality of life of those with certain systemic health problems or conditions.

**Patients with special health care needs including those with:**

* Compromised immunity (Leukemia or other malignancies, human immunodeficiency virus)
* Medically compromised patients
* Cardiac conditions associated with endocarditis
* Mental disability
* Developmental disability
* Physical disability
* Amelogenesis imperfeca
* Dentogenesis imperfect
* Cleft lip / palate
* Oral cancer
* Ectodermal dysplasia
* Epidermolysis bullosa

**Interventions and Practices Considered:**

1. **Scheduling:** The parents / patients initial contact with the dental practice allow a both patients an opportunity to address the patients primary oral health needs and to confirm the appropriateness of scheduling an appointment with that practitioner.
2. **Patient assessment**:
	* Obtaining medical history
	* Performing comprehensive head , neck and oral examination
* Caries risk assessment
* Recommending an individualized preventive program
	+ Providing a summary of oral findings and specific treatment recommendations
1. **Consulting with physician**, nurses and social workers when necessary. The dentist should coordinate care via consultation with the patients physician regarding medications, sedation, general anesthesia, and special restrictions or preparations that may be required to ensure the safe delivery of oral health care.
2. **Establishing good communications**: An attempt should be made to communicate directly with the patient during the provision of dental care. A patient who does not communicate verbally may communicate in a variety of non- traditional ways.

At times, a parent, family member, or caretaker may need to be present to facilitate communication and or provide information that the patient cannot.

1. **Obtaining informed consent**
2. **Behavior guidance**
* Protective stabilization
* Sedation or general anesthesia
* Provision of care in a hospital or outpatient surgical care facility
1. **Preventive strategies**
* Education of parents to ensure appropriate and regular supervision of daily oral hygiene
* Demonstrating oral hygiene techniques
* Stressing the need to use a fluoridated dentifrice twice daily and to brush and floss daily.
* Use electric or modified tooth brush if need.
* Dietary counseling
* Sealant application
* Use of topical fluoride
* Interim therapeutic restoration (ITR).
* Use of chlorhexidine mouth rinse
1. **Encouraging** assistance from community – based resources
2. **Special considerations** for patients with developmental or acquired orofacial conditions

**10..Making appropriate referrals**