

Community

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Oral health care for Special populations

There are special populations in the community, including children, pregnant women, individuals with mental, physical or developmental disabilities, and those with other diseases as HIV, AIDS, heart disease, cancer, or diabetes. They have unique needs with respect to oral health and therefore may require care and oral health care that is integrated with medical care.

Children:

The single most common chronic childhood disease is dental disease. Sometimes people wonder whether there is a need to look after a child's first teeth since they fall out anyway. However, all want healthy looking teeth as adults and that starts with having healthy teeth as children.

In order to help children protecting their teeth and gums and greatly reducing their risk of getting cavities, simple steps should be followed:

- Breastfeeding is the best form of nutrition for infants and it is associated with a lower risk of developing dental decay when compared with bottle feeding.
- Advice to brush child teeth twice a day with accepted fluoride toothpaste to remove plaque-the sticky film on teeth that's the main cause of tooth decay.

- Advice to eat a well-balanced diet that limits starchy or sugary foods, which produce plaque acids that cause tooth decay. When child eat these foods, eat them with meal instead of as a snack-the extra saliva produced during a meal helps rinse food from the mouth.
- A balanced diet is necessary for the child to develop strong, decay-resistant teeth. As well as a full range of vitamins and minerals, a child's diet should involve plenty of calcium, phosphorous, and proper levels of fluoride.
- Frequent snacking may be the biggest enemy. The sugars and starches found in many foods and snacks like cookies, candies, dried fruit, soft drinks, pretzels and potato chips combine with plaque on teeth to create acids. These acids attack the tooth enamel and may lead to cavities.
- If the child is in pain from a broken, cracked or chipped tooth, should visit the dentist immediately. If possible, keep any part of the tooth that has broken off and take this with you to the dentist.
- If a tooth is completely knocked out of the mouth by an injury, take the tooth to the dentist as soon as possible. Handle the tooth as little as possible do not wipe or otherwise clean the tooth. Store the tooth in water or milk until you get to a dentist. It may be possible for the tooth to be placed back into the child's mouth, a procedure called reimplantation.
- Advice to take the child to the dentist for regular checkups, if there is no complain.

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, so that 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.

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.

Oral health is linked to general health, and oral conditions including teeth, gums and dentures can significantly affect overall well-being and the ability to age positively.

- Chronic oral infection can complicate the medical management of general illnesses such as diabetes, chronic heart failure and respiratory diseases.
- 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 affect 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 following is a standard protective oral hygiene regimen for older people based the best ways to maintain a healthy mouth.

Additional oral care management may be identified and prescribed by the doctor or dentist. For example: antifungal, antibiotic and pain medication.

The best ways to maintain a healthy mouth for older people:

1. Brush morning and night.
2. Use fluoride toothpaste on teeth.

3. Use a soft tooth brush on gums, tongue and teeth.
4. Use antibacterial product after lunch (Chlorhexidine product).
5. Keep the mouth moist.
6. Cut down on sugar.

Special Care Dentistry (SCD):

The definition of Special Care Dentistry (SCD) could be as a 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 imperfecta
- Dentogenesis imperfecta
- 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

3. 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.

4. 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.

5. Obtaining informed consent

6. Behavior guidance

- Protective stabilization
- Sedation or general anesthesia
- Provision of care in a hospital or outpatient surgical care facility

7. 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
- Dietary counseling
- Sealant application
- Use of topical fluoride
- Interim therapeutic restoration (ITR).

- Use of chlorhexidine mouth rinse
8. **Encouraging** assistance from community - based resources
 9. **Special considerations** for patients with developmental or acquired orofacial conditions
 10. **Making appropriate referrals**