

# Home oral care tips

For parents and caregivers of  
children with special health  
care needs



# Choose best time of day to provide home oral care

- When child is most calm and likely to cooperate
- Ideally in morning after breakfast and at night before bed
- Not immediately before/after administering oral medication or thickened liquid, snacks, etc.
- Not immediately after eating, as tooth-brushing can trigger gag reflex



# Use approach best suited to individual

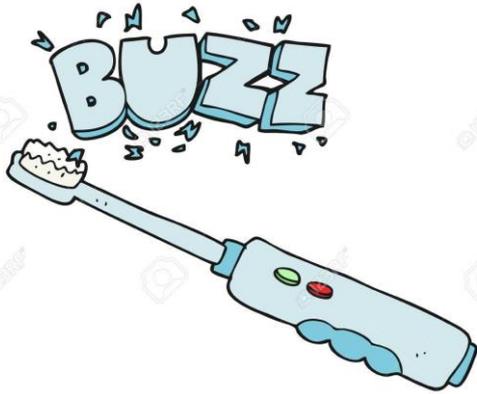
- Some children benefit from “Tell, Show, Do” technique where care-giver explains how teeth will be brushed, demonstrates toothbrush, and then brushes child’s teeth
- Some children do not have patience or attention span and respond better to distraction techniques such as videos or music
- Some children are best treated as quickly as possible without distractions or demonstrations
- Autistic children in particular may be sensitive to lights and noise, especially high-pitched sound

# Determine best tools

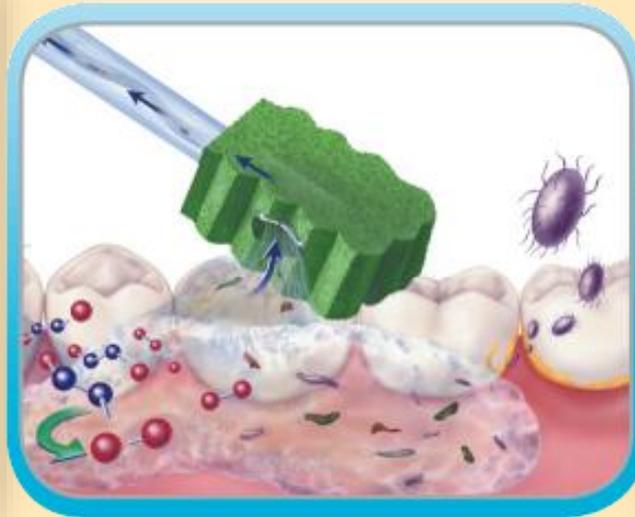
- Ideally, electric toothbrushes work best, but only if child does not bite on head of toothbrush
- Use “toothettes” (sponge applicators available online) or washcloths for patients who are unable to rinse
- Enlarge grip of manual toothbrush by altering grip using foam and duct tape
- Pre-threaded “flossers” may be used if child is able to cooperate

# Best Tools

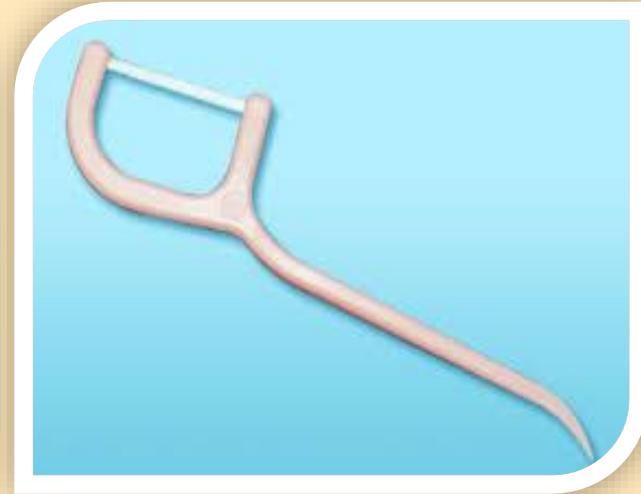
## Electric Toothbrush



## Toothettes



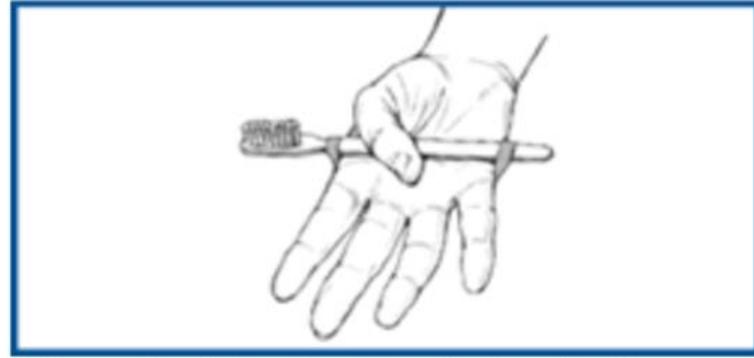
## Pre-threaded flossers



### **Make the toothbrush easier to hold.**

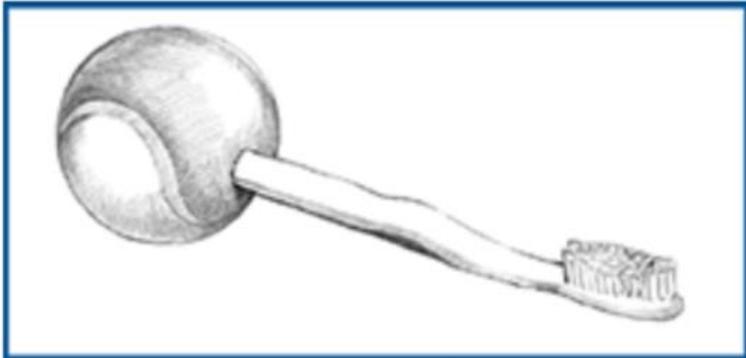


The same kind of Velcro® strap used to hold food utensils is helpful for some people.

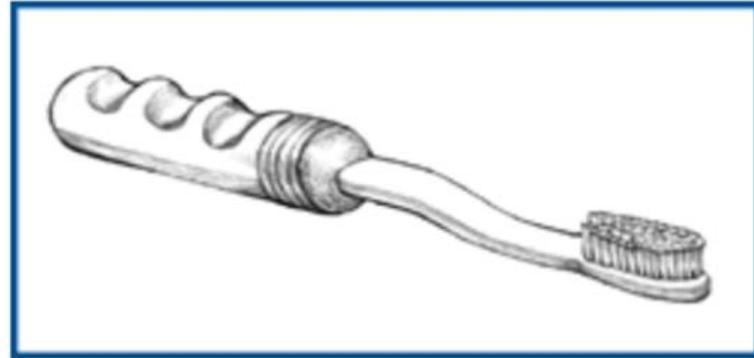


Others attach the brush to the hand with a wide elastic or rubber band. Make sure the band isn't too tight.

### **Make the toothbrush handle bigger.**



You can also cut a small slit in the side of a tennis ball and slide it onto the handle of the toothbrush.



You can buy a toothbrush with a large handle, or you can slide a bicycle grip onto the handle. Attaching foam tubing, available from home health care catalogs, is also helpful.

# Ask your dental professional!

- Ask your pediatric dentist where your child tends to build up the most plaque. Ask the dentist to show you how to best access those problem areas at home
- Ask your child's dentist which home oral care devices/products they recommend and how often they should be used
- Occasionally items such as washcloths are more helpful because they are able to be used more easily than, for example, floss
- Fluoride toothpaste and rinses should be used as directed by your dental professional, not in excess, and only when the child is able to spit and rinse as indicated

# FREQUENT VISITS!

- Check with your insurance to see how often your child's dental visits are covered
- Some plans will allow 4 visits per year, or every 3 months, particularly for special needs
- If home oral care is a challenge, bring your child as frequently as feasible to be evaluated by a dental professional and to try to get a professional cleaning in order to try to prevent decay as well as gum disease



# Provide references!

- Please provide your dental professional with the name and contact information of your child's primary physician and any specialist treating your child
- It is important for your child's dentist to be a part of the healthcare team and to be aware of any conditions or potential complications that could impact oral care
- For example, some health conditions require an antibiotic to be administered prior to certain types of dental treatment

# Provide full medical history



# Provide full medical history

- It is also important to disclose a full health history to your child's dentist including allergies, medications, and prior surgeries
- Any adverse reactions to previous treatment should be noted
- No information should be excluded!
- Occasionally something as seemingly insignificant as a flavor preference can make a big difference in treating a child
- Please help your dentist make your child's dental experience as enjoyable as possible!

# Important tips for caries prevention

- In addition to brushing/swabbing teeth and gums at least twice per day, after meals and before bed, diet and habits are important too
- Do not transmit caries! Your mouth contains bacteria that causes cavities and gum disease
- Do NOT share food, utensils, straws, etc., which can spread germs which cause tooth decay and periodontitis

# Cavity prevention (continued)

- Avoid sweets (sugary drinks and candy) as much as possible and offer water as primary beverage choice, or flavored unsweetened seltzer-If child indulges in occasional sweet treats, rinse or swab teeth, gums, cheeks and tongue as best and soon as possible
- Watch for food pocketing! Occasionally a child will hoard food in between teeth and cheek-Be sure to check after each meal or snack
- Use fluoride toothpaste and rinses if child is able to avoid swallowing- Get fluoride treatments and sealants provided by dental professional when recommended by dentist

# Foods to avoid



# Oral protection

- If child is prone to self-injurious behavior, ask dental professional about a mouth guard, if child is able to wear one
- Also utilize hard acrylic mouth guard if child participates in sports
- Ask dental professional about oral rinses that may help alleviate xerostomia (dry mouth) that can be caused by some medications



# Specific treatments

- Ask your dental professional which oral conditions are most commonly associated with your child's primary health condition
- For example, children with **asthma, diabetes, and Down Syndrome**, or children who are **mouth breathers** tend to exhibit dry mouth which can contribute to dental caries and/or gum disease
- Your dentist may recommend an at-home fluoride rinse or professional fluoride varnish treatment

# Specific treatments (continued)

- Children who are **tube-fed** often exhibit **dysphagia** (swallowing difficulty), so extra care must be taken in cleaning and swabbing so as not to cause aspiration or choking
- These children also tend to build a lot of extra tartar on all surfaces of their teeth
- Children with **Cerebral Palsy** may have a strong tendency to gag, so it is often better to administer oral care with the child in an upright seated position, vs. reclined
- Swabbing may be more suited to these children than rinsing

- **Cerebral palsy** itself does not cause any unique oral abnormalities. However, several conditions are more common or more severe in people with cerebral palsy than in the general population.
  - **BRUXISM**- can be alleviated with mouthguard if patient can tolerate
  - **HYPERACTIVE BITE** - Consider using a mouth prop
  - **GAG REFLEXES** - avoid touching tongue and roof of mouth as much as possible
  - **DROOLING** affects daily oral care as well as social interaction-Hypotonia contributes to drooling, as does an open bite and the inability to close the lips

# Periodontal Disease in people with Cerebral Palsy

- **PERIODONTAL DISEASE** is common in people with cerebral palsy due to poor oral hygiene and complications of oral habits, physical abilities, and malocclusion
- Another factor is the **gingival hyperplasia caused by medications**
- If use of particular medications has led to gingival hyperplasia, monitor for possible delayed tooth eruption and emphasize the importance of daily oral hygiene and frequent professional cleanings

# Periodontal Disease in children with Down Syndrome

- **Periodontal disease**, or gum disease, is the most significant oral health problem in people with **Down syndrome**
- Children experience rapid bone loss, causing many of them lose their permanent anterior teeth in their early teen
- Contributing factors include poor oral hygiene, malocclusion, bruxism, conical-shaped tooth roots, and a compromised immune system

# How to manage Periodontal Disease

- Some patients benefit from the daily use of an antimicrobial agent such as Chlorhexidine oral rinse
- If child is unable to rinse it can be applied in 3 ways:
  - toothette
  - washcloth
  - toothbrush
- Ask your dentist if he or she recommends a prescription for Chlorhexidine
- Ask your dental professional to demonstrate home care technique
- Encourage independent brushing with some guidance at home
- An electric toothbrush is recommended if the child can tolerate its use

# Tooth Anomalies are common in Down Syndrome

- **Examples Include:**
  - Congenitally missing teeth
  - Delayed eruption of teeth
  - Irregularities in tooth formation (Microdontia and Malformed Teeth)
- **Steps to identifying and taking care of tooth anomalies:**
  - Examine a child by his or her first birthday and regularly thereafter to help identify unusual tooth formation and patterns of eruption
  - Consider using a panoramic radiograph to determine whether teeth are congenitally missing. Patients often find this technique less threatening than individual films
  - Maintain primary teeth as long as possible. Consider placing space maintainers where teeth are missing

## Congenitally missing teeth



- 4- Delayed eruption or impaction of permanent tooth.



## Microdontia



# Tooth Anomalies in Down Syndrome Continued

- Malocclusion is found in most people with **Down Syndrome** because of the delayed eruption of permanent teeth
- Orthodontia should be carefully considered in people with Down syndrome. Some may benefit, while others may not
- Down syndrome is not a barrier to orthodontic care. Good daily oral hygiene is critical to the feasibility and success of treatment

# Trauma in children with Down Syndrome

- Trauma and injury to the mouth from falls or accidents are more likely to occur in people with Down syndrome
- Traumas require immediate professional attention
- If a permanent tooth is knocked out, it is important to try to get it placed back in proper position as quickly as possible
- It is also important to locate any missing pieces of a fractured tooth
- Radiographs may be necessary to determine whether any fragments have been aspirated

# Potential side effects

- Special Needs children diagnosed with such conditions as Cerebral Palsy, asthma, epilepsy, etc., often have oral side effects from compromised immune systems and/or certain prescribed medications. Two common examples are **Candidiasis** (yeast infection, also called **Oral Thrush**) and **Aphthous Ulcers**.

Candidiasis



Aphthous Ulcer



# Treatment/Analgesics

- Unfortunately there is no treatment recommended for aphthous ulcer
- While these oral lesions are very common and often painful, the best approach is to wait
- The ulcers will resolve in 2 weeks, depending upon size, location, and severity
- Avoid citrus and/or acidic beverages and liquids
- Ask your dental professional for oral rinses, topical anesthetics, or dietary supplements (such as an over-the-counter probiotic) that may help alleviate candidiasis

# Guidance for the dental appointment

- Use lip balm to prevent cracking of dry lips during dental treatment
- Do not feed patient immediately prior to dental appointment
- Speak positively to your child about visiting the dentist; do not share bad past experiences, as negativity will cause the child more stress in anticipation of the dental appointment



# Oral Health Resources

<http://www.healthyteethnj.com/>

healthyteethnj.com  
*Life begins with a Beautiful Smile*

caregivers & families providers community

Select Language ▼

Search

My First Dental Visit

Why A Dentist?

Healthy Habits

Resources

Caring For Your Teeth 6-5

Find A Dentist

What Is A Medical Home?

What Is A "Dental Home"?

Oral Health Care for A Child with Special Health Care Needs

NJAAP Children's Agenda

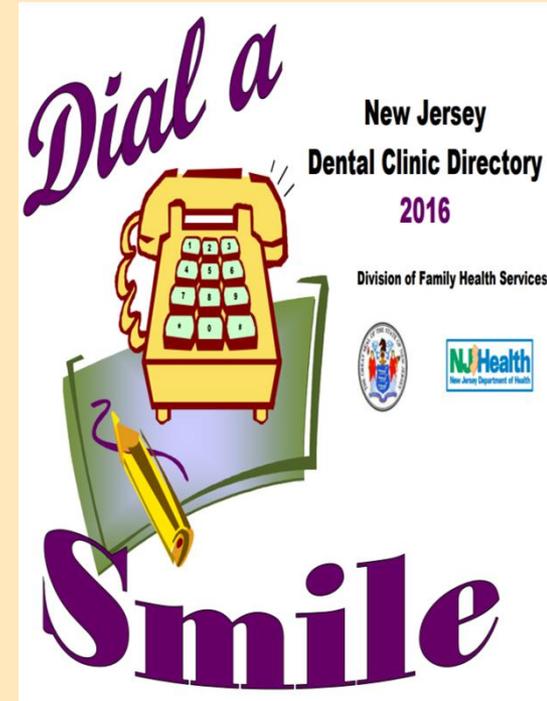
adha New Jersey American Dental Hygienists' Association www.njdha.org

RUTGERS School of Dental Medicine

American Academy of Pediatric Dentistry DEDICATED TO THE HEALTH OF ALL CHILDREN New Jersey Chapter

# No Dental Insurance?

- New Jersey Dental Clinic Directory provides a central source of information on public dental clinics and services in New Jersey
- Federally Qualified Health Services (FQHC), that provide dental services with mobile vans:
  - Hackensack Meridian Health Mountainside Medical Center
  - Zufall Health Center
  - North Hudson Community Action Corp
  - Kindersmile Foundation
  - NJAAP can assist with providing linkages to local dentists in your community



<https://www.nj.gov/health>

## Additional resources:

- [Scdhec.gov](http://scdhec.gov) (South Carolina Department of Health and Environmental Control, Division of Oral Health, “Children with Special Health Care Needs”)
- [Decisionsindentistry.com](http://Decisionsindentistry.com) (“Dental Care for Patients with Special Needs”)
- [ADA.org](http://ADA.org) (Oral Health Topics, “Home Oral Care, Key Points”)

# NJ Oral Health Initiative

Questions?



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