

Home oral care tips

For parents and caregivers of
children with special health
care needs

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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 administering oral medication or thickened liquid, snacks, etc
- Not immediately after eating, as toothbrushing 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
- Water Piks

Best Tools

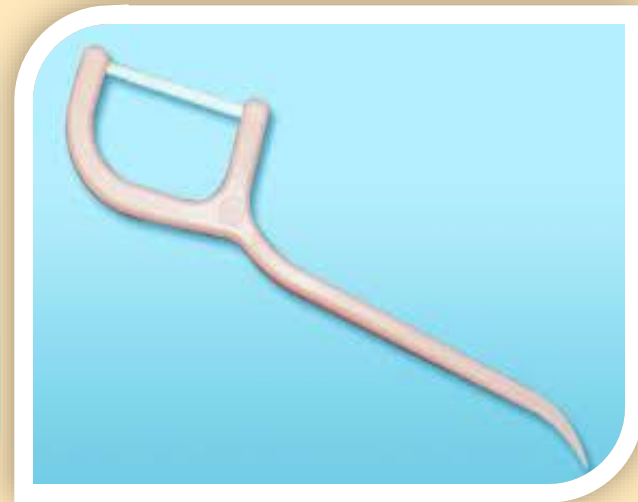
**Electric
Toothbrush**



Toothettes



**Pre-threaded
flossers**



Make the toothbrush easier to hold.

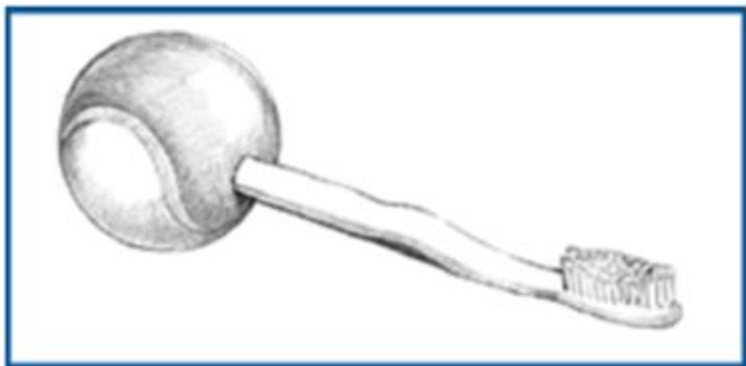


The same kind of Velcro® strap used to hold food utensils is helpful for some people.

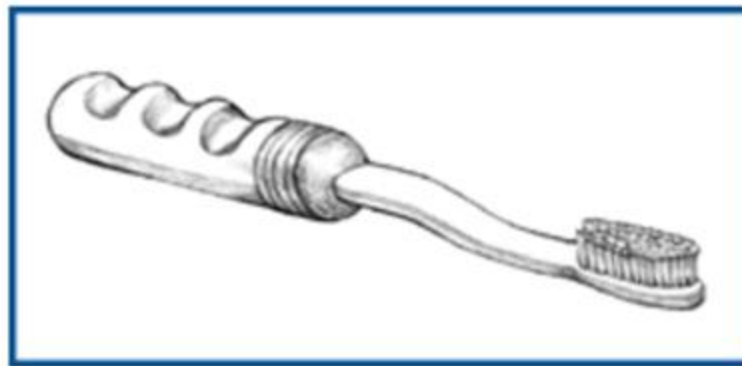


Others attach the brush to the hand with a wide elastic or rubber band. Make sure the band isn't too tight.

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

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

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

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

Autism

- Autism is a complex developmental disability that impairs communication and social, behavioral, and intellectual functioning.



AUTISM: Damaging Oral Habits

Include:

- bruxism;
- tongue thrusting;
- self-injury
- Pica

If a mouth guard can be tolerated, prescribe one for patients who have problems with self-injurious behavior or bruxism.



AUTISM: Dental Caries



- Caries risk increases in patients who have a preference for soft, sticky, or sweet foods; damaging oral habits; and difficulty brushing and flossing.
 - Recommend preventive measures such as fluorides and sealants.
- Caution patients or their caregivers about medicines that reduce saliva or contain sugar
 - Sugar free alternatives
- Suggest that patients drink water often, take sugar-free medicines when available, and rinse with water after taking any medicine.
 - Advise caregivers to offer alternatives to cariogenic foods and beverages as incentives or rewards.

AUTISM: Caries & Periodontal Disease

- Daily Oral Hygiene:
 - Encourage independence
 - Use Teach-back
- Caregiver's Role:
 - Position behind
 - Consistency/Habits
- Periodontal Disease:
 - Chlorhexidine
 - Frequent prophylaxis
 - Insurance Coding

Toothbrushing Technique



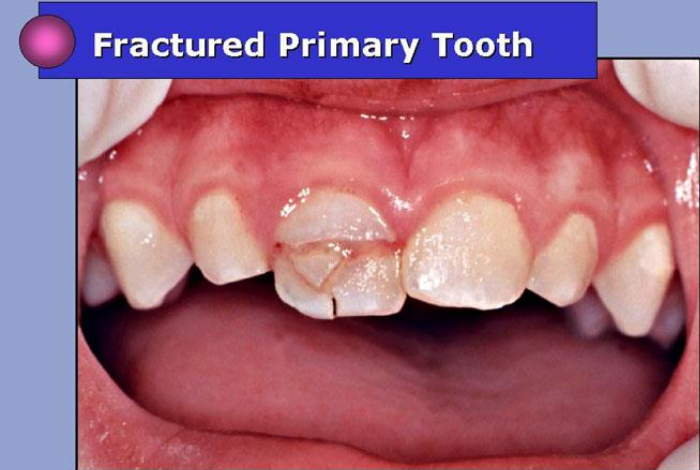
Position the child for optimum stabilization and intraoral visibility



AUTISM: Trauma & Injury

Falls or accidents occur in people with seizure disorders.

- Suggest a tooth saving kit for group homes.
- Emphasize to caregivers that traumas require immediate professional attention.
- Instruct caregivers to locate any missing pieces of a fractured tooth, and explain that radiographs of the patient's chest may be necessary to determine whether any fragments have been aspirated.



AUTISM: Avoiding Behavior Problems

- Desensitization
- Short and positive
- Positive Reinforcement
- Comfort Items
- Stimulus



AUTISM: Managing Behavior Problems

- Use immobilization techniques only when absolutely necessary
- Obtain consent from your patient's legal guardian and choose the least restrictive technique that will allow you to provide care safely. Immobilization should not cause physical injury or undue discomfort.
- Pharmacological options:
- If all other strategies fail, pharmacological options are useful in managing some patients.
- Others need to be treated under **general anesthesia**. However, caution is necessary because some patients with developmental disabilities can have unpredictable reactions to medications.




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



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

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

Questions?

