

# Oral health for women with intellectual and developmental disabilities

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*The Arc of New Jersey  
health care webinar series*

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Conflicts of interest

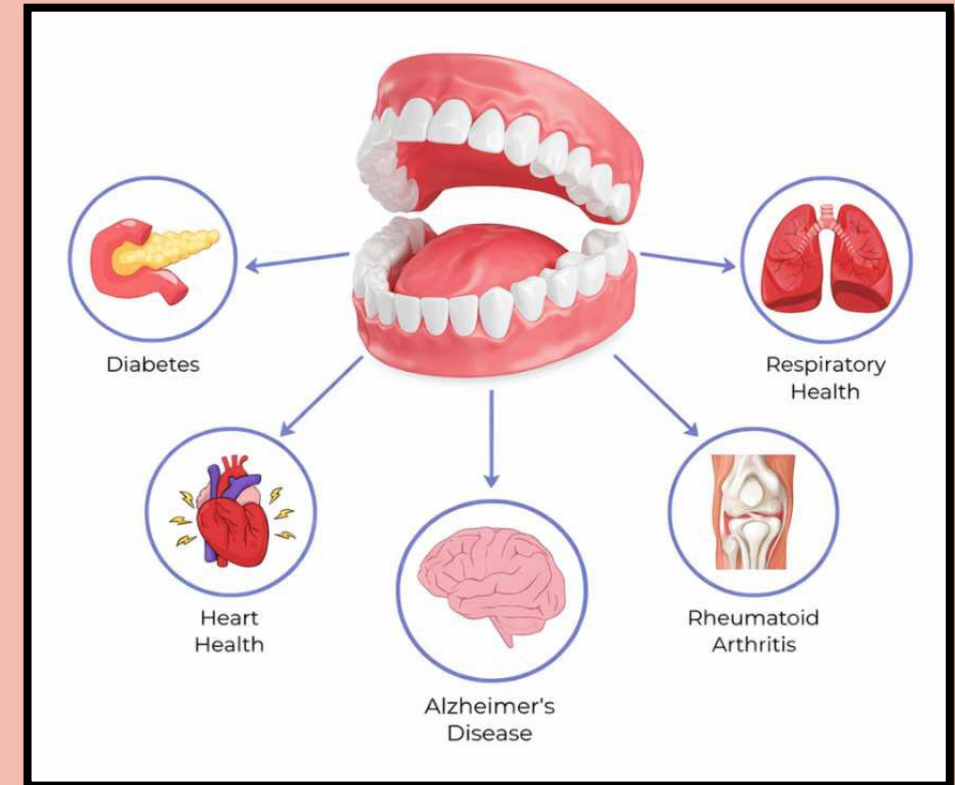
Sponsorships

**(NOT) FOR WOMEN  
ONLY**



# The importance of the mouth

- Role of the mouth in:
  - Nutrition
  - Speech
  - Esthetics
- Poor oral health may result in:
  - Respiratory infection
  - Diabetes
  - Cardiovascular disease
  - Cognitive decline/Alzheimer's dementia
  - Pregnancy concerns
  - Other systemic concerns



# The mouth, women and IDD

- Genetic disorders increase the risk for:
  - Diabetes
  - Cardiac concerns
  - Respiratory concerns
  - Osteoporosis
- Increased use of medications
  - Systemic medications
  - Neuro/psychoacting medications
  - Vitamins/supplements
  - Side effects of medications
    - Xerostomia (dry mouth)

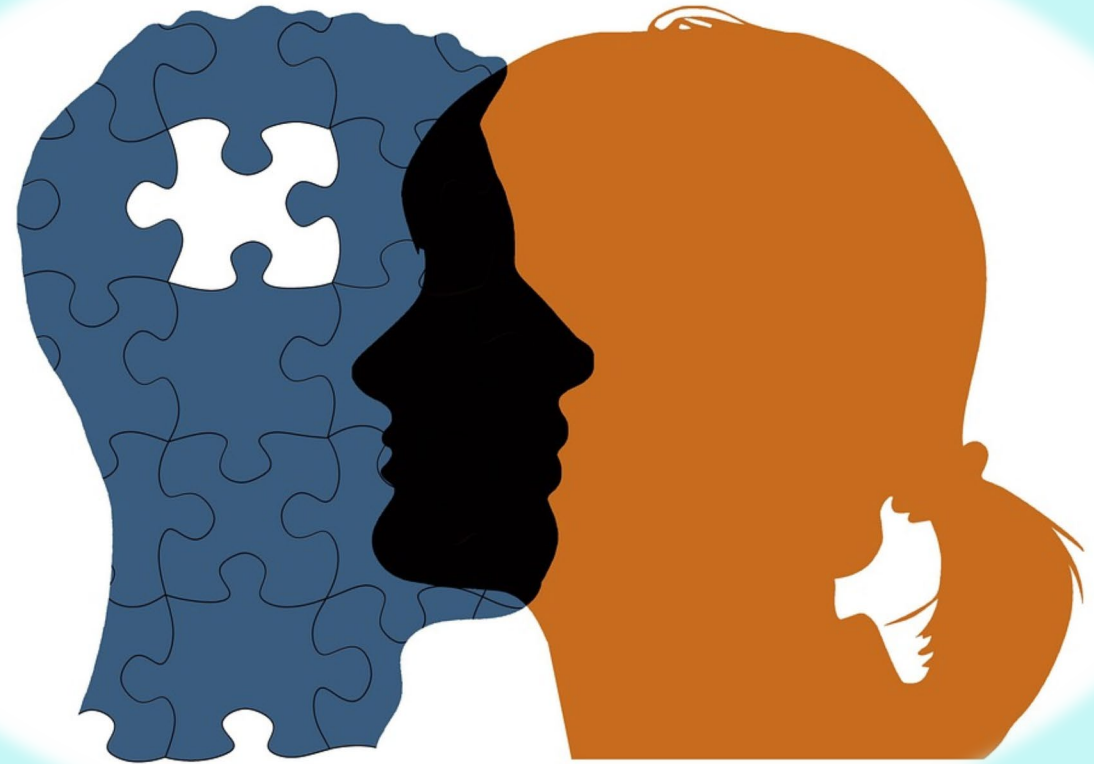


# Look out for problems!

- Diet and nutrition
  - Failure to thrive
  - Food selectivity
  - Hydration/beverage choices
  - Diet consistency
- Medication side effects
  - Xerostomia (dry mouth)
  - Gingival hypertrophy (enlarged gums)

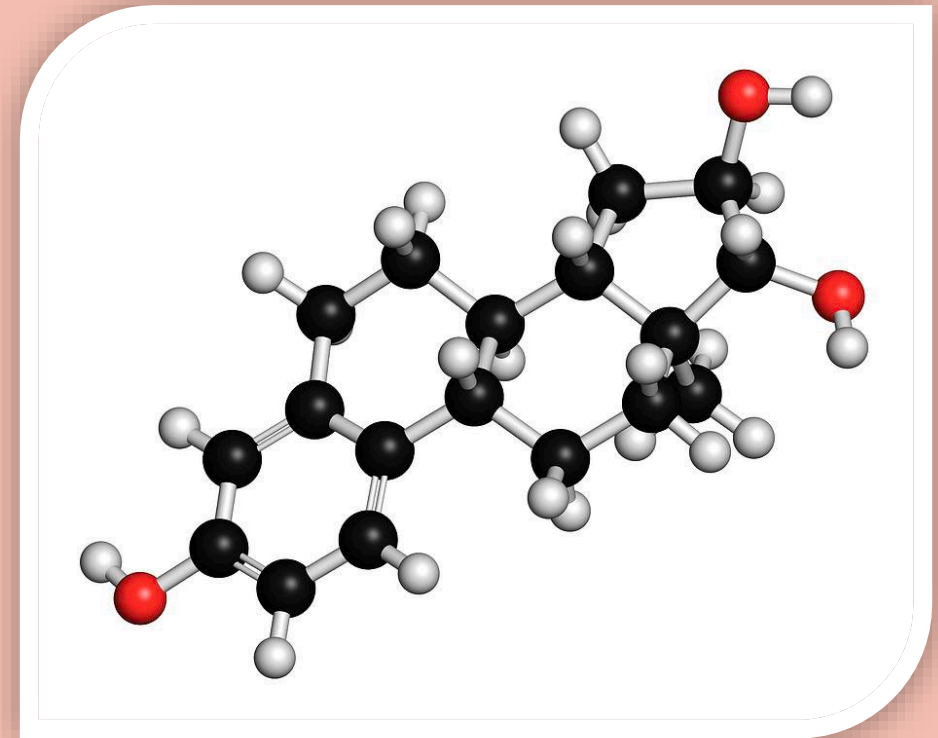


**HOW ARE WOMEN  
DIFFERENT FROM  
MEN?**



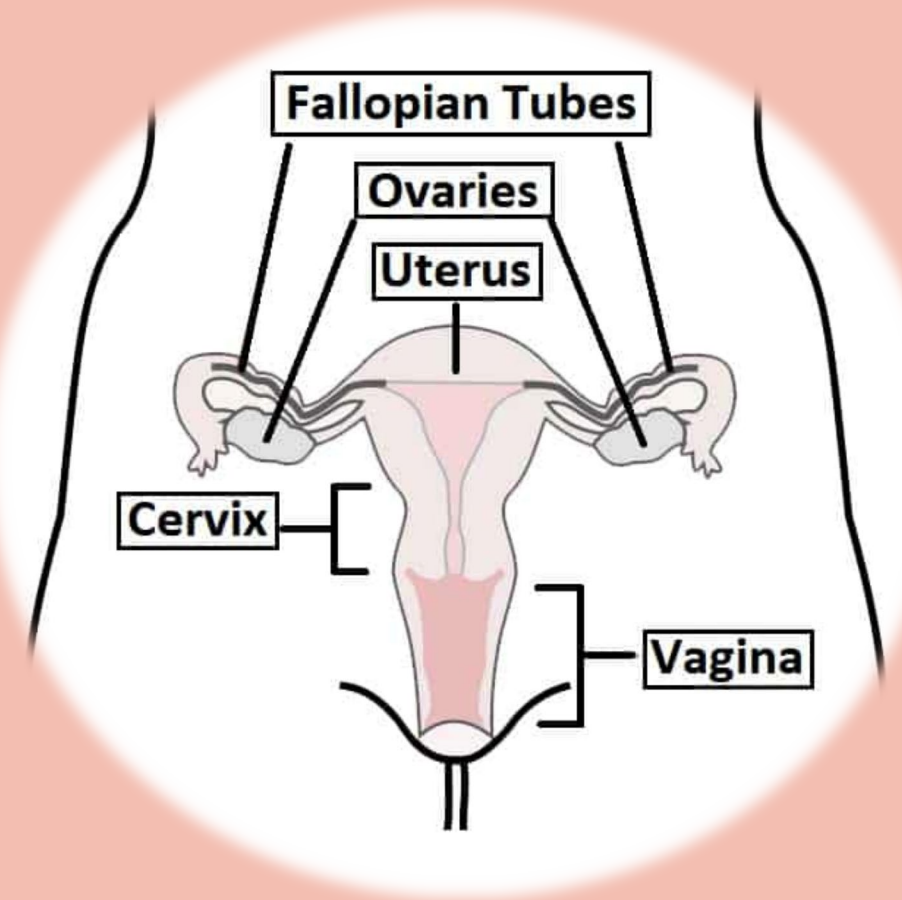
# It's all about the hormones...

- What are hormones?
  - Chemical messengers that control and regulate body function
  - Important roles in metabolism, sleep, reproduction, mood, growth and development
- Levels of many hormones differ between men and women
  - Estrogen, progesterone, testosterone



# Hormones across the lifespan

- Puberty
  - Breast development, menstruation
- Menstruation
  - Uterus maintenance
- Pregnancy
  - Prepare the uterus for pregnancy
- Menopause
  - Changes in mood, weight, bone density



# Hormones and the mouth

- Hormones affect the soft and hard tissues of the mouth across the lifespan:
  - Puberty:
    - Gingivitis from increased blood flow, plaque sensitivity
  - Menstruation
    - Gingival swelling, ulcerations, taste changes
  - Pregnancy
    - Pregnancy-related gingivitis, gingival growths
  - Menopause
    - Decreased saliva flow, bone loss, burning mouth



**ORAL CARE  
DURING  
PREGNANCY**



# Pregnancy and the mouth

- “You lose a tooth for every pregnancy”
  - No strong evidence supports this theory
- Gingival inflammation is the most common oral change during pregnancy
  - Caused by hormonal changes
  - Adds to existing gingival inflammation
  - Reversible with good oral hygiene
- Oral disease hurts more than the mother
  - Increased risk of preterm/low birthweight pregnancy
  - Transmission of bacteria leads to infant dental caries



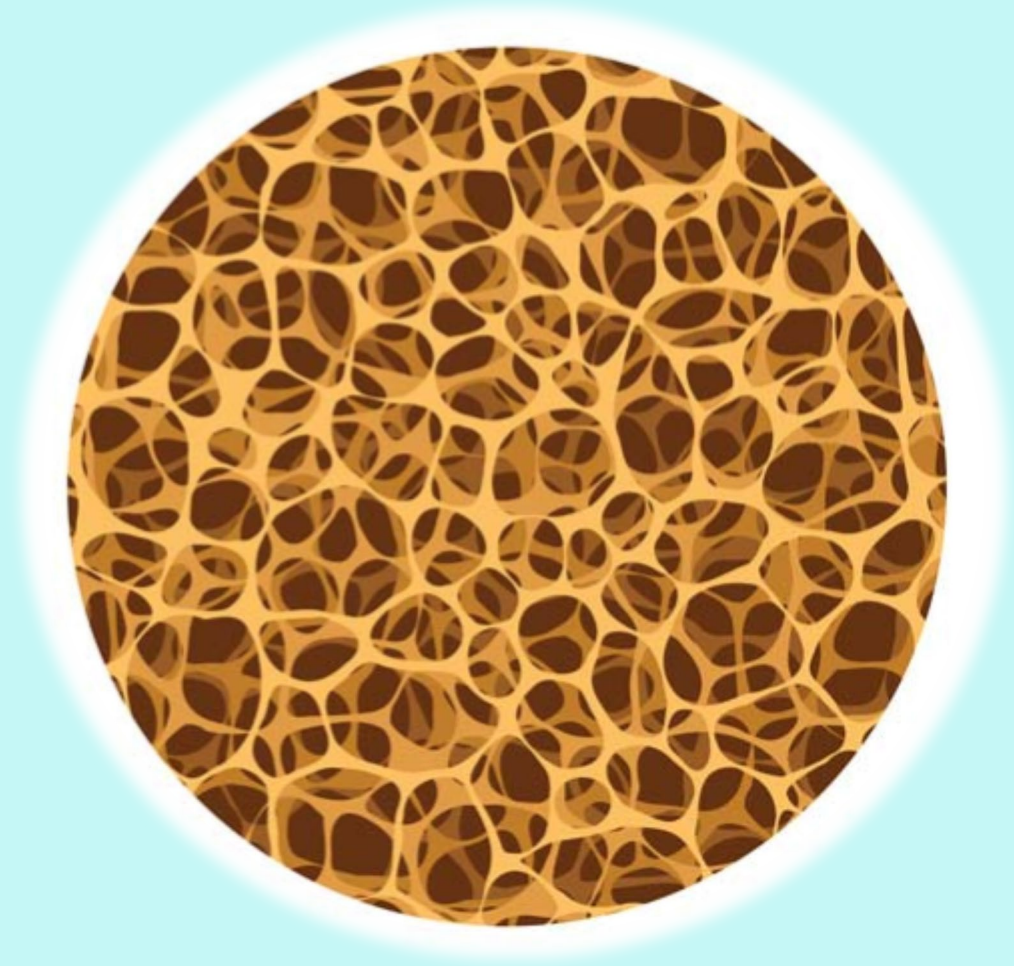
# Dental care is safe during pregnancy

- Dental x-rays
- Local anesthetics
- Dental restorations
- Antibiotics
- Analgesics

DENTAL CARE IS SAFE AT ANY POINT  
IN PREGNANCY

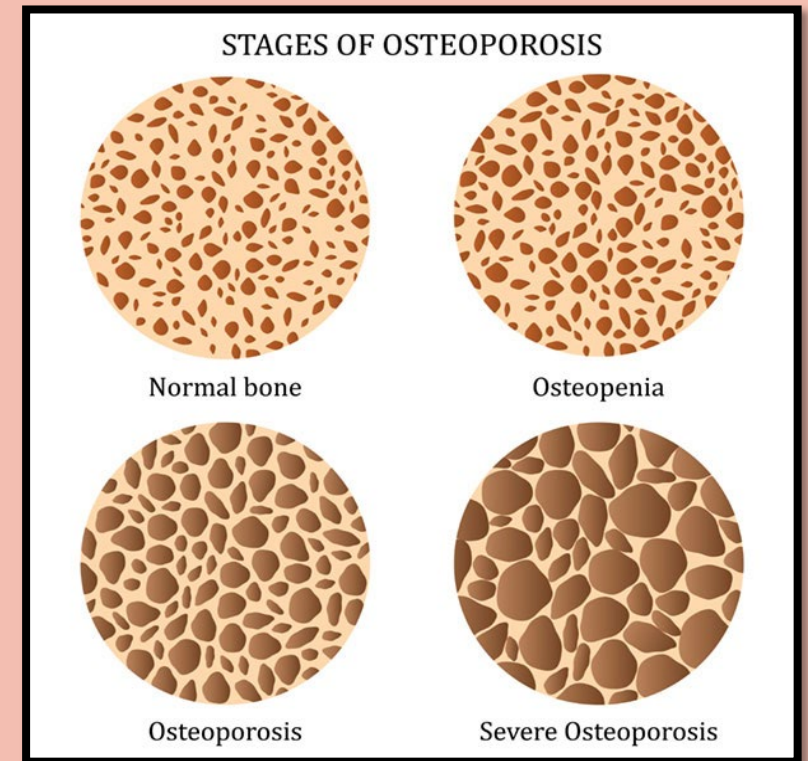


# OSTEOPOROSIS AND THE MOUTH



# What is osteoporosis?

- Abnormal amount or architecture of bone
- High risk in women:
  - Age 50-59: 14%
  - Age 60-69: 22%
- Higher risk and early onset in IDD due to:
  - Decreased mobility
  - Genetic disorders
  - Medications
  - Nutritional deficiencies (Ca, D)



*image: Perio NYC*

# Osteoporosis and the mouth

What is periodontal disease?

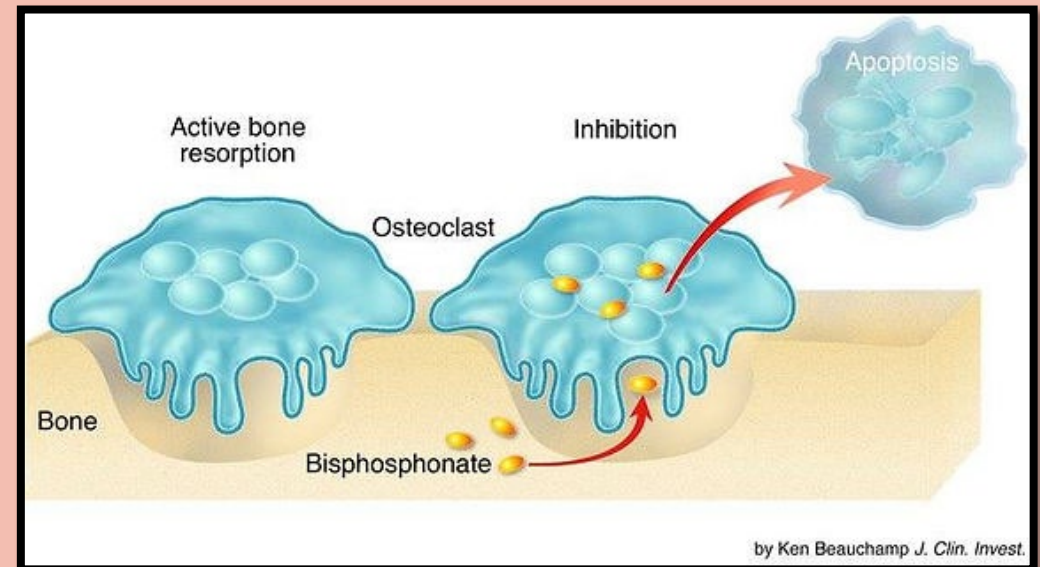
A chronic disease causing progressive destruction of the bone and supporting structures of the teeth

- Postmenopausal women with osteoporosis are **86% more likely to have periodontal disease**
- **Anyone with a history** of osteoporosis or periodontal disease will have accelerated bone loss and greater likelihood of lost teeth



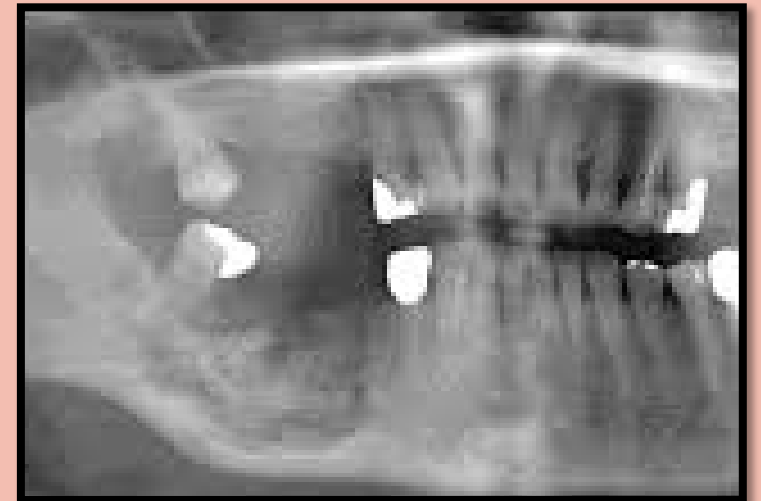
# Bisphosphonates

- Medications used in treatment of osteoporosis and bone metastases
  - May be oral or IV
  - Different dosing schedules
- Common bisphosphonates include:
  - Alendronate (Fosamax)
  - Risedronate (Actonel)
  - Ibandronate (Boniva)
  - Zoledronate (Reclast, Zometa)
  - Pamidronate (Aredia)

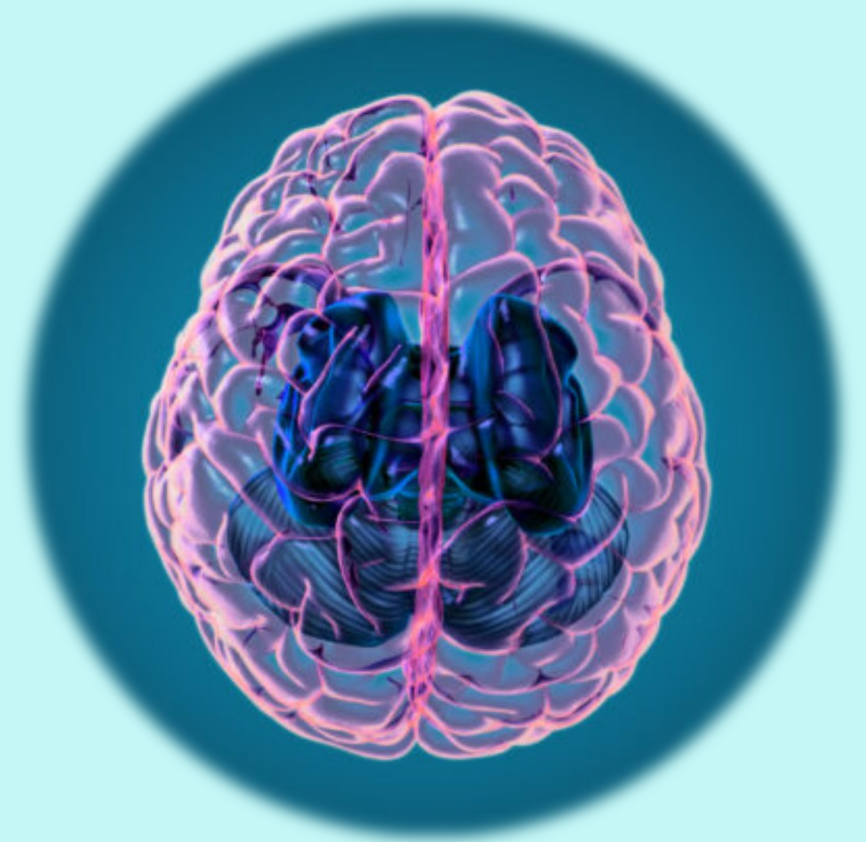


# Bisphosphonates and the mouth

- BRONJ (bisphosphonate-related osteonecrosis of the jaws)
  - Bone dies and becomes exposed
  - Pain, infection, spread
  - Often precipitated by dental treatments
  - **Prevention is the best treatment!**
- Risk
  - Risk **outweighed** by medication benefits
  - **Very low risk**
  - **Even lower risk for oral meds (<1%)**



# ORAL HEALTH AND DEMENTIA



# Dementia and women

- Individuals by age:
  - 75-84: 19%
  - 85-up: 47%
- Women make up 2/3 of people living with dementia
- More common, occurs earlier in IDD
- Lifetime risk at age 65: 20-21%
- Women progress faster
- Strong effect of :
  - Estrogen
  - APOE-e4



# Oral health: a risk factor for dementia

- Modifiable, contributory factor
- Higher risk with:
  - Poor oral health: 20-25%
  - Tooth loss: 15-40%
  - Fully edentulous: 40-50%
- Denture use reduces risk
  - Chewing and nutrition play a role in decreasing risk and progression



**ORAL  
SELF-INJURIOUS  
BEHAVIORS**



# What is oral self-injurious behavior (SIB) ?

- Includes:
  - Cheek biting
  - Lip biting
  - Tongue biting
  - Biting arms/hands/fingers
  - Picking perioral tissues



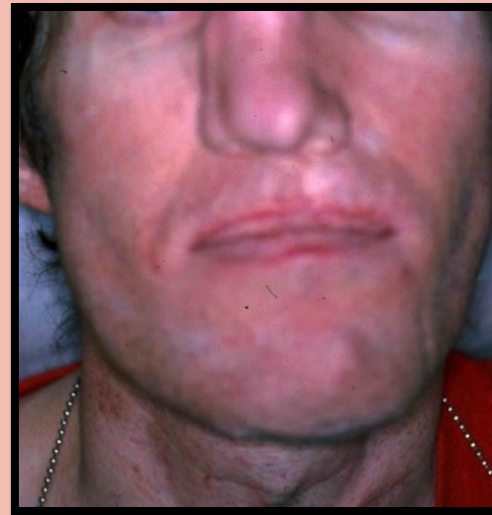
# Causes of oral SIB

- Biological/medical

- Genetics
- Pain
- Neurological
- Sensory

- Psychological

- Communication
- Avoidance
- Emotion regulation
- Stresses



# SIB in IDD

- Prevalence in IDD:
  - Overall: 4-15%
  - ASD: 27-42%
  - Up to 33% in severe ID
- Genetic syndromes:
  - Lesh-Nyhan: 100%
  - Prader-Willi: 73%
  - Cornelia DeLange: 55-95%
  - Fragile X: 54%
- Is gender a factor?



# Dealing with SIB

- Determine the cause
  - How long has this been going on?
- Maintain hard and soft tissues where possible
  - ...but soft tissues take priority
- Multidisciplinary approach
  - Psychiatric/behavioral therapy
  - OT/PT
  - Dental

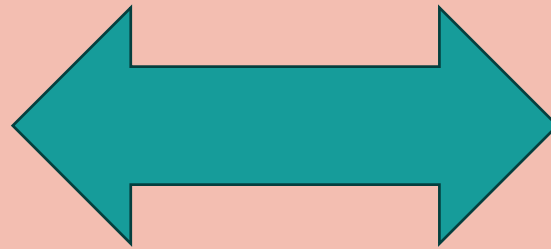


# DIET AND NUTRITIONAL ISSUES



# A bi-directional relationship

NUTRITIONAL  
ISSUES



ORAL HEALTH  
ISSUES

# The impact of poor oral health

- Poor gingival and dental health can lead to...
  - Difficulties in chewing and swallowing, leading to...
    - **Dyphagia** → aspiration / respiratory complication
  - Increased risk of chronic diseases as a result of :
    - Diet choices (obesity, diabetes, cardiovascular)
    - Infection
    - Malnutrition
      - Role of sensory issues



# Eating disorders and bulimia

- Incidence higher in the IDD population
  - Up to 3x non-IDD population
  - Possibly due to:
    - Stigma
    - Trauma
    - Body dissatisfaction
- Less likely to be diagnosed
  - Diagnostic overshadowing
  - Lack of access to dental care



SUMMING  
IT ALL UP

## A few takeaways...

- The mouth is important
- MOUTH → HEALTH  
HEALTH ← MOUTH
- Women have different oral health concerns than men
- Don't ignore problems
- Dental care is safe and effective



# Keep your mouth and body healthy!


- Oral home care
  - Toohbrushing
  - Flossing
  - Mouthrinsing
- Watch what you eat
- Watch what you drink



# Health care and you

- When you visit your doctor, talk about your mouth
- When you visit the dentist, talk about your health
- Know your history:
  - Medical diagnoses
  - Medications
  - Allergies





**Thank you!**

**Do you have any questions?**