Oral hygiene among people with intellectual disabilities

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ABSTRACT

Introduction: The aim of the study was to understand the impact of oral hygiene among people with intellectual disabilities. Prevalence of untreated dental caries which is higher among the people with intellectual disabilities, especially those living in non-institutional settings. It feels little bit difficult to understand and help them through their difficulties to maintain oral hygiene more effectively. **Materials and Methods:** About 50 disability children are selected from a special school of spastic society, Tharamani. All the data are collected and observed for the final evaluation of statistics. **Results:** There is a severe difference in the normal generation and people with intellectual disabilities. People with intellectual disabilities are more prone to dental caries than people without intellectual disabilities. **Conclusion:** People should show more initiative and concern toward people suffering from intellectual disabilities and provide proper treatment to maintain dental hygiene.

KEY WORDS: Intellectual disabilities, Non-institutional settings, Spastic society

INTRODUCTION

Providing oral care to people with intellectual disability (ID) requires adaptation of the skills you use on everyday life. In fact, most people with mild or moderate ID can be easily treated successfully in the general practice setting.[1]

ID is a disorder of mental and adaptive functioning of a person, meaning that people who are affected are challenged by the skills they have to use in everyday life.[2,3] ID is not a disease or a mental illness; it is just a developmental disability that varies in severity and it is usually associated with physical problems.[4] While one person with ID may have slight difficulty in thinking and communicating with others, another might be faced with major challenges with basic self-care and physical mobility.[5,6]

Developmental disabilities such as autism, cerebral palsy, Down syndrome, and ID are present during childhood or adolescence and last for a lifetime.[7] They affect the mind, the body, and the skills of people

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that they use in everyday life such as thinking, talking, and self-care. People with disabilities often need extra help to achieve and maintain good health.[8] Oral health is no exception at all.

Over the past three decades, a trend toward deinstitutionalization has brought many people of all ages and different levels of disability into the fabric of our communities.[9] Today, approximately 80% of those with developmental disabilities are living in community-based group residences or at home with their families. People with disabilities and their caregivers now look for providers in the community for both medical and dental services, currently.[10,11] The definition of disability comes from the World Health Organizations (WHO) International Classification of functioning, disability and health, which incorporates the complex interactions between health conditions, environmental factors, and personal factors of a person. Regarding a person with an ID, this definition would consider how their personal factors, health condition, and environment affect their lives (WHO 2001).[12,13] Three elements are common for people with ID: A significant impairment of intelligence; a resultant significant reduction in adaptive behavior/ social functioning; and the development of the condition before the age of 18,[12] which persist

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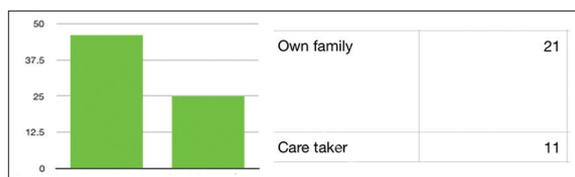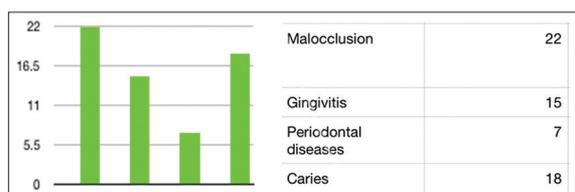
Figure 1: Who do you think to have more chances of dental diseases?
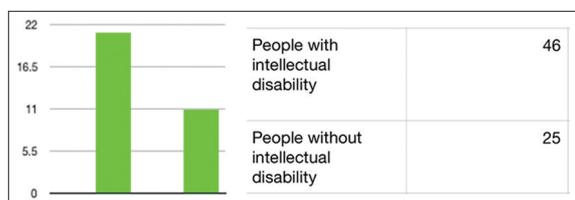
Figure 2: Who do you think to give more care to people with intellectual disabilities?

Figure 3: What do most people suffer from?

throughout the life of the person. Providing oral care to patients with developmental disabilities requires adaptation of the skills you use on everyday life. In fact, most people with mild or moderate developmental disabilities can be treated successfully in the general practice setting atmosphere.

MATERIALS AND METHODS

All the data are collected and observed from 50 disability children selected from a special school for the final evaluation of statistics.

Exclusion Criteria

People who do not have intellectual disabilities and who have not interacted with them were excluded from the study.

Inclusion Criteria

People who have intellectual disabilities and the people who come across them such as the children in the special school in spastic society in Tharamani were included in the study.

RESULTS

This shows that people with intellectual disabilities are more prone to oral health diseases than people without intellectual disabilities. The common diseases that usually infect them are gingivitis, malocclusion, caries, and periodontal diseases.

DISCUSSION

People with developmental disabilities typically have more oral health problems than the general population. Focusing on each person's specific needs is the first step toward achieving better oral health in them [Figures 1-3].

Dental caries is common in people with developmental disabilities. In addition to discussing the problems associated with diet and oral hygiene.

Periodontal disease occurs more often and at a younger age in people with developmental disabilities. Contributing factors include poor oral hygiene, damaging oral habits, and physical or mental disabilities. Gingival hyperplasia caused by medications such as some anticonvulsants, antihypertensives, and immunosuppressants also increases the risk for periodontal disease in them.

Oral malformations affect many people with developmental disabilities. Patients may present with enamel defects, high lip lines with dry gingiva, and variations in the number, size, and shape of the teeth. Craniofacial anomalies such as facial asymmetry and hypoplasia of the midfacial region are also seen in this population. Before the appointment, obtain and review the patient's medical history which will be easy for as to give treatment. Consultation with physicians, family, and caregivers is essential to assembling an accurate medical history. Consultation with physicians, family, and caregivers is essential for assembling an accurate medical history and also to determine the legal persons to provide informed consent for the treatment.

Mental capabilities vary in people with developmental disabilities and influence how well they can follow directions at home. The determination of each patient's mental capabilities and communication skills before the treatment is mandatory. Talk with the caregivers about how the patient's abilities might affect their oral health and discuss different ways for their oral care. Be receptive to their thoughts and ideas on how to make the experience a success. Allow time to introduce the concepts in language that patients can understand. Communicate respectfully with your patients and comfort those who resist dental care. Repeat instructions when necessary and involve your patients in hands-on demonstrations.

Behavior problems can complicate oral health care. Anxiety and fear about dental treatment can cause some patients to be very uncooperative. Behaviors may range from fidgeting or temper tantrums to violent, self-injurious behavior such as head banging. This is challenging for everyone, but the following strategies can help reduce behavior problems: Try to

gain cooperation in the least restrictive manner. Some patients' behavior may improve if they bring comfort items such as a stuffed animal or a blanket. Asking the caregiver to sit nearby or hold the patient's hand may be helpful as well. Make appointments short whenever possible, providing only the treatment that the patient can tolerate. Praise and reinforce good behavior and try to end each appointment on a good note.

Neuromuscular problems can affect the mouth. Some people with disabilities have persistently rigid or loose masticatory muscles. Others have drooling, gagging, and swallowing problems that complicate oral care. If a patient has a gagging problem, schedule an early morning appointment, before eating or drinking which will help minimize the gag reflex by placing your patient's chin in a neutral or downward position.

If your patient has swallowing problems, tilt the head slightly to one side and place his or her body in a more upright position. If you use local anesthesia, be sure your patient does not chew the tongue or cheek. A short-lasting form of anesthesia may work well.

Hearing loss and deafness sometimes occur in people with developmental disabilities. Patients may want to adjust their hearing aids or turn them off, since the sound of some instruments may cause auditory discomfort. Hence, it is best advised to remove them. If your patient reads lips, speak in a normal cadence and tone. If your patient uses a form of sign language, ask the interpreter to come to the appointment. Speak with this person in advance to discuss dental terms and your patient's needs. Visual feedback is helpful also. Maintain eye contact with your patient. Before talking, eliminate background noise (turn off the radio and the suction). Sometimes people with a hearing loss simply need you to speak clearly in a slightly louder voice than normal. Do not forget to remember to remove your face mask first or wear a clear face shield.

CONCLUSION

People who are suffering intellectual disabilities have oral health problems than people suffering without intellectual disabilities. Therefore, providing oral care requires skills and knowledge to understand them and treat them successfully.

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