



Oral Health for Children with Disabilities and Special Needs

Children with disabilities and special needs are at greater risk for health problems, require extra help and rely on others to achieve and maintain good health. Oral health is no exception. A clean mouth is one of their most important health needs for life and will be influenced by your ability to provide necessary support.

Who are children with special needs?

Children with special needs are those who have or are at increased risk for a chronic physical, developmental, behavioral or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.

Why are they at higher risk?

Common oral problems, such as tooth decay or gum disease, affect all children. But children with disabilities and other special needs have more oral health problems than the general population. For example, children with disabilities may have impaired cognitive abilities, behavioral problems, impaired mobility, neuromuscular problems (drooling, gagging and swallowing problems), uncontrolled body movements, gastroesophageal reflux, or seizures. These complications can be barriers to adequate oral care and put them at higher risk for developing oral health problems.

What causes oral health problems in children with disabilities?

Some contributing factors to poor oral health in children with disabilities and other special needs are:

- **Oral Conditions.** Some genetic disorders in young children can cause defects in tooth enamel, missing teeth and teeth that do not align properly. Children with Down syndrome often suffer from gum disease.
- **Physical limitations.** Children who cannot chew or move their tongues properly do not benefit from the natural cleaning action of the tongue, cheek, and lip muscles.
- **Difficulty brushing and flossing.** Children with poor motor coordination such as spinal cord injuries, muscular dystrophy, or cerebral palsy may not be able to clean their own teeth or use the usual brushing and flossing methods.
- **Reduced saliva flow.** Children who need help drinking may drink less fluid than other children, and may not have enough saliva in their mouth to help wash away food particles.
- **Medications.** Children using sweetened medications for a long time can get tooth decay. Some anti-seizure medications may cause swelling or bleeding in the gums.
- **Restricted diets.** Children who have difficulty chewing and swallowing may often eat puréed food which may stick to their teeth.

Which children may require special oral health care?

Children may need special oral health care if they have any of the following conditions: Down syndrome, epileptic or seizure disorders, cleft lip or cleft palate, other structural anomalies of the head, face, and/or mouth, cerebral palsy, learning or developmental disabilities, vision or hearing impairments, or HIV infection.

When should oral health problems be suspected?

A child with special needs may exhibit any of the following signs when there is an oral health problem: grinding teeth, food refusal or a preference

for softer foods, changes in behavior such as touching in or around the mouth, teeth, jaws and cheeks, foul smelling breath, or discolored teeth.

Which oral health problems are common?

- Tooth eruption depends on genetic factors, growth of the jaw, muscular action and medications. It may be delayed, accelerated or inconsistent. Some children may not get their first primary tooth until they are 2 years old.
- Dental caries is common in children with developmental disabilities. In addition to problems with diet and oral hygiene, prolonged bottle feeding and the adverse side effects of certain medications contribute to dental caries.
- Periodontal disease occurs more often and at a younger age in children with developmental disabilities. Overgrowth of gums caused by medications used to treat seizures, high blood pressure and weak immune systems also increase the risk for periodontal disease.
- Malocclusion (a poor fit between the upper and lower teeth and crowding of teeth) occurs in many children with developmental disabilities. It may be associated with muscular abnormalities, delayed tooth eruption, or underdevelopment of the jaw. Teeth that do not align properly can make chewing and speaking difficult and increase the risk of periodontal disease, dental caries, and oral trauma.
- Damaging oral habits can be a problem for children with disabilities and special needs. Some of the most common of these habits are grinding or clenching, food pouching, mouth breathing, tongue thrusting, picking at the gums or biting the lips.
- Tooth anomalies affect many children with disabilities. They may present with variations in the number, size and shape of teeth.
- Trauma and injury to the face and mouth from falls or accidents occur more frequently in children who have mental retardation, seizures, cerebral palsy, abnormal protective reflexes or lack of muscular coordination.

Are special skills needed to provide appropriate oral care?

Child care providers who care for children with

special needs are also responsible to take care of their mouth. Providers need to develop a special care plan and may need to seek professional guidance or obtain appropriate training in order to care for children with disabilities and special needs. The skills needed to promote oral health are just slightly different from those required to meet the oral care needs of other young children in child care.

Tips to remember

- Adults can spread the germs that cause cavities. Do not put anything in a child's mouth if it has been in your mouth.
- Remember that children, particularly those with disabilities and special needs, require adult help to brush their teeth thoroughly.
- If the child has a problem grasping the toothbrush, make the toothbrush easier to hold by building up the handle with tape. There are also specially shaped brushes.
- Good nutrition, which is good for the body, is also good for the mouth. Soda, sweet drinks, candy and other sweets or foods containing sugar can cause cavities.
- Using fluoride reduces cavities, so brush teeth using a pea-sized dab of fluoridated toothpaste.
- Regular dental visits are important.
- Prevent baby bottle tooth decay—don't leave a child sleeping with a bottle that contains anything but water.

For additional tips and resources on the oral health needs of young children, call the Healthline at (800) 333-3212.

References and Resources

National Institute for Dental and Craniofacial Research at www.nidcr.nih.gov.

American Academy of Pediatrics (AAP) www.aap.org.

About Smiles at www.aboutsmiles.org.

First 5 California at www.first5oralhealth.org.

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