

## Management of Patients with Developmental Disabilities in the Dental Setting

Janzel Garzon, D.M.D

Mentors: Kim Fenesy, D.M.D, Rutgers School of Dental Medicine & Patricia Findley Dr.PH, M.S.W., School of Social Work

### INTRODUCTION

Dentistry as a subsection of the health field has been delineated since its inception. However, an aspect of dentistry, that can, and tends to consistently be overlooked is the way in which individuals with disabilities and their families are treated by healthcare professionals. There is proportionately fewer resources that are given to this subsection of the population, relative to most people. The fewer resources given to those with developmental disabilities translates not only to fewer resources to those with developmental disabilities, but also causes a decrease in the number of practicing healthcare providers that are adequately trained in the management and treatment of these individuals, including dentistry. Therefore, there is a ongoing demand for dentists to have proper training, knowledge and management of specific needs that those with developmental disabilities have, for appropriate and timely care.

### AIMS AND OBJECTIVES

Learn about the management of patients with developmental disabilities in the dental setting through literature review, as well as a one-on-one interview with a pediatric dentist who has served this community.

### MATERIALS AND METHODS

Literature review completed using PubMed through the Rutgers Library website. Results were filtered by relevance, time of publication, and were scrutinized for any conflicts of interest. Articles chosen were relevant to the topic and goal of this research.

A one-on-one interview with Dr. Mary Ann Gataletto – a Board-Certified Pediatric Dentist, who extensively treated this population, was completed pertaining to the topic and research.

### RESULTS OF INTERVIEW – Dr. Mary Ann Gataletto

- A proper first impression is essential for future cooperation and success, with everyone in the staff is able to contribute to this positive first impression, including the dentist, as well as auxiliary staff.
- Have two people in every setting with the patient + take a thorough medical/behavioral history.
- There are behavioral modifications to use: positive reinforcement, distraction and enhancing control.
- Physical items used included a tooth counting tool, disposable toothbrushes, headrest pillows, molt mouth prop, stickers, and in some cases, a swaddle.

### RESULTS OF RESEARCH

- There is an increased need for dentists with specialized knowledge in helping those with developmental and intellectual disabilities who can help mitigate the rise in individuals who need more attention regarding their oral healthcare.
- One in five patients have some form of additional needs, ranging from behavioral issues to increased incidence of oral manifestations.
- There is a higher incidence of caries, periodontal disease, malocclusion, dental calculus + oral aversion.
- Stable dental hygiene oversight at home and encouragement of a patient centered environment, as well as removal of triggers for patients helps in mitigating several oral health issues noted above.
- Determine the patient's wants and desires, as well as communication skills and mental capabilities to better provide adequate care, set the ideal environment from the first visit, increasing trust and rapport.
- In 2021, CODA (Commission on Dental Accreditation), has mandated that all US predoctoral dental education programs to train their students to treat patients with an ID or DD.
- Dentists and dental auxiliaries, such as dental hygienists, should also have specialized training.
- Positive reinforcement (88.64%), distraction (85.23%), and enhancing control (85.23%) were most used for management for individuals with ID or DD.
- Level of expertise was determined to be the most contributing factor in determining whether a practitioner would treat an individual with developmental disabilities.
- There is provider hesitation in the treatment of patients with developmental disabilities is a result of lack of continuum of care when transitioning from pediatric dentists to general dentists as adults. General dentists are not as likely to take on a case that has already been seen by a specialist such as a pediatric dentist or someone with advanced training in helping those with developmental or intellectual disabilities.

### CONCLUSIONS

There is a need to increase the number of dentists with specialized knowledge to help properly attend to people with developmental and intellectual disabilities, as well as auxiliary staff that can treat those with ID or DD. There are behavioral methods and physical devices that can be employed in advance of the encounter with the patient, as well as during the visit resulting in a positive interaction for the patient. Truly understanding each individual with an ID or DD along with adequate training of the provider, is essential in giving the best standard of care for the long-term dental health of these patients.

