

EVERYONE HAS A 'VOICE' IN ACHIEVING BETTER OUTCOMES IN ORAL HEALTH FOR PEOPLE WITH AN INTELLECTUAL DISABILITY

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The Oral Health of individuals with an intellectual disability is not only important from the traditional 'healthy mouth' perspective but has also been clearly linked to the overall health of the individual. Poor oral health has not only been associated with dental decay, mouth abscesses and inflammation of the gums but has also been linked to gum disease (periodontitis), cardiovascular disease, and diabetes (Watanabe, 2011).

For patients with an intellectual disability who often face greater barriers accessing dental care due to issues such as finances, transport, planning, and available supports -poor oral health can have even a far greater impact on their quality of life. This can be seen in them developing a range of nutritional and digestive disorders. A greater incidence of tooth extraction can lead to difficulty in chewing and digestion often leading to an increased consumption of refined sugar leading to obesity or constipation. Difficulty with swallowing and breathing can also result in aspirational pneumonia when oral health is poor.

These conditions should not be considered inevitable for people with an intellectual disability who have the same right as everyone else to being 'optimally healthy'.

So, what can be done to help prevent this?

This can be viewed from the lenses of home care, support for attending dental appointments and communication and collaboration with patients, families, dentists and other medical professionals.

Home Care:

Dental decay and gum disease need to be considered a chronic disease - kind of like the way we view diabetes (Sievers, Silk, Quinonez & Clark, 2010). You don't go to the doctor and get cured in a single visit from diabetes. It is the same way for decay and gum disease – having a dentist clean your teeth or place a filling won't stop the decay or gum disease from coming back.

But making sure teeth and gums are cleaned as best as possible everyday will go a long way to helping keep mouth issues at bay – especially if combined with a sensible diet.

It is also important for individuals themselves, parents and support workers to keep an eye out for red flags for dental problems, which include:

- Red or bleeding gums
- Holes or black teeth
- Grinding
- Bad breath
- Ulcers
- Thrush
- Behavioural changes

Most importantly (and particularly for people with an intellectual disability residing in group homes) an annual oral health assessment or check up is vital. **Quick tip** – if you need specific assistance at the dentist with access, or if too feel comfortable you need a weighted blanket, particular music or a child would like to bring a special toy – the ring the dental clinic and let them know – they will be only to happy to help.

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Support:

People with an intellectual disability sometimes due to financial limitations must even choose between seeking dental care or more general medical care. When they can access dental care it requires having carers or support workers who are not overwhelmed with care needs and who appreciate the importance of oral health.

Carers and support workers need to convey relative information (such as oral red flags noticed at home) to the dentist, help support the person with an intellectual disability – which may sometimes even necessitate several visits to desensitise them to the dental setting. Sometimes this might mean multiple visits where the patient first sits in the waiting room, then the dental chair, then opens their mouth, then lets someone look inside – often only after several 'becoming comfortable' visits first.

Carers and support workers also need to be able to gather and relay relative dental information back to families, or key workers so that decisions regarding the best outcomes for oral health can be made in a supported fashion. **Importantly** – any oral care instructions provided by the dentist need to be taken home in writing so that they may be incorporated into any support or medical health plans (remember the importance of daily care from above!).

Collaboration with patients, families, dentists and other medical professionals.

Collaboration and communication are the KEY here – with everyone involved with providing care or supporting the person with an intellectual disability needing to be aware of the importance of person-centred care and impact of culture, behavioural issues and living arrangements – and understanding their role and the role of others in providing care as part of an interprofessional approach (Despott, Tracy, Shnider, 2019).

Family members, carers and support workers can frequently monitor oral health red flags or any behavioural changes that might indicate mouth pain. People with intellectual disabilities are significantly more present at general medical practitioner (GP) offices than at dental offices – so having an oral health plan embedded as part of an overall health plan is important – so that the GP can also monitor the effect of oral health on overall health.

This means that having an established oral health plan, such as the planning tool found in the Oral **Health and Intellectual Disability Guide**, which can be found at the Your Dental Health website (<https://inclusionmelbourne.org.au/projects/your-dental-health/>) can ensure that necessary or urgent treatment is provided on time.

But most importantly – these tools allow everyone to be involved in providing optimal oral health care while allowing the person with an intellectual disability to have a “voice” in cooperative treatment planning and stress free (hopefully) dental treatment.



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