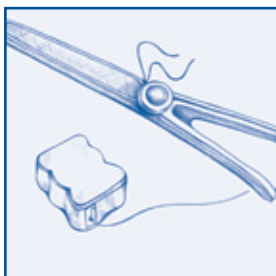


Practical Oral Care
for People With
Developmental Disabilities

DENTAL CARE EVERY DAY

A Caregiver's Guide



**U.S. DEPARTMENT OF HEALTH
AND HUMAN SERVICES**

**NATIONAL INSTITUTES
OF HEALTH**

National Institute of Dental and
Craniofacial Research

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DENTAL CARE EVERY DAY

A Caregiver's Guide

Taking care of someone with a developmental disability requires patience and skill. As a caregiver, you know this as well as anyone does. You also know how challenging it is to help that person with dental care. It takes planning, time, and the ability to manage physical, mental, and behavioral problems. Dental care isn't always easy, but you can make it work for you and the person you help. This booklet will show you how to help someone brush, floss, and have a healthy mouth.

Everyone needs dental care every day. Brushing and flossing are crucial activities that affect our health. In fact, dental care is just as important to your client's health and daily routine as taking medications and getting physical exercise. A healthy mouth helps people eat well, avoid pain and tooth loss, and feel good about themselves.

Getting Started

Location. The bathroom isn't the only place to brush someone's teeth. For example, the kitchen or dining room may be more comfortable. Instead of standing next to a bathroom sink, allow the person to sit at a table. Place the toothbrush, toothpaste, floss, and a bowl and glass of water on the table within easy reach.

No matter what location you choose, make sure you have good light. You can't help someone brush unless you can see inside that person's mouth. Page 8 lists ideas on how to sit or stand when you help someone brush and floss.

Behavior. Problem behavior can make dental care difficult. Try these ideas and see what works for you.

- ▶ At first, dental care can be frightening to some people. Try the “tell-show-do” approach to deal with this natural reaction. **Tell** your client about each step before you do it. For example, explain how you'll help him or her brush and what it feels like. **Show** how you're going to do each step before you do it. Also, it might help to let your client hold and feel the toothbrush and floss. **Do** the steps in the same way that you've explained them.

- ▶ Give your client time to adjust to dental care. Be patient as that person learns to trust you working in and around his or her mouth.
- ▶ Use your voice and body to communicate that you care. Give positive feedback often to reinforce good behavior.
- ▶ Have a routine for dental care. Use the same technique at the same time and place every day. Many people with developmental disabilities accept dental care when it's familiar. A routine might soothe fears or help eliminate problem behavior.
- ▶ Be creative. Some caregivers allow their client to hold a favorite toy or special item for comfort. Others make dental care a game or play a person's favorite music. If none of these ideas helps, ask your client's dentist or dental hygienist for advice.

Three Steps to a Healthy Mouth

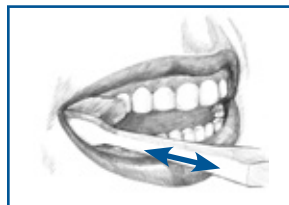
Like everyone else, people with developmental disabilities can have a healthy mouth if these three steps are followed:

1. **Brush every day.**
2. **Floss every day.**
3. **Visit a dentist regularly.**

Step 1. Brush Every Day

If the person you care for is unable to brush, these suggestions might be helpful.

- ▶ First, wash your hands and put on disposable gloves. Sit or stand where you can see all of the surfaces of the teeth.
- ▶ Be sure to use a regular or power toothbrush with soft bristles.
- ▶ Use a pea-size amount of toothpaste with fluoride, or none at all. Toothpaste bothers people who have swallowing problems. If this is the case for the person you care for, brush with water instead.
- ▶ Brush the front, back, and top of each tooth. Gently brush back and forth in short strokes.
- ▶ Gently brush the tongue after you brush the teeth.
- ▶ Help the person rinse with plain water. Give people who can't rinse a drink of water or consider sweeping the mouth with a finger wrapped in gauze.

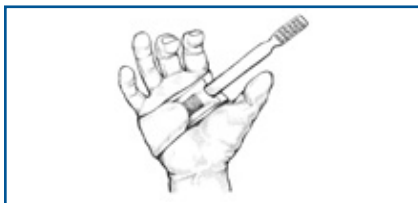


Angle the brush at the gumline and brush gently.

Get a new toothbrush with soft bristles every 3 months, after a contagious illness, or when the bristles are worn.

If the person you care for can brush but needs some help, the ideas listed on the next page might work for you. You may think of other creative ways to solve brushing problems based on your client's special needs.

Make the toothbrush easier to hold.



The same kind of Velcro® strap used to hold food utensils is helpful for some people.

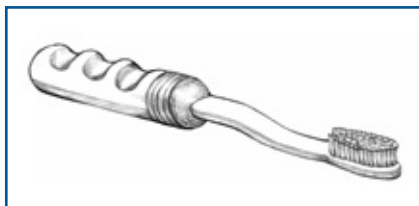


Others attach the brush to the hand with a wide elastic or rubber band. Make sure the band isn't too tight.

Make the toothbrush handle bigger.

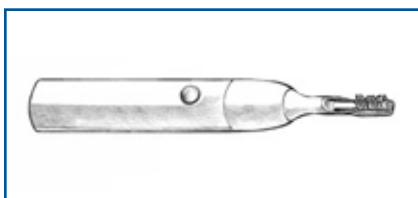


You can also cut a small slit in the side of a tennis ball and slide it onto the handle of the toothbrush.



You can buy a toothbrush with a large handle, or you can slide a bicycle grip onto the handle. Attaching foam tubing, available from home health care catalogs, is also helpful.

Try other toothbrush options.



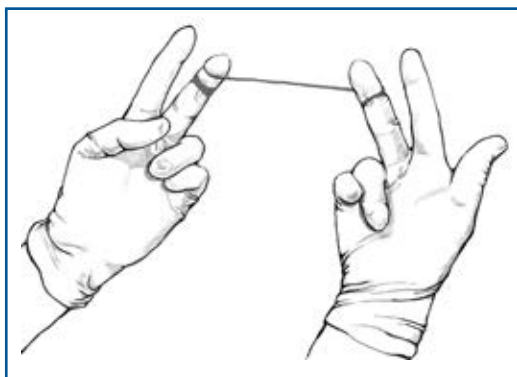
A power toothbrush might make brushing easier. Take the time to help your client get used to one.

Guide the toothbrush.

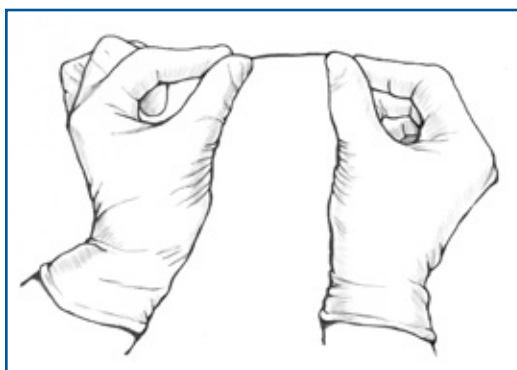
Help brush by placing your hand very gently over your client's hand and guiding the toothbrush. If that doesn't work, you may need to brush the teeth yourself.

Step 2. Floss Every Day

Flossing cleans between the teeth where a toothbrush can't reach. Many people with disabilities need a caregiver to help them floss. Flossing is a tough job that takes a lot of practice. Waxed, unwaxed, flavored, or plain floss all do the same thing. The person you care for might like one more than another, or a certain type might be easier to use.



- ▶ Use a string of floss 18 inches long. Wrap that piece around the middle finger of each hand.



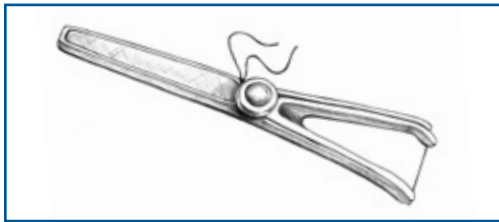
- ▶ Grip the floss between the thumb and index finger of each hand.
- ▶ Start with the lower front teeth, then floss the upper front teeth. Next, work your way around to all the other teeth.

- ▶ Work the floss gently between the teeth until it reaches the gumline. Curve the floss around each tooth and slip it under the gum. Slide the floss up and down. Do this for both sides of every tooth, one side at a time.



- ▶ Adjust the floss a little as you move from tooth to tooth so the floss is clean for each one.

Try a floss holder.



If you have trouble flossing, try using a floss holder instead of holding the floss with your fingers.

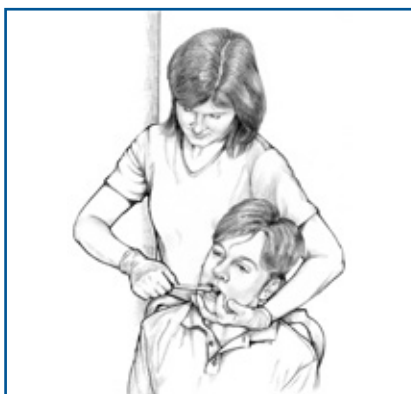
The dentist may prescribe a special rinse for your client. Fluoride rinses can help prevent cavities. Chlorhexidine rinses fight germs that cause gum disease. Follow the dentist's instructions and tell your client not to swallow any of the rinse. Ask the dentist for creative ways to use rinses for a client with swallowing problems.

Positioning Your Body: Where To Sit or Stand

Keeping people safe when you clean their mouth is important. Experts in providing dental care for people with developmental disabilities recommend the following positions for caregivers. If you work in a group home or related facility, get permission from your supervisor before trying any of these positions.



If the person you're helping is in a wheelchair, sit behind it. Lock the wheels, then tilt the chair into your lap.



Stand behind the person or lean against a wall for additional support. Use your arm to hold the person's head gently against your body.

Step 3. Visit a Dentist Regularly

Your client should have regular dental appointments. Professional cleanings are just as important as brushing and flossing every day. Regular examinations can identify problems before they cause unnecessary pain.

As is the case with dental care at home, it may take time for the person you care for to become comfortable at the dental office. A “get acquainted” visit with no treatment provided might help: The person can meet the dental team, sit in the dental chair if he or she wishes, and receive instructions on how to brush and floss. Such a visit can go a long way toward making dental appointments easier.

Prepare for Every Dental Visit: Your Role

Be prepared for every appointment. You're an important source of information for the dentist. If you have questions about what the dentist will need to know, call the office before the appointment.

- ▶ **Know the person's dental history.** Keep a record of what happens at each visit. Talk to the dentist about what occurred at the last appointment. Remind the dental team of what worked and what didn't.
- ▶ **Bring a complete medical history.** The dentist needs each patient's medical history before treatment can begin. Bring a list of all the medications the person you care for is taking and all known allergies.
- ▶ **Bring all insurance, billing, and legal information.** Know who is responsible for payment. The dentist may need permission, or legal consent, before treatment can begin. Know who can legally give consent.
- ▶ **Be on time.**

Remember...

Brushing and flossing every day and seeing the dentist regularly can make a big difference in the quality of life of the person you care for. If you have questions or need more information, talk to a dentist.

Other booklets in this series:

*Continuing Education: Practical Oral Care for People
With Developmental Disabilities*

Practical Oral Care for People With Autism

Practical Oral Care for People With Cerebral Palsy

Practical Oral Care for People With Down Syndrome

Practical Oral Care for People With Intellectual Disability

Wheelchair Transfer: A Health Care Provider's Guide



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A Healthy Mouth for People with Special Health Care Needs

People with special health care needs are twice as likely to have dental problems because of medicines, special diets, or lack of muscle control.

Healthy mouth = Healthy body

How To Keep a Healthy Mouth:

- Brush with fluoride toothpaste twice a day
- Floss once a day
- Drink fluoridated water
- Avoid sweet rewards and snacks
- Visit the dentist

Plan Visits to the Dentist:

- Read a story about or pretend to go to the dentist
- Start with a 'get to know me' dental visit
- Bring medications and health history information
- Bring a blanket, toy, or other favorite item

Helpful Tips:

- Have someone give head support and help brush
- Try power toothbrushes
- Make toothbrush handles easier to hold with a ball, bike handle grip, or elastic strap
- Try mouth props like a twisted clean cloth
- Ask a dental professional for other helpful tips



Finding a Dentist:

- Dentists who will treat people with special needs:
www.VDHLiveWell.com/oralhealth
- Dentists who accept Medicaid Smiles for Children: **www.dentaquest.com**



Una Boca Saludable para Personas con Necesidades de Atención Médica Especiales

Las personas con necesidades de atención médica especiales tienen el doble de probabilidades de tener problemas dentales debido a medicamentos, dietas especiales o falta de control muscular.

Boca sana = Cuerpo sano

Cómo mantener una boca sana:

- Cepillar con pasta dental con flúor dos veces al día
- Limpiar con hilo dental una vez al día
- Beber agua fluorada
- Evitar premiar con golosinas y bocadillos dulces
- Visitar al dentista

Planear visitas al dentista:

- Leer una historia sobre ir al dentista o jugar a ir al dentista
- Comenzar con una visita al dentista “para conocerlo”
- Llevar medicamentos e información de antecedentes médicos
- Llevar una manta, juguete u otro artículo favorito

Consejos útiles:

- Haga que alguien annde soporte a la cabeza y ayude a cepillar
- Pruebe cepillos de dientes eléctricos
- Haga que el cepillo de dientes sea más fácil de sostener con una pelota, empuñadora de manubrio de bicicleta, o una correa elástica.
- Pruebe usar como abreboca una tela limpia y retorcida
- Pida a un profesional dental otros consejos útiles



Oral Conditions in Children with Special Needs

A Guide for Health Care Providers

Oral Development

Tooth eruption may be delayed, accelerated, or inconsistent in children with growth disturbances. Gums may appear red or bluish-purple before erupting teeth break through into the mouth. Eruption



depends on genetics, growth of the jaw, muscular action, and other factors. Children with Down syndrome may show delays of up to 2 years. **Offer information about the variability in tooth eruption patterns and refer to an oral health care provider for additional questions.**

Tooth anomalies are variations in the number, size, and shape of teeth. People with Down syndrome, oral clefts, ectodermal dysplasias, or other conditions may experience congenitally missing, extra, or malformed teeth. **Consult an oral health care provider for dental treatment planning during a child's growing years.**



Malocclusion, a poor fit between the upper and lower teeth, and crowding of teeth occur frequently in people with developmental disabilities. Nearly 25 percent of the more than 80 craniofacial anomalies that

can affect oral development are associated with intellectual disability. Muscle dysfunction contributes to malocclusion, particularly in people with cerebral palsy. Teeth that are crowded or out of alignment are more difficult to keep clean, contributing to periodontal disease and dental caries. **Refer to an orthodontist or pediatric dentist for evaluation and specialized instruction in daily oral hygiene.**



Developmental defects appear as pits, lines, or discoloration in the teeth. Very high fever or certain medications can disturb tooth formation and defects may result. Many teeth with defects are prone

to dental caries, are difficult to keep clean, and may compromise appearance. **Refer to an oral health care provider for evaluation of treatment options and advice on keeping teeth clean.**

Oral Trauma

Trauma to the face and mouth occur more frequently in people who have intellectual disability, seizures, abnormal protective reflexes, or muscle incoordination. People receiving restorative dental care should be observed closely to prevent chewing on anesthetized areas. **If a tooth is avulsed or broken, take the patient and the tooth to a dentist immediately. Counsel the parent/caregiver on ways to prevent trauma and what to do when it occurs.**



Bruxism

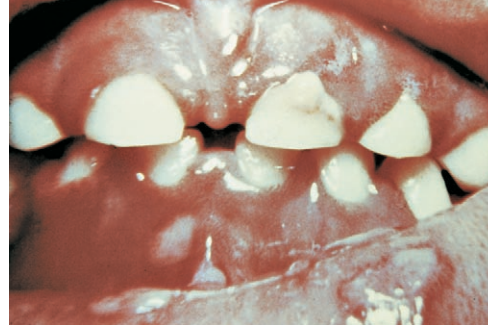


Bruxism, the habitual grinding of teeth, is a common occurrence in people with cerebral palsy or severe intellectual disability. In extreme cases, bruxism leads to tooth abrasion

and flat biting surfaces. **Refer to a dentist for evaluation; behavioral techniques or a bite guard may be recommended.**

Oral Infections

Dental caries, or tooth decay, may be linked to frequent vomiting or gastroesophageal reflux, less than normal amounts of saliva, medications containing sugar, or special diets that require prolonged bottle feeding or snacking. When oral hygiene is poor, the teeth are at increased risk for caries. **Counsel the parent/caregiver on daily oral hygiene to include frequent rinsing with plain water and use of a fluoride-containing toothpaste or mouth rinse. Explain the need for supervising children to avoid swallowing fluoride. Refer to an oral health care provider and/or gastroenterologist for prevention and treatment. Prescribe sugarless medications when available.**



Viral infections are usually due to the herpes simplex virus. Children rarely get herpetic gingivostomatitis or herpes labialis before 6 months of age. Herpetic gingivostomatitis is most common in young children,

but may occur in adolescents and young adults. Viral infections can be painful and are usually accompanied by a fever. **Counsel the parent/caregiver about the infectious nature of the lesions, the need for frequent fluids to prevent dehydration, and methods of symptomatic treatment.**

Early, severe periodontal (gum) disease can occur in children with impaired immune systems or connective tissue disorders and inadequate oral hygiene. Simple gingivitis results from an accumulation of bacterial plaque and presents as red, swollen gums that bleed easily. Periodontitis is more severe and leads to tooth loss if not treated. Professional cleaning by an oral health care provider, systemic antibiotics, and instructions on home care may be needed to stop the infection. **Explain that the parent/caregiver may need to help with daily toothbrushing and flossing and that frequent appointments with an oral health care provider may be necessary.**



Gingival Overgrowth



Gingival overgrowth may be a side effect from medications such as calcium channel blockers, phenytoin sodium, and cyclosporine. Poor oral hygiene aggravates the condition and can lead to superimposed infections. Severe overgrowth can impair tooth eruption, chewing, and appearance. **Refer to an oral health care provider for prevention and treatment. A preventive regimen of antimicrobial rinses and frequent appointments may be needed. Consider alternative medications if possible.**

Tips for Health Care Providers

- Take time to talk and listen to parents and caregivers.
- Tell parents and caregivers to seek a dental consultation no later than a child's first birthday.
- Seek advice on behavior management techniques; early intervention and familiarization with the dental team may take several visits.
- Evaluate and treat orthodontic problems early to minimize risk of more complicated problems later in life.
- Advise caregivers to avoid serving snacks at bedtime.

Suggested Readings

Section III: Developmental Disabilities. In Batshaw ML, Pellegrino L, Roizen NJ (eds.). *Children With Disabilities* (6th ed.). Baltimore, MD: Paul H. Brookes Publishing Co., 2007.

Fenton, SJ, Perlman S, Turner H (eds.), *Oral Health Care for People With Special Needs: Guidelines for Comprehensive Care*. River Edge, NJ: Exceptional Parent, Psy-Ed Corp., 2003.

Weddell JA, Sanders BJ, Jones JE. Dental problems of children with disabilities. In McDonald RE, Avery DR, Dean JA. *Dentistry for the Child and Adolescent* (8th ed.). St. Louis, MO: Mosby, 2004. pp. 524-556.

Credits

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