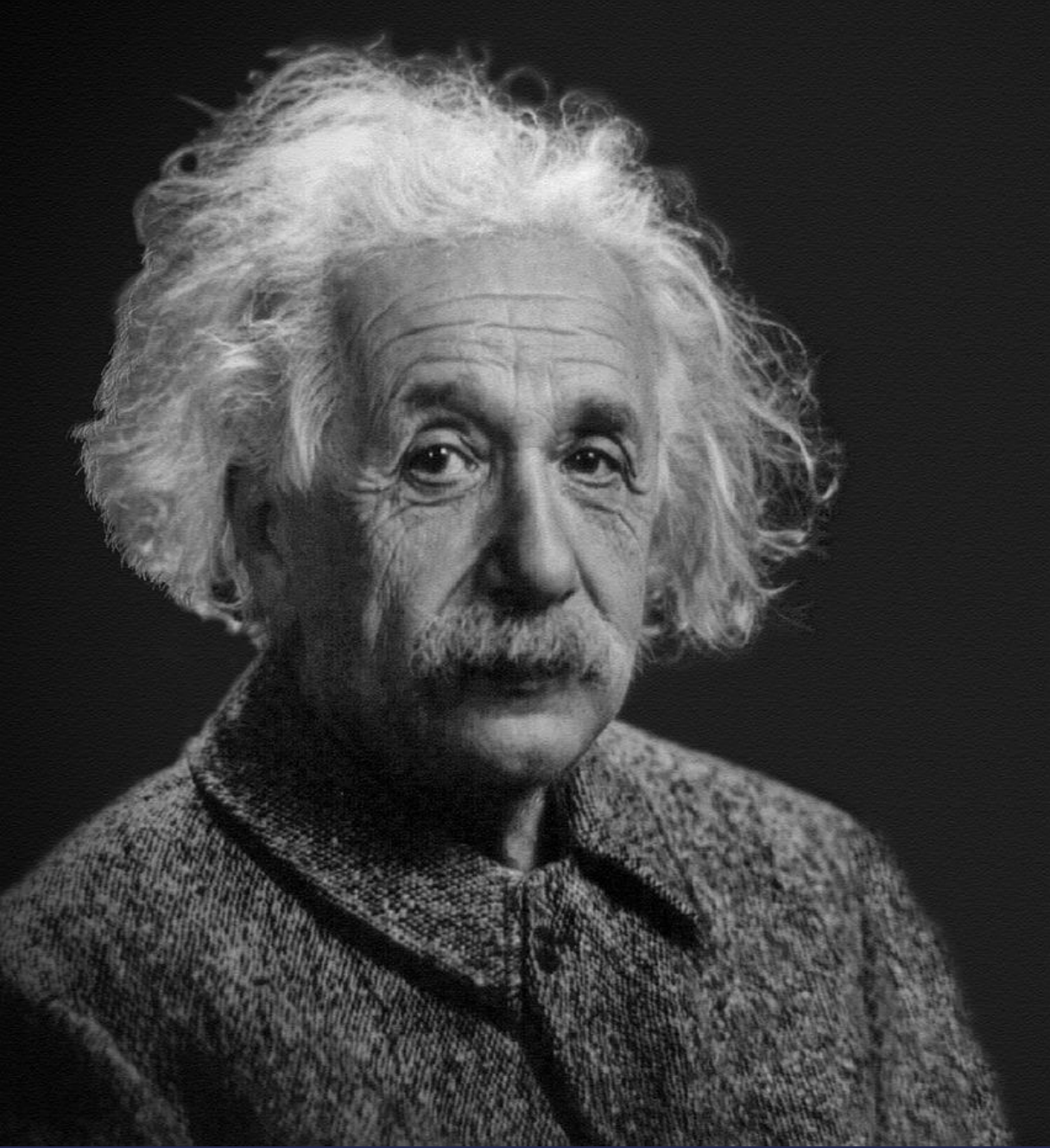


Teledentistry for
People with
Intellectual and
Developmental
Disabilities (IDD)
*Providing compassionate
care in the comfort of
their home*



Kyle Isaacs, RDHEP, BHS





“Our task must be to free ourselves... by widening our circle of compassion to embrace all living creatures and the whole of nature and it's beauty.”
— Albert Einstein

Objectives

Identify

Identify barriers to dental care for the IDD population

Describe

Describe the health conditions that affect this population and how they relate to oral disease

Recognize

Recognize oral conditions that are common among people in the IDD population

Explain

Explain various ways to provide compassionate dental care for the IDD population and how teledentistry can aid in doing this

Why teledentistry?

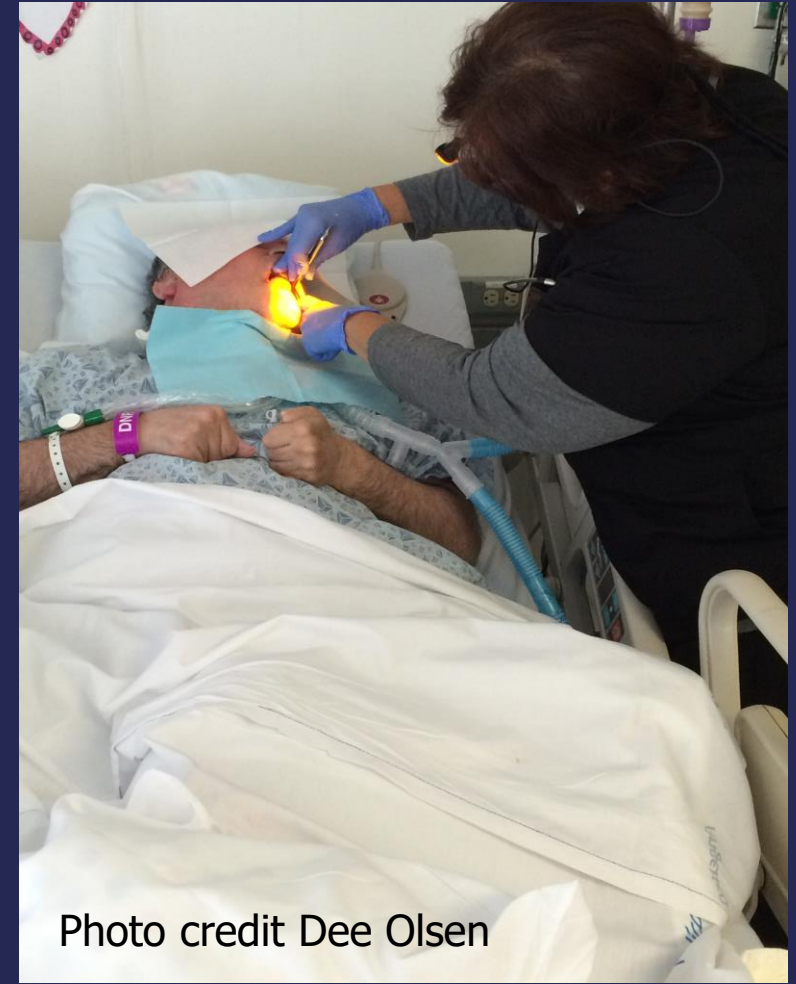


Photo credit Dee Olsen

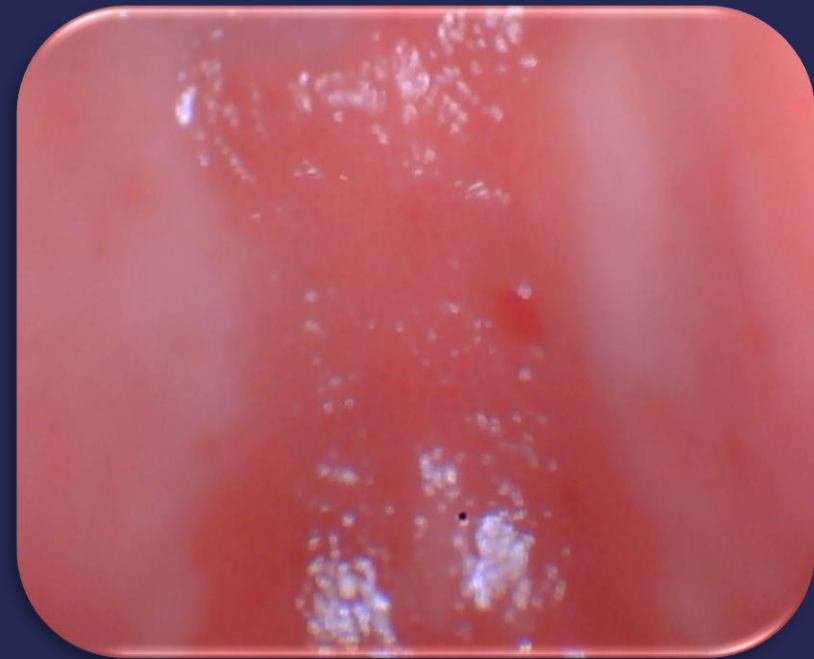


The benefits
are far reaching

Physical constraints of a dental office



UNMET ORAL HEALTH NEEDS



Approximately **7.43** million people in the US have an intellectual and/or developmental disability (IDD)

RISP 2018



Most have difficulty with:

- ❖ making decisions
- ❖ Communication
- ❖ self care
- ❖ social skills



IDD experience more chronic disease earlier than the general population



Epilepsy

Congenital heart disease

Diabetes

Mental health issues

Multimorbidity

Infectious diseases

Musculoskeletal disorders

Alzheimer's

Gastrointestinal problems



It is predicted that if providers are educated in how to work with this population, there will be a savings of **2-7 billion** dollars annually

The National Curriculum Initiative in Developmental Medicine

Access to **Oral** care is the number **1** problem the IDD population faces for all types of healthcare

Limited providers open to seeing this population

Medicaid reimbursement is low

Wait times for appointments can be as much as a year



Healthcare with the IDD population



Masks make them feel disconnected from health care providers

Difficulty with transitions and change

Communication more difficult, not easy to explain things



More opportunity for Implicit bias

Many providers are not sure how to work with this population

Black and Latino IDD patients at highest risk for bias

There is evidence of bias where providers decide that an IDD patient is less important

Association of American Medical Colleges 2022

We all have implicit bias-

Understand that some populations traditionally are treated differently- and they have health disparities



Look at your own biases – our experiences, where we grew up, culture, and ethnicity shape our thoughts and reactions

Let's look at the IDD population

The major ones are

Down syndrome
Fetal alcohol spectrum disorder (FASD)
Fragile X syndrome
Autism spectrum disorder (ASD)
Cerebral palsy



These can occur with the above

ADHD
Seizures
Mental illness



Alzheimer's / dementia

NDNRC 2022

Fetal Alcohol Spectrum Disorder



- ✓ Behavior and mental health issues are common
- ✓ Also weakened immune system, mouth breathing, malocclusion, open bites and crossbites, higher risk for caries, perio, partake in Pica, and TMD
- ✓ More likely to have heart and kidney issues and problems with balance and coordination

Fragile X Syndrome

Mild-moderate IQ 35-70

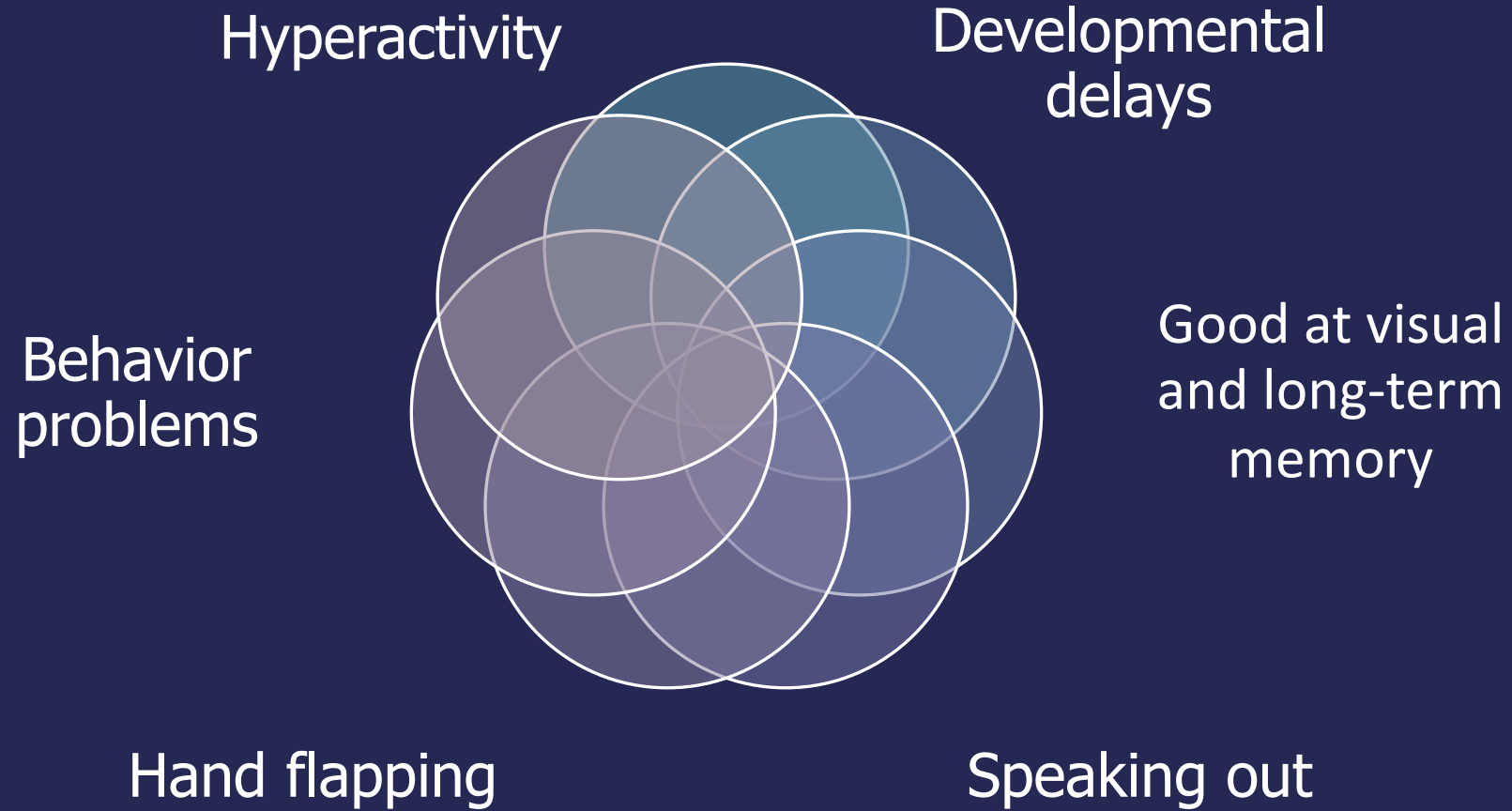
Most inherited cause of autism

High rate of seizure disorders and ADHD

Multiple sensory issues

Affects more boys than girls and the boys have more severe symptoms

Symptoms and behaviors





Heightened sensitivity
to any of the 5 senses

Anxiety

Trouble paying attention
- ADHD

Less likely to make eye
contact

Difficulty with
communication

Photo credit: Dr. Parajeeta Dikshit

High vaulted palate

Crowding and malocclusion

Microdontia

Macroglossia

Supernumerary teeth

Open bites or cross bites

Low muscle tone



Torticollis, neck pain,
difficulty turning to one side

Immune
deficiencies

Obstructive sleep apnea

Down Syndrome

Enlarged tonsils

General anxiety

GERD

Sinusitis

Nasopharyngiti
s

OCD

Depression

Autism spectrum conditions

Alzheimer's like dementia

Congenital heart disease and defects

Hearing loss

Babies with Down Syndrome and tooth eruption

First tooth erupts around 24 months - all 20 teeth by age 4-5

Normal eruption for kids without DS is about age 3

Eruption of 24 and 25 and the first molars age 8 or 9



Dental anomalies with Down Syndrome

Shorter roots

Missing teeth

Microdontia

Macroglossia

Tongue grooves and fissures

Small maxilla –vaulted palate

Impacted teeth

Peg laterals

Open bites and cross bites



Also, common with
Down Syndrome:

Bruxism and it is often severe

Periodontal disease - more
because of the weakened
immune system

Hypotonia – low muscle tone –
leads to open mouth post



Atlantoaxial instability (AAI), is the looseness between the 1st and 2nd vertebrae of the neck C1 and C2 – seen in 10%-20% of people with DS

Pilcher, E. *Down Syndrome Education* 2022

There is the potential for cervical spine injury with extension of the neck – Important to be careful while positioning in the dental chair



Autism spectrum disorder (ASD)

Possible disabilities in communication, social interaction, language, and abstract concepts

Common to have malocclusions, crowding, open bite, poor tongue coordination, and a tendency to pouch food inside the mouth

Also common: bruxism, lip biting, and tongue thrusting



People with ASD may be challenged by dental treatment due to their:

Hypersensitivity to sensations

Lack of ability to communicate

Difficulty managing their emotions

Important steps to easier appointments



Explain what you are going to do use their name when explaining



Give them time to process, be patient



Don't joke, use metaphors, or body language to communicate – they are very literal

Cerebral Palsy

Dyskinetic: May have difficulty controlling movement of hands, feet, arms and legs – sometimes face and tongue affected

Ataxic – problems with balance and coordination

Spastic



Oral health issues with Cerebral Palsy

Mouth breathing and drooling

Crowding and malocclusion

Perio and gingivitis

Take longer to eat this means more
food in mouth longer time

GERD, vomit,
food pouching

Lip and cheek biting due
to bruxism and seizures

More often have gagging, choking and aspiration

Muscle tone can change from very tight to
very loose day to day or even in the same day



Liquid medications w/ sugar



Involuntary body movements

Hypertonic tongue

Ataxic CP more likely to
open excessively wide

Allow for extra time for frequent
breaks and explanations

Spastic Quadriplegia

A form of cerebral palsy - muscles are stiff and have jerky movements

Affects the whole body, the mouth – speaking, chewing, and swallowing

Higher risk for epilepsy, hearing loss, vision impairments, intellectual and learning disabilities, and osteoporosis

More likely to have pressure sores – want to make sure they are comfortable



Photo credit Dee Olsen

Alzheimer's and Dementia

When people are no longer able to care for themselves, they rely on others for everything



Food packing





Medications for the IDD population often given for:

Seizures Aggression Depression Muscle spasms Sleep
Alzheimer's Anxiety Cardiovascular disease Diabetes
Gastro-intestinal problems Mood ADHD Spasticity



Possible side effects:

Vomiting Xerostomia Orthostatic hypotension
Irritability Insomnia Sedation Restlessness
Loss of coordination Fatigue Gingival hyperplasia
tardive dyskinesia Anxiety





Things to
learn ahead
of time

Ask their caregiver what mental health issues they may have?

Do they consent for themselves?

Will they cooperate with someone in or outside the room?

Are they biters?

How is their cooperation?

Any other behavior issues we should know?

Do they let you brush their teeth?



Will you be using a patient chair, or will they be on the sofa or a recliner?

Do they like to hold something when you are working?



Many have sensory issues

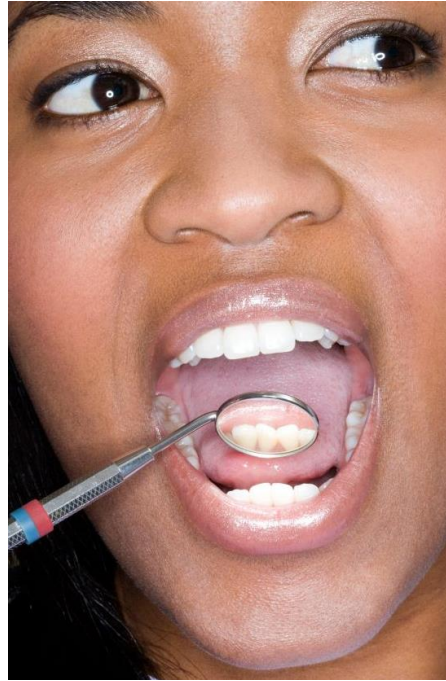




Before you arrive, ask the caregiver what has helped in the past

What are they sensitive to?
Light, sound, tastes, textures?

Ask what makes them comfortable,
Ask what is the best time of day for treatment



Caregiver can practice touching the mouth with a mirror and opening wide before you arrive

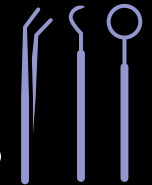
Will you polish? What about a cordless?



Frequent
positive
reinforcement

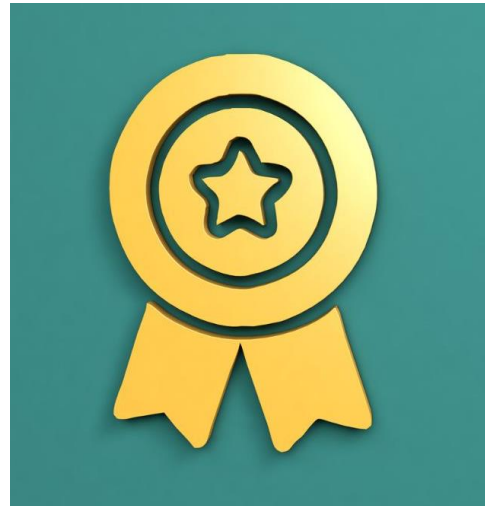
Have photos of the
different things you will do

Let them see and
touch the instruments



Shorter more frequent visits,
start with something small,
they need desensitization

Offer rewards



With some autism and profound IDD patients, you may need to say: “***Look at me***”, and tell them what you want to convey to them

Being non-verbal does not mean they are not intelligent

Use a normal voice

Use repetition

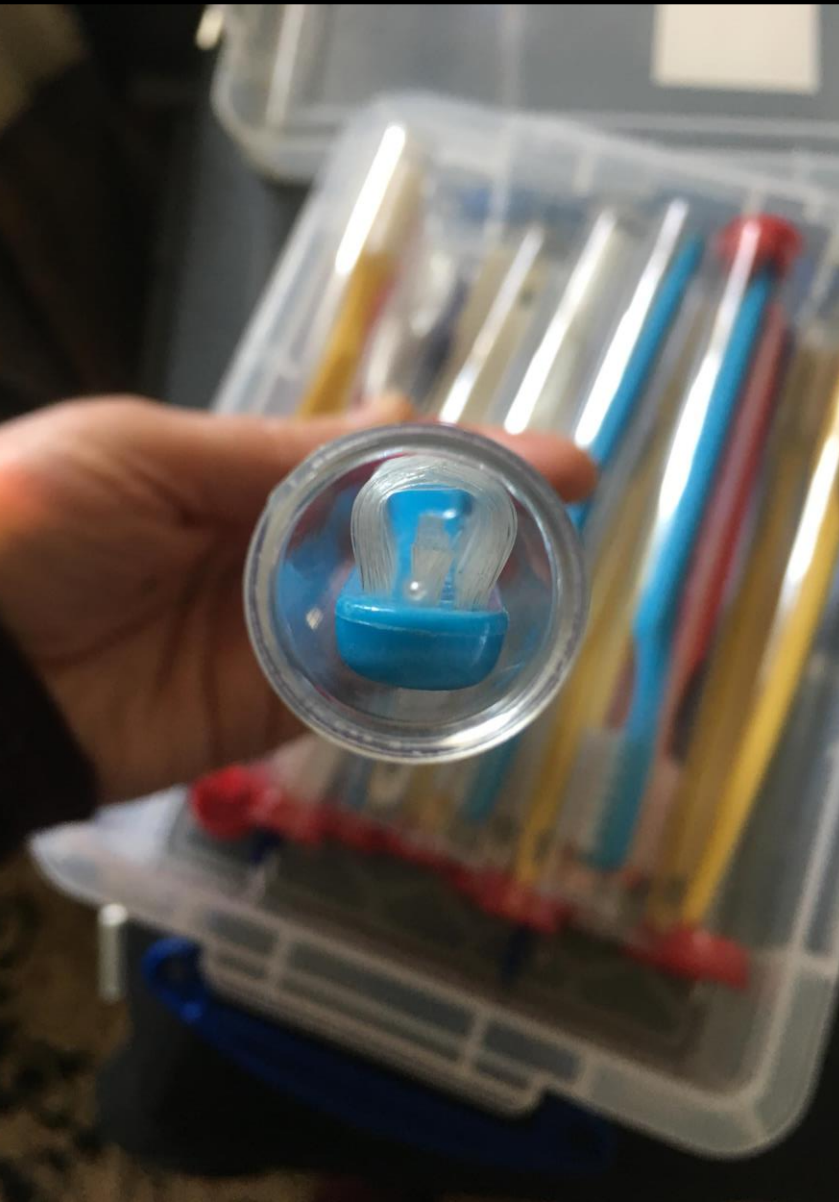


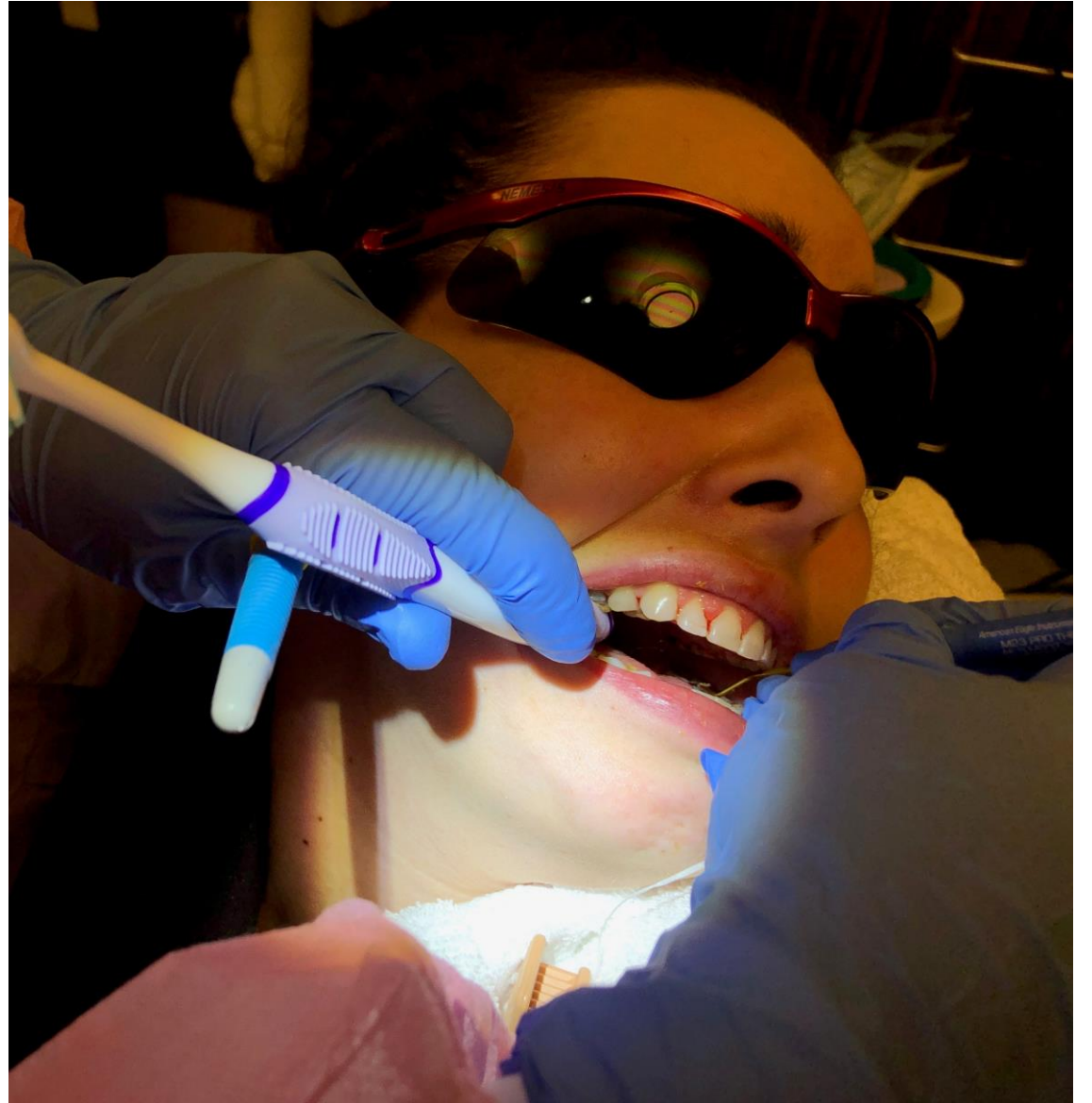




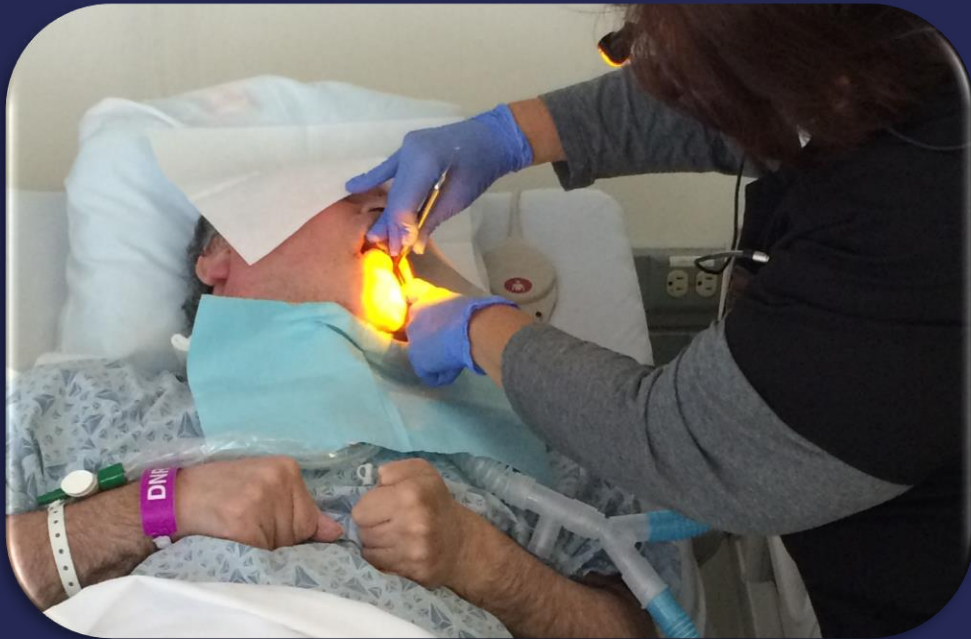
Specialized
Care Co, Inc.

Open Wide®
Mouth Rests





Flexibility is key



What is the **BEST** position for you and the patient?



Photo credit Dee Olsen



Don't get upset or take

Do the best that you can and let go
of what you know and think

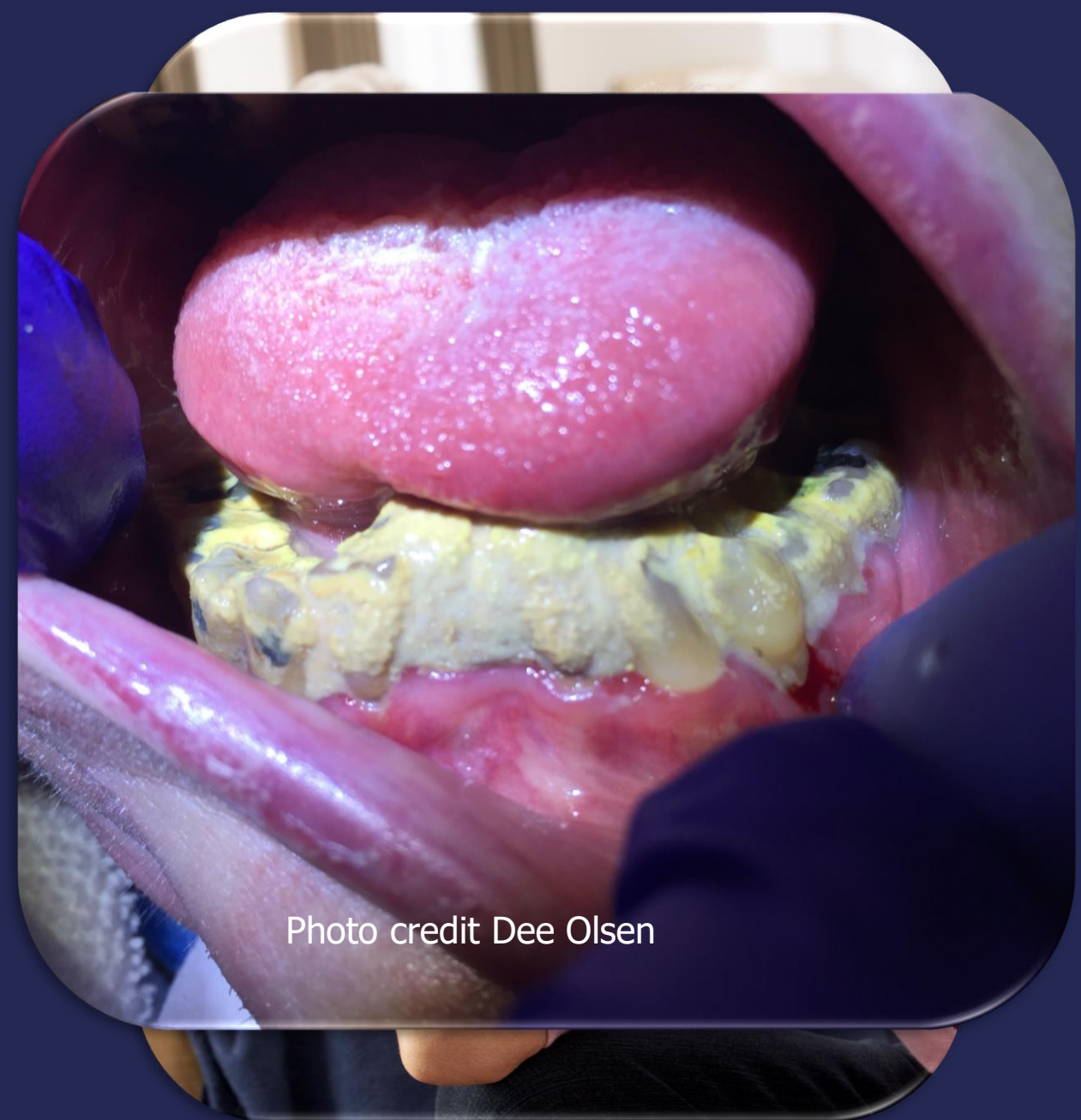
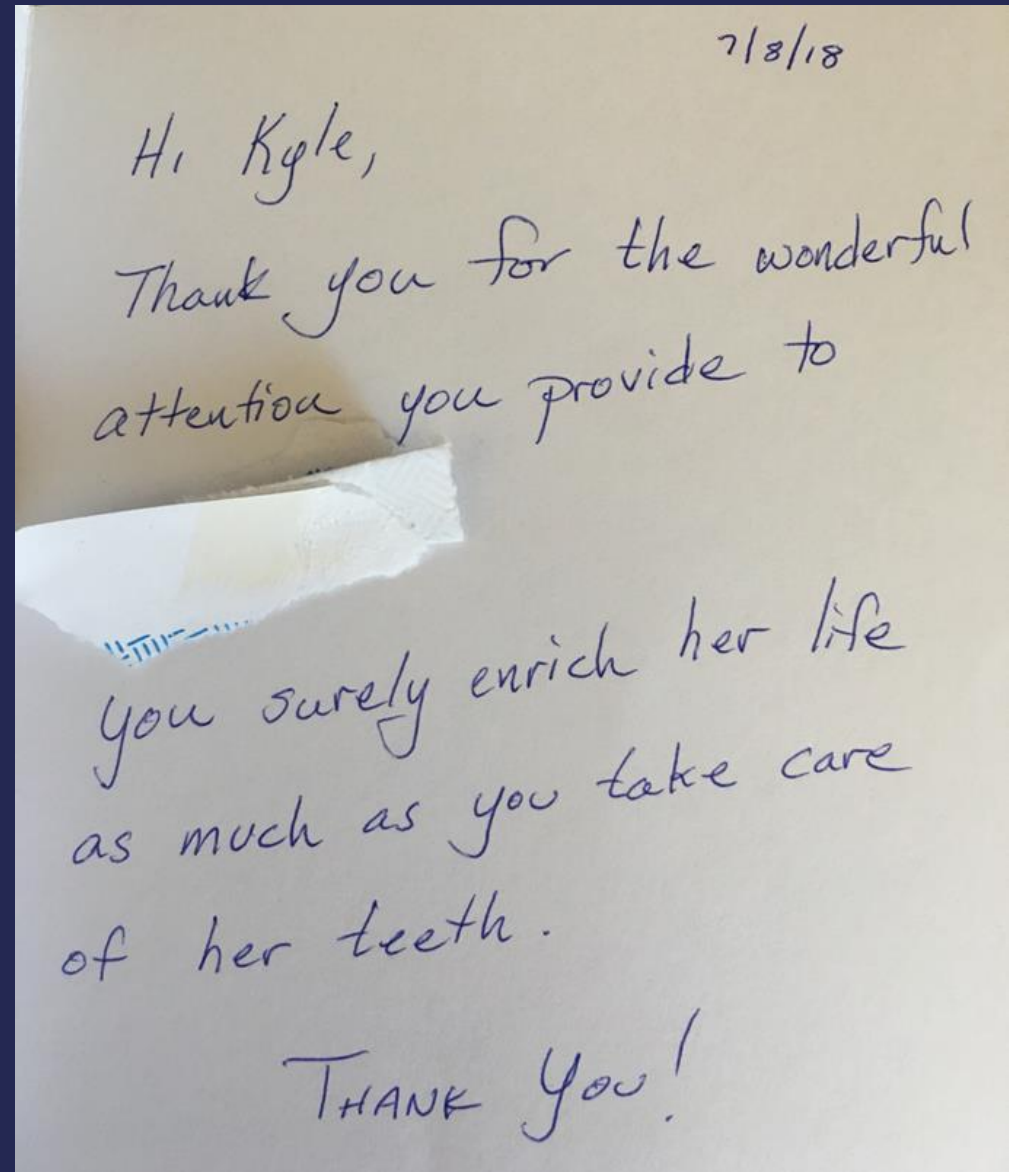


Photo credit Dee Olsen

Teledentistry allows for all people to be treated like compassionately - especially with drooling and when making noisy unusual sounds that draw rude stares that can be hurtful to the patient and their caregivers



Special Care Dentistry

Educational opportunities and information exchange for oral health care professionals who treat patients with special needs. Members of SCDA have complete access to useful resources, important industry news and exclusive networking and educational events.

They have a 16-hour CE online course you can purchase



Special Care Dentistry Association <https://www.scdaonline.org/>

Thank you!



"I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel." - *Maya Angelou*

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