

Oral Hygiene Challenges Faced By Intellectually Disabled Patients

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Dear Madam,

Historically, intellectual disability has been defined by significant cognitive deficits and adaptive behaviors along with deficits in functional and adaptive skills. Such individuals struggle to perform their day-to-day daily tasks without help and support¹. Similarly, these individuals are seen struggling to practice routine oral hygiene and face serious oral health issues. To counter that they seek help from dentists. Even for a dentist it is a real challenge when dealing with patients who suffer from intellectual disabilities, and there has been little discussion on how to overcome these.

The World Health Organization approximated that 16% of the global population experiences some type of disability, while in Pakistan, about 6.2% of the population is identified as having a disability of some kind². Studies have shown that people with intellectual disabilities have poorer oral hygiene and a higher prevalence and greater severity of periodontal disease. Caries rates in individuals with intellectual disabilities are comparable to or lower than those in the general population. However, they consistently experience higher levels of untreated caries compared to the general population⁵. Recent studies have shown dental negligence among the mentally disabled population where the parents, caretakers, and dentists are responsible. Individuals with intellectual disabilities and additional coexisting conditions often experience a higher prevalence of missing permanent

teeth, delayed eruption of teeth, and enamel hypoplasia compared to those with intellectual disabilities alone³. Recent studies have proven that severe anxiety about dental treatment and equipment is seen frequently among 21% of moderately intellectually disabled patients⁴. Individuals who are unfamiliar with a dental office and its equipment may feel fearful. This fear can lead to uncooperative behaviors such as crying, squirming, kicking, using aggressive language, or attempting to avoid treatment altogether. People with intellectual disabilities commonly experience challenges in language and communication. When additional conditions such as seizures or cerebral palsy are present, motor skills tend to be more significantly affected². These challenges faced in dental offices are less spoken of and there is a need to develop skills to counter them.

Specialty of special care dentistry was developed which deals with oral health care special needs of individuals with intellectually compromised patients. However, there are very few specialty programs in special care dentistry in developing countries, and in Pakistan, no dental institute offers a specialty training program in special care dentistry. This underscores the limited awareness and acknowledgment of its significance among dental professionals, policymakers, and the general public in less developed nations². Consequently, the need for special care dentistry is poorly understood, leading to limited resources and services. Thus, the basic challenge faced by the special needs population is a scarcity of resources in terms of a trained dental professional, limited accessibility to oral care services and equipment, and prominently, a social stigma attached to disabilities, resulting in discrimination and neglect.

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Another significant problem is not teaching and exposing undergraduate dental students to care for individuals with special needs. In order to completely adapt to the demands of these patients, every dental professional should have a role to play in providing care for these special needs groups. Since many dental professionals lack the training and skills required to deal with these patients, as a result, they are reluctant when they encounter such patients during their practice. Therefore, exposing students to special care dentistry is necessary, so they may acquire the required expertise when dealing with these patients. Considering the uprising of this issue, WHO has also highlighted this as an aim of their goals for Oral Health 2030 and to reduce the challenges faced by intellectually disabled patients.

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