

Dental Care of Persons with Autism Spectrum Disorders in India

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Abstract: *Autism Spectrum Disorder¹ is a developmental disorder where affected children have difficulties in social communication and Restricted, repetitive behavior or interests including signs of sensory sensitivities. To be diagnosed with ASD the child must have difficulties in both areas and the symptoms generally appear in the first two years of life. ASD is a lifelong developmental disability in which almost 70% of the affected individuals need lifelong care and protection. As children and adult with ASD has difficulties in maintaining oral hygiene, dental care is always a concern for parents and care takers. Persons with ASD vary widely in symptoms and severity and many people have co existing conditions such Intellectual Disability, epilepsy etc. They often do not express pain and discomfort and this will create further worry to parents. Restricted repetitive behaviors, obsessive routines, sensory integration difficulties which people with ASD exhibit can complicate dental care. In India, Many Dental Care Professionals are not aware of ASD and the differences which creates in each affected person. Sensitization programs for Dental health professionals and hospital staff are needed so that they will be empathetic and willing to give treatment to persons with ASD in their clinics. The study attempts to elaborate how parents and care takers can provide dental care and oral hygiene practices to persons with ASD with the support from dental health professionals. Most children and adults with ASD have mild gingival inflammation and there is plaque accumulation. There is urgent need of preventive intervention and oral health education is required.*

1. Introduction

Autism Spectrum Disorder is an umbrella terms which includes Autism disorder, Asperger's Syndrome, Childhood Disintegrative Disorder and PPD (NOS)¹ Persons with ASD have a fairly more chance to develop dental issues due to lack of self-help skills and sensory issues associated with ASD. Most young children with ASD do not brush and even many adults need assistance in tooth brushing. Persons with ASD exhibits unusual sensory processing in which they find it difficult to assimilate, process and respond to sensory information from the environment as well as within the body. Visual, auditory, olfactory tactile, vestibular and proprioception. They feel either hypersensitive or hyposensitive to stimuli which includes oral sensitivity. Persons with ASD due hypo or hyper sensitivities to certain smell, touch etc. do not like the smell and taste of tooth paste and tactile sensitivity of tooth brushes, further they have fussy eating habits as they prefer spicy, salty, sweet food with different textures. Persons with ASD have difficulties in rinsing mouth etc, adding further issues to dental care. Behavioral problems can interfere oral health care on ASD. The invasive nature of oral care may lead to temper tantrums and self-injurious behaviors. Bruxism² and food pouching³ oral breathing⁴ and gastro intestinal disturbances add more issues in dental health. Further, many drugs used for ASD have side effects which can affect oral health. The lack of proper knowledge about ASD amongst Dental health professionals in India often create problems when dental issues arise. Thus in many places persons with ASD do not get adequate dental treatment. Preventive and restorative dental treatment is not implemented.

1.1 Role of Special Education Professionals and Parents/Care takers

Teaching self-help skills from a very young age is essential. Use of clear simple commands and use of alternative communication methods are essential. The role of an Occupational Therapist in the school setting is highly

recommended. Parents need to go through training programs on how to teach self-help skills and basic communication skills from a very young age. If the child with ASD has sensitivity issues, different textured clothes can be used for dental cleaning and later introduce tooth brush. Use of ABA⁵ therapy with use of reinforcement can be used in dental care training. Start Desensitization in classroom setting in a systematic manner, allow parent to learn and do it in home setting for addressing sensory issues. Tactile stimulation on face and lips, use of objects with different texture, use of brushes with soft and hard bristles and deep pressure massaging, exercises for motor coordination etc can help.

1.2 Healthy Diet

Due to difficulties in sensory integration many children with ASD show difficulties in exploring different types of food and this leads to picky eating habits. Further, many young children with ASD have issues in chewing, swallowing along with eating food by themselves. They prefer same type of food which can lead to health issues. Thus, the requirement of a balanced healthy diet is highly essential for people with ASD. The role of special education with scheduling of daily activities, use of sensory integration therapy, support from occupational therapist along with parent involvement can tackle a lot of issues during this phase. Families need to introduce wholesome diet in the form of soups, and avoiding giving sweet and sticky food. [ABA-Applied Behavior Analysis- ABA therapy applies how behavior works to real situations. The goal of ABA is to increase good behaviors and decrease harmful behaviors. Here modification of human behavior and environment in order to modify behaviors so that desired behaviors are achieved. Newman Bobby et al ABA 2003]

1.3 Dental care Professionals and Dental Clinics

Sociocommunication issues and sensory integration difficulties are central concerns in seeking dental treatment in ASD. Dental surgeons need to understand how autism

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affects individuals and core symptoms of ASD. Dental surgeons and paramedical staff need to talk to parents and care takers. Person with ASD need to be communicated about dental procedures in simple clear language based on the severity of symptoms. Appointment with Dental health professionals need to be after the busy hours and with less waiting period. The patient with ASD needs to be familiar with the dental clinic and equipment. Demonstration help them to be more cooperative. Plan organized trips to dental clinics when the crowd is less to help the patient become familiar with the dental clinic, staff, and equipment through a step-by-step process. Dental professionals need to be more empathetic towards children with ASD and emphasize the importance of regular preventive measures like using topical fluoride gels, rinsing mouth after every meal, dental floss and finally good dietary habits. A separate room in dental clinic and proper lighting with staff who knows about ASD are required. Many times, extraction of tooth and other dental procedures need anesthesia and subsequent post op care for people with ASD. Most children and adults with ASD have mild gingival inflammation and there is plaque accumulation. There is urgent need of preventive intervention so that caries can be prevented. Preventive programs for oral care education, proper dental care practices need to be organized.

2. Conclusion

As most of the kids with ASD in urban areas of India get a diagnosis when they are around 36 months old. Teaching brushing from a very young age will help people with ASD to attain autonomy in brushing and oral hygiene. Dental care of persons with ASD in the rural areas need to be supported with the help of community awareness programs and sensitization of dental health workers and parents. In Rural areas, local medical and dental health resources need to be used. It is important to start a routine for the child ASD which should incorporate brushing teeth (with or without support). Special education needs to be given priority in the areas of self-help skills, social and communication skills and sensory integration therapy. Parents needs to be aware of the importance of teaching daily living skills. Once oral hygiene is introduced at a very young age the chances of dental decay are less. Preventive intervention is the need of the hour.

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