

## Special Care Dentistry – The Need of the Hour

Dr. K. Saraswathy Gopal <sup>1</sup>, : Dr. Kalaiselvi.R <sup>2</sup>

1.Head of the department , Department of oral medicine and Radiology, Faculty of dentistry, MAHER, Chennai.

2.Post Graduate, Department of Oral medicine and Radiology, Faculty of dentistry, MAHER, Chennai.

Contact details: Dr. Kalaiselvi.R

Postgraduate student, Department Oral medicine and Radiology  
Meenakshi Ammal dental College and Hospital, Chennai- 600095

---

### Abstract

Everyone has equal right to good health and wellbeing, including persons with disability. In almost any community it is possible to see atleast few individuals suffering from disabilities of varying nature. The individuals with special care needs are suffering from various oral health issues and are also at increased risk of developing innumerable oral diseases. And the management of these oral diseases are very difficult and not as easy as treating oral diseases for normal people, people with special care needs are laborious to treat due to their uncooperative nature. And one of prime reasons given by dentists for not treating special needs people are inadequate training. Proper education and training about special care dentistry in the undergraduate and post graduate curriculum is of paramount importance. Recognition of special care dentistry (SCD) as a specialty by the profession and other dental associations and organizations is the need of the hour. This review is to learn about the importance of special care dentistry, the proper training and education about special dentistry and the management of special needs people requiring dental care.

**Keywords:** special care dentistry; disability; domiciliary dental care; oral medicine specialist.

**ABBREVIATIONS:** SCD- Special care dentistry, DOHC- Domiciliary oral health care, BSDH- British Society for Disability and Oral Health, DWSIs - Dentists with Special interests.

---

Date of Submission: 14-03-2023

Date of Acceptance: 30-03-2023

---

### I. INTRODUCTION

Being disabled should not mean being disqualified from having access to every aspect of life-Emma Thompson. Special care dentistry concerns about the provision of oral care services for the improvement of oral health of adolescents and adults who are unable to receive routine dental care because of certain physical, intellectual, medical, emotional, sensory, mental or social impairment factors or a combination of more than one of these factors. The guidelines issued by American Academy of Paediatric Dentistry defines special health care needs as that “include any physical, developmental, mental, sensory, behavioural, cognitive, or emotional impairment or limiting condition that requires medical management, health care intervention, and or use of specialized services or programs. The condition may be congenital, developmental, or acquired through disease, trauma, or environmental cause and may impose limitations in performing daily self-maintenance activities or substantial limitations in a major life activity” [1]. Special Needs Dentistry is defined by the Royal College of Surgeons of Edinburgh as “the specialty in dentistry concerned with the oral health care of patients with special needs for whatever reason including those who are physically or mentally challenged [2]. Everyone has the right to the standard of living adequate for the health and well being of himself and his family, including medical care and necessary social services” says the United Nations (U.N) Universal declaration of Human rights (1948) Article 25. This makes it very clear that everyone has equal right to good health and wellbeing, including persons with disability. Disability is a complex phenomenon difficult to define reflecting an interaction between features of the person’s body and features of the society in which he or she lives. [3] There are one billion people with disabilities in the world which is around 20% of the population which is the global scenario.

The terms in general use for special care people includes:

**Impairment** – Refers to a medical condition or a malfunction.

**Disability** – Refers to the restrictions caused by the society through discrimination, ignorance or prejudice

**Handicap** - Refers to a measure of the social and cultural consequences of an impairment or disability.

But the ideal term to use can be disabled / special needs people.

### CATEGORIES OF DISABILITIES IN SPECIAL CARE DENTISTRY

The various categories of disabilities in special care dentistry are:

- Medical
- Intellectual
- Physical
- Mental
- Sensory
- Emotional and social

The common causes of disabilities include

- Genetic and congenital disorders
- Trauma (e.g. spinal and head injuries)
- Neurological (e.g. multiple sclerosis)
- Musculoskeletal disorders (e.g. osteoarthritis)
- Cardio-respiratory disorders (e.g. ischemic heart disease and obstructive airway disease)
- Neurological disorders (e.g. stroke)

### ARMAMENTARIUM FOR SPECIAL NEEDS PEOPLE REQUIRING DENTAL CARE

There are certain barriers for special needs people, there are administrative barriers, management barriers, medical concerns, and financial concerns.

- ✓ It is difficult to work around these patients' wheelchairs and helmets.
- ✓ Difficult to do quality work because these patients do not cooperate.
- ✓ Afraid of having to use oral sedation greater than the maximum recommended dose.
- ✓ It is difficult to obtain good radiographs.
- ✓ Afraid of not being able to handle their emergencies.

These are certain barriers to dentists while handling special needs people.

With appropriate equipment and tools, and with the correct mindset by the dental team, treating special care patients presents only minor inconveniences as compared with treating everyone else.[4]

Specially designed dental chair is required for these patients.



### STEPS IN TREATING SPECIAL NEEDS PATIENTS:

#### SEATING PATIENTS

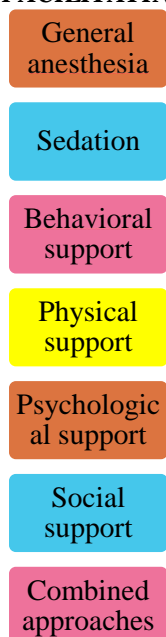
- Movable Operator Chair
- Supporting Patients' Heads on Their Own Wheelchairs

#### IMMOBILIZING PATIENT

- Chemical Restraint
- Oral conscious sedation
- Nitrous oxide/laughing gas
- Conscious sedation plus nitrous oxide
- Physical Restraints
- Body wraps

- Restraining by touching/holding

**ALTERNATIVES FOR FACILITATING DENTAL TREATMENT**



**ALTERNATIVES FOR FACILITATING DENTAL TREATMENT**

**GENERAL ANESTHESIA**

“General anesthesia is a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. General anesthesia is the most effective modality for ensuring that the provider will be able to complete dental procedures on a patient who has difficulty accepting dental treatment.[5]

**SEDATION**

A number of levels of sedation have been described. These include:

- Deep sedation
- Moderate sedation
- Minimal sedation

Sedation, particularly moderate and minimal sedation, is easier to arrange and generally less expensive than deep sedation or general anesthesia. This procedure generally has a lower risk of side effects than do deep sedation or general anesthesia

**BEHAVIORAL SUPPORT**

Behavior support describes a range of nonpharmacologic techniques that can be used to help people receive dental treatment in a dental office. In general, behavior supports have fewer side effects than the use of medications. However, the cost in time and effort for both the provider and the patient must be considered.

**PHYSICAL SUPPORT**

Physical support describes a range of nonpharmacological techniques for limiting mobility using physical means to help an individual hold still during dental treatment. Providers who use physical supports should be sure that everyone involved is fully informed about the indications and nature of the procedures to be followed, that the techniques used meet local, state, and federal regulations, and that an informed consent is obtained for the use of these techniques.

**PSYCHOLOGICAL SUPPORT**

Many people, including PSN, are afraid of receiving dental treatment. It is possible, to reduce or remove this fear using psychological treatments. These methods are not expensive, and they need not slow things down overall. In addition, if psychological treatment can allow an individual to have dental treatment with less or no medication, the cost can be significantly less than when using sedation or anesthesia repeatedly over the individual’s lifetime.

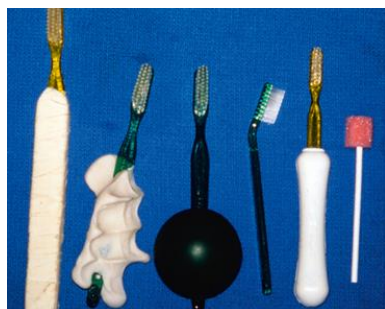
**SOCIAL SUPPORT**

Social support refers to interventions that take place outside a dental office and are integrated into a social support system in place for an individual. Social supports can include: integration of oral health assessment and planning with general health planning processes, using social support and case management systems to facilitate

preparation for dental visits, and enlisting general health and social service professionals in providing oral health interventions outside the dental office.

### **ORAL HYGIENE AIDS MODIFICATION**

There are certain oral hygiene aids modification for special needs people especially those with certain neurological disorders as they have difficulty in maintaining proper oral hygiene. Traditional toothbrush handles are thin and can be quite slippery when wet. There are brands available that can create custom-molded handles in varying shapes and sizes. For kids who can hold a toothbrush handle easily but need more flexibility with hand placement, a looped or extended handle are both great solutions. An extended handle makes it easy for your child to brush their teeth without needing to elevate their arm as high. A looped handle can either be a standard length or extended, but it gives your child the ability to try different hand placements to find what's most comfortable.



**ORAL HYGIENE AIDS  
MODIFICATION FOR  
DISABLED PEOPLE**

### **DOMICILIARY DENTAL CARE**

Domiciliary dental care (DDC), the so-called home dental care, is **characterized by the patient receiving dental healthcare or treatment at home.**

It is for people who suffer with chronic illness, functional impairment, or cognitive impairment are not easily to visit dental clinics.[6] Domiciliary oral healthcare (DOHC) has been the usual method of care in enabling dental practitioners to access patients who are unable to reach a dental surgery or service themselves; including patients in temporary and permanent residences, such as nursing homes and residential units.[7] Domiciliary dental care is defined as the provision of dental care in an environment where a person is resident either permanently or temporarily, as opposed to dental care delivered in a fixed dental clinic or a mobile dental unit.[8] The number of people requiring domiciliary dental care services is increasing for a variety of reasons[9,10,11] and it is often unreasonable or impractical for them to attend a dental surgery for treatment. The increasingly dentate elderly population requires more complex treatment than has previously been provided in this way, which presents the dental profession with a major challenge, as the delivery of domiciliary care requires greater commitment of staff time, equipment and expertise. Previous studies have shown that dentists felt unable to deal with the provision of even routine dental procedures in the home setting and that the level of remuneration offered was inadequate.[12,13,14,15] There were also issues with the quantity and cost of equipment required. It is important that those planning the delivery of oral healthcare services for the future have a clear understanding of the extent of the need for domiciliary care and the barriers to its implementation. Domiciliary dental care can be practised and implemented for people who cannot reach the dental office.

### **EDUCATION AND TRAINING**

One of the reasons cited by practitioners for not treating special needs patients is that they have not had adequate training at the undergraduate level. Education in special patient oral health care is needed at all levels, from advanced training for dental professionals, to interdisciplinary instruction for professionals in other health and social service fields, to ongoing courses for nurses' aides and personal attendants. [16]

The requirement for SCD in the undergraduate curriculum is limited in many countries. This has resulted in a dental profession that, on the whole, feels poorly prepared to provide dental care services for people with disability and one that, in the main, finds it difficult to do so. In United Kingdom, the British Society for Disability and Oral Health (BSDH) is reviewing current undergraduate training in SCD and making recommendations for curriculum development. The future specialist will need to contribute to the teaching and training of undergraduates, postgraduates and the wider dental team. In the long term, this will enable more care to be mainstream. [17]

It is high time that special care dentistry should evolve as a specialty in India at a post graduate level. Suggestion for positive way forward for training Dentists for Special needs

- ♣ Teaching in SCD should be embedded in the undergraduate curriculum .
- ♣ The development of formal postgraduate training pathways in SCD .

- ♣ Recognition of SCD as a specialty by the profession and other dental associations and organization.
- ♣ Creation of managed clinical networks of special care dentists and clearly defined pathways of care.
- ♣ Establishment of competency frameworks and training programmes for Dentists with Special interests (DwSIs) in SCD.

### WHO TAKES UP AN INITIATIVE IN AN INSTITUTION?

According to the definition of oral medicine stated in the textbook of burket's , Oral medicine is a specialized discipline within dentistry that focuses on provision of *dental care for medically complex patients*, and the diagnosis and management of medical disorders involving the mouth, jaws, and salivary glands. Offering care to a patient seeking diagnosis and treatment is a responsibility that entails both broad and detailed knowledge and should only be provided by a health-care professional with appropriate training and experience.

So oral medicine specialist can take up an initiative to treat special needs people.

## II. CONCLUSION

Special healthcare need patients are literally special patients who need special attention by means of healthcare provision including dental care. The major challenges they have with their overall health may create barriers to access to proper oral healthcare. Oral healthcare for this special group is often neglected or down the list, and as a result, they often attend to dental clinics with emergency.

Individuals with special needs are the most underserved regarding healthcare needs in almost all populations. Due to the challenges of nutrition and insufficient oral hygiene provision, this population is usually more prone to dental caries, periodontal disease, and orthodontic problems. Besides, they face more difficulties accessing professional dental care than other segments of the population.

Health care for special care dentistry patients need trained knowledge with heightened awareness, focus and acceptable well standard measures beyond routine considerations and oral medicine specialists are the front door for SCD.

## REFERENCES

- [1]. Stigers J. The Reference Manual of Pediatric Dentistry: Definitions, Oral Health Policies, Recommendations, Endorsements, Resources. *Pediatr Dent* 2019.
- [2]. Ettinger RL, Chalmers J, Frenkel H. Dentistry for persons with special needs: how should it be recognized. *J Dent Educ* 2004;68:803-806.
- [3]. Guidelines for oral health promotion and intervention for handicapped population GOI -WHO collaborative programme. Centre for dental education and research, AIIMS, India, 2008-2009.
- [4]. Levy H, Rotenberg LR. Tools and Equipment for Managing Special Care Patients Anywhere. *Dent Clin North Am.* 2016 Jul;60(3):567-91. doi: 10.1016/j.cden.2016.03.001. PMID: 27264851.
- [5]. Glassman P, Caputo A, Dougherty N, Lyons R, Messieha Z, Miller C, Peltier B, Romer M; Special Care Dentistry Association. Special Care Dentistry Association consensus statement on sedation, anesthesia, and alternative techniques for people with special needs. *Spec Care Dentist.* 2009 Jan-Feb;29(1):2-8; quiz 67-8. doi: 10.1111/j.1754-4505.2008.00055.x. PMID: 19152561
- [6]. Chuan-Hang Yu, Yu-Hsun Wang, Yu-Hsien Lee, Yu-Chao Chang, The implementation of domiciliary dental care from a university hospital: A retrospective review of the patients and performed treatments in central Taiwan from 2010 to 2020, *Journal of Dental Sciences*, Volume 17, Issue 1, 2022.
- [7]. Robert Emanuel, Consultant in Special Care Dentistry, Sussex Community NHS Foundation Trust and Annabelle Mintz, Fourth year medical student, Brighton and Sussex Medical School, the decline of domiciliary dentistry.
- [8]. iske J, Lewis D . Domiciliary dental care. In Nunn J (ed) *Disability and oral care*. 1st ed. pp 143–158. International Association for Disability and Oral Health & FDI World Dental Press Ltd, 2000.
- [9]. Greengross S, Murphy E, Quam L, Rochon P, Smith R . Aging: a subject that must be at the top of world agendas. *Br Med J* 1997; **315**: 1090–1096.
- [10]. Wood R, Bain M . *The health and well-being of older people in Scotland. Insights from national data*. Edinburgh: Information and Statistics Division, 2001.
- [11]. Shaw C . 1998-based national population projections for the United Kingdom and constituent countries. *Popul Trends* 2000; **99**: 4–12.
- [12]. Simons D, Kidd E A M, Beighton D . Oral health of elderly occupants in residential homes. *Lancet* 1999; 353: 1761.
- [13]. De Visschere L M, Vonobbergen J N . Oral Health Care for frail elderly people: actual state and opinions of dentists towards a well organised community approach. *Gerodontology* 2006; **23**: 170–176
- [14]. Bennett S, Morreale J . Providing care for elderly patients. A survey of Hamilton Wentworth dentists' perceptions of their educational needs. *Ont Dent* 1996; **73**: 44–54.
- [15]. Burke T F J, McCord J F, Hoad-Reddick G, Cheung S W . Provision of domiciliary care in a UK urban area: results of a survey. *Prim Dent Care* 1995; **2**: 47–50.
- [16]. Donnell D O The special needs patient. Treatment in general dental practice: is it feasible? *Int Dent J* 1996 46; 315-9
- [17]. Gallagher J E, Fiske J. Special Care Dentistry: a professional challenge *Br Dent J* 2007; 202(10): 619-629.

Dr. Kalaiselvi.R, et. al. "Special Care Dentistry – The Need of the Hour." *IOSR Journal of Dental and Medical Sciences (IOSR-JDMS)*, 22(3), 2023, pp. 21-25.