

## Breaking the barrier by bringing the children with special health care needs into mainstream dentistry

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### Abstract

Dentistry treatments are the most frequent unmet need of children with special health needs because they have developmental delays and unusual problems that can make difficult for routine dental exams and treatments. It is a major challenge for a dentist to treat children with special health needs and the special precautions has to be taken to provide dental care to these patients. In this mainly it focuses on the barriers children faced by child with special health care needs, their parents and the dentist.

**Keywords:** Pediatric Dentistry, Barriers, Special Health care needs.

### Introduction

The American academy of pediatric dentistry defines special health care as “any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, health care intervention, and/or use of specialized services or programs.<sup>1</sup> The condition can be congenital, developmental, or acquired through disease, trauma, or environmental cause and cause limitations in performing daily activities and limitations in a major life activity. Dental treatments are the most common unmet need of children. With special health needs (SHCN), as with a complex analysis of developmental delays and unusual problems, all this can create problem with the routine dental exam and Treatment. Children with special health care needs suffer from poor oral hygiene and problems in getting dental care services.<sup>2</sup> Children special health care needs may express greater concern about visit to the dentist and dental treatment as such without disability, this affects negatively the times the child visits for dental procedures.<sup>3</sup> Dental visits are important to prevent dental decay and more serious problems related to oral cavity. Lack of treatment can cause pain, abscess, systemic problems finally leading to overall health problem. The common conditions that are seen in the children with special healthcare needs is the autism, cleft lip and cleft palate, Down syndrome, developmental disabilities, hemophilia, sickle cell anemia, and Von Willebrand disease.

### Barriers encountered

McIver described five key barriers to access dental care for children with special health care needs. The key barriers are- (1) The primary medical care system, (2) the child's parents, (3) the child himself, (4) the dentist (5) payment for dental care.

### The primary medical care system

Primary health care becomes a major obstacle to children with Special health care needs as children have other more urgent health problems.

### The child's parents

The child's parents perceive many obstacles as a treatment, child will take a long time and cost a lot. McIver discovered that the child's parents had problems nearby dentist to take care of your child and find one more Dentist ready to take care of your child with current medical care Condition. Because some parents believe that the baby has a baby teeth and fall on its own, make it difficult.<sup>4</sup>

### The child himself

The child himself is a major problem to deliver a proper dental care as the child is afraid of the dentist and cannot cooperate.

### The dentist

The dentist also lacks sometimes the knowledge and clinical experience to treat the children with special health care needs. Dao et al. and Waldman and Perlman had stated that apart from educational factors, several additional noneducational factors, such as special arrangements, needed to provide dental care for these patients and concerns about adequate compensation might also affect dentists' willingness to treat special needs patients.<sup>5</sup>

### Payment for dental care

This is the main barrier as the most of the parents don't want to spend huge money and the dentist doesn't want to treat the child with special health care needs. Most of the insurance companies offer limited coverage for a few dental procedures under general health insurance plans. There is no comprehensive stand-alone for dental treatment.<sup>6</sup>

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### Barriers in treating a special child

Insufficient undergraduate and postgraduate education resulting in dentists who are not or willing to manage and treat these patients in their private setup.

1. Accessibility: The person with disability experiences physical and mental obstacles to access, the most overt being the architectural barrier and more width of the door way:
  - a. Provision of wheel chair turning space
  - b. Operatory designed with movable dental unit, instrument control unit and suction unit
  - c. Dental chair should be adjustable to match different wheel chair designs
  - d. Provision of free space around the unit giving dentist access to patient.
2. Psychosocial: The person with special care needs may develop in an environment of chronic care, painful procedures, and emphasis on aspects of health other than dentistry.<sup>7</sup>
3. Financial: Cost of dental care is an issue for many patients.
4. Communication: The dentist patient chair side relationship demands a functional communication cycle.
5. Medical: Special health needs often translate into chronic illness and polypharmacy. Dentists are faced with pathology and therapy that present risks for the patient, and complicate treatment.
6. Mobility and stability: Dental offices are designed for fully functional humans. Some patients with special needs require stabilization, support and assistance while seating or leaving the dental chair.
7. Preventive: Basic oral hygiene and home care may need to be supplemented with fluoride rinses, antimicrobials, saliva substitutes, and other adjunctives.
8. Treatment planning: The special needs patient may need and want the treatment that balances cost, longevity, difficulty of achievement, aesthetics, and function.
9. Lack of trained personnel: Treatment for these children are very time consuming, thus the need of trained assistant becomes a necessity thereby reducing chair side time.
10. Disruption of normal office routine and other patients.
11. Ignorance by parents and institute.<sup>8</sup>

### Treatment strategies

Provide high quality restorative treatments for children treatment with Special health care needs is difficult due to the patient's ability to cooperate with treatment and poor muscle coordination as drooling and tongue movements can affect quality of restorative procedure. The use of local or general anesthesia can be used, but these techniques have their own problems in terms, cost, and patient morbidity and mortality.<sup>9</sup> Various preventive strategies such as noncariogenic diets, application of topical fluoride, and sealants would be beneficial to prevent from dental

problems. Atraumatic restorative treatment can also help children. Not all dentists feel prepared to treat patients with special needs due to lack of knowledge and clinical experience this has to be tackled at the institute level. Dental universities must have a link with different specialized schools / homes to educate students and how is a multidisciplinary approach to treat the children with special needs, the school must have a connection with various hospitals.

### Conclusion

Even though there are various treatment strategies for the treatment of child with special health care needs still the dentist hesitate to treat the child with special health care needs. If the above criteria are implemented in the dental institutions and the private practice, it will be a good step ahead to treat the children with special health care needs. So finally we have to break this barrier and treat the child with special health care needs have to be treated same as normal child.

### Source of Funding

None.

### Conflict of Interest

None.

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**How to cite this article:** Hassan SA, Bheteja S, Arora G. Breaking the barrier by bringing the children with special health care needs into mainstream dentistry. *J Paediatr Nurs Sci* 2019;2(3):67-8.