

What can the dentist do to improving the quality of life the children with disability



Manajemen Special Need Pediatric, Head Control and Mouth Control



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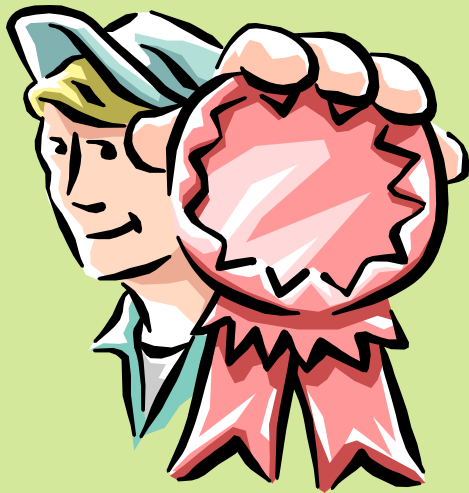
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I HEAR and I FORGET
I SEE and I REMEMBER
I DO and I UNDERSTAND



Confucius, Ancient Chinese Philosopher

**Declaration of pediatric dentist
7th Scientific meeting Surabaya 8-9 February 2014.
Declared by all pediatric dentist participant**

PROBLEM

- Oral health especially caries has become serious health problem in children that might result negative effect towards growth, development as well as social and emotional health

Recomendation:

- Upgrade multi profesion corporation for preventing caries in early age to achieve good habits and improvement of oral health in a whole life (comprehensive health).
- Encourage government, producent, profesion organization, NGO, and other decision maker



- Paying an attention of oral health in any ongoing health program
- Applying effective method which clinically proven to improve the oral health
- Focusing on simple continue approach that can be applied in massive scale to improve the oral health



Declaration of Bali

Agreed by 22 countries

- Oral cavity diseases especially caries is a major problem in Asia. Moreover diseases in children might have to be a concern as it influence significantly to their health, growth, emotional and social welfare

Recomendation of the meeting


- Integrative promotion and prevention program related to health school and surround environment
- Inter profession and sector cooperation to overcome caries in children
- Regional and national controlling programme at scholl.

Encourage government, NGO, and other stakeholders by :

- Prioritize oral health in children
- Use effective clinically proven approach for funding
- Promoting brushing teeth

Special Health Care Needs (AAPD, 2013)

- Medical management, health care intervention, and/or use of specialized services or programs

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- The condition may be congenital, developmental or acquired through disease, trauma or environmental

Disabilities in Indonesia

- Mute : 6,8%
 - Hearing impairment : 10,1%
 - Physical disability : 37,0%
 - Psychiatric disability : 6,7%
 - Intellectual disability : 12,7%
 - Visual impairment : 13,2%
 - Mute-hearing impairment : 2,8%
 - Overlapping : 10,7%
- (statistic center bureau 2001, Jakarta)

Dissable classification in special need school

(we call SLB in Indonesia)

- SLB A : Visual impairment (blind)
- SLB B : Hearing impairment (deff)
- SLB C : Speaking impairment
- SLB D : physical disabilities
- SLB E : mentally special need children

Developmental disabilities

- Differences in neurological-based functions
- People with intellectual disability

- The term developmental disability includes all people with an intellectual disability



- People with cerebral palsy and autism



Patient Attitude

- “I don’t want to be considered abnormal and I don’t want to be limited in reaching my full potential. I know I’m not as capable as I was and have somehow lost a lot of confidence in my own abilities. I don’t want to be considered inferior. Don’t embarrass me by asking me to do something that it is obvious I cannot do, yet give me every opportunity to do all that I can” (Patient with special need)

- Developmental delay



Case 1:

Bullying : a son, 10 years old by a classmate (girl, 9 years old)

- Case : Fraktur class 3 Ellis.
- Treatment :
 1. Endodontic teeth 12
 2. Rewalling
 3. Jacket crown porselen
- The side effect : Negotiation with parent
Negotiation about finance

Case 2 :
**Traumatic teeth cause playing with a
classmate, patient with Special Need
Children with Compromise Medis**



Start by hipoplasi email caused by Syndrome



- Children with intellectual disabilities have a higher incidence



Important

- Good communication, with the patient, the parent, the teacher, and all person in that school

- Familiarize both the dentist with the child's condition



- Patient approach, just simple communication, like name, age, or class



Offer verbal support




- **Take a thorough medical history**
- **Start it by allow anamnesa with her parents**




Parental Attitudes

a substantial barrier to dental treatment

Good communication with the parent
about oral health condition

- 
- Parents experience is shock and depression
 - Parents also describe stress associated with social habits
 - It is not easy to train a special need children in the tooth brushing

- 
- Parent believes in good dental care and prevention of dental disease
 - Communication ability the dentist depend the degree of disability

Stage through which parents of a special child go through

Disorganization (self pity, depression, guilt)

Reintegration

Mature adaptation

Example :

Parent over protection (patient in deaf and blind)

Parent rejection (patient in cerebral palsy)

Parents involvement

The key person in the oral habit are mothers



- The dentist must take annual parent meeting.



- Consultation with the school dentist may be required to modify diet.
- Parent must know what kind a cariogenic intake



The necessary of Parenting

Determine the time and school place



Parenting workshop before the examination



Medical Record

- Medical record is important, especially for comprehensive medical patient
- Dentist must report to the parent about the condition in oral health



Management of permanent toothwear (braches or applied teeth) in the patients with an intellectual disability



The restorative treatment

- glass ionomer cement
- composite resin material
- minimal tooth preparation
- using sedation



Management of poor plaque control

- to maintain adequate oral hygiene
- to prevent gingivitis (inflammation in gingiva)



Malocclusion

- hypotonicity
- hypertonicity



- oral habits such as tongue thrusting



Tooth grinding



Vision impairment

- We use reality object to educate that patient



The patient with Braille book

We can educate with book



- Collaboration with teacher or parents.



- Light sensitivity for Special Need Children
- Some children don't like the lamp



Hearing Impaired

- The tips for dentist :
patient lip-reads, face the child and speak clearly and slowly.



Learn basic sign language for early communication



Maintain visual contact between dentist and patient



Deaf children maybe very sensitive to vibration. Dentist can minimalize the intervention in teeth



Hearing aid

Some children with it, the dentist must speak clearly and slowly



Oro-motor dysfunction in patients with developmental disabilities



Oral Health for Special need Children

- Oral Hygiene
- Ability to brush teeth
- Fissure Sealing
- Flouridation
- Simple Restoration

TOOTH MOUSE

- Milk casein based tooth protection.
- It has flavors that children might be convenient to use, it doesn't matter if it's swallowed
- It cannot be used for autism children as it contains casein
- Protect and remineralized tooth
- Apply in a tooth surface for at least 3 minutes



3 mix MP

- Triple antibiotic mix in one materials
- Consist of : minociclyn (doksisiklin), ciprofloxacin, metronidazole that's mixed into macrogol gel
- Easy to apply
- Not all cases can be treated using 3Mix MP, Macrolog might be rare in some place



Glass Ionomer FUJI VII

- Fissure sealing of early erupted permanent tooth
- Pink and tooth color
- Easy to apply and constantly release fluoride
- Easy to be removed when application did not appropriate (saliva contamination)



Management process in the special need school

Screening special need children under parents control



Dividing the room for treatment such as extraction, filling and fissure sealing, fluor application, brushing teeth



Cooperative patient is very important for successful treatment

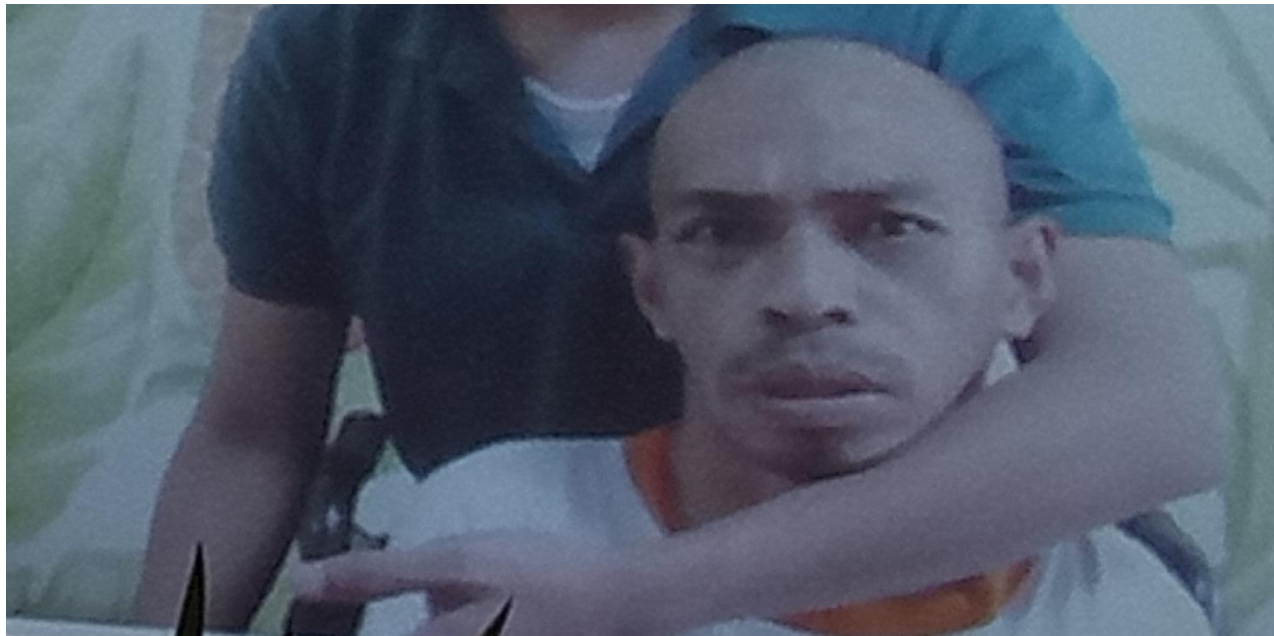


Important for dentist

The key in the treatment patient with disability :

- Head control
- Moved control

Head control for stabilitation and no moving

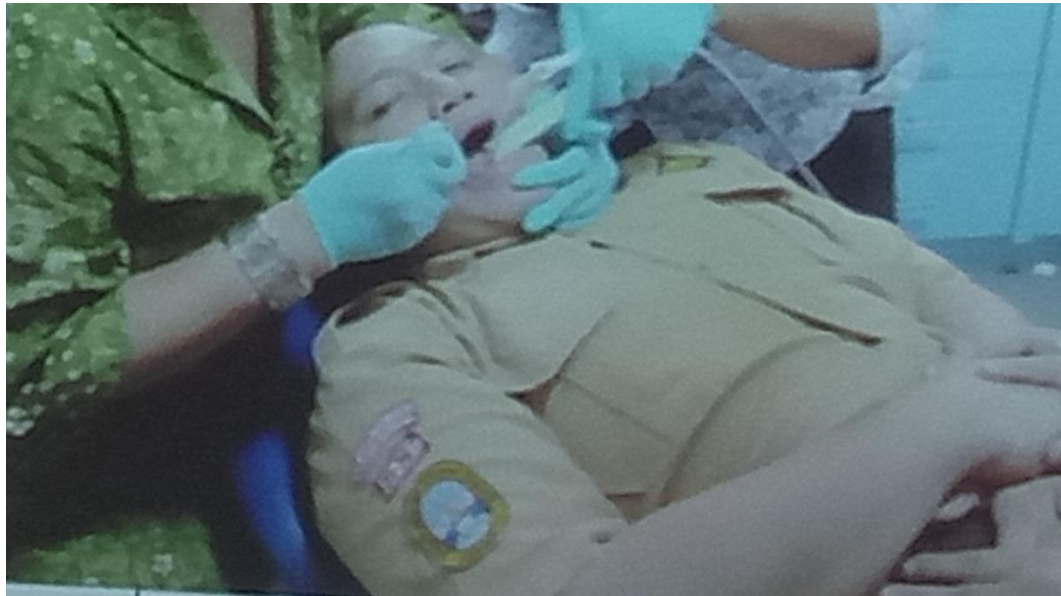


Head control

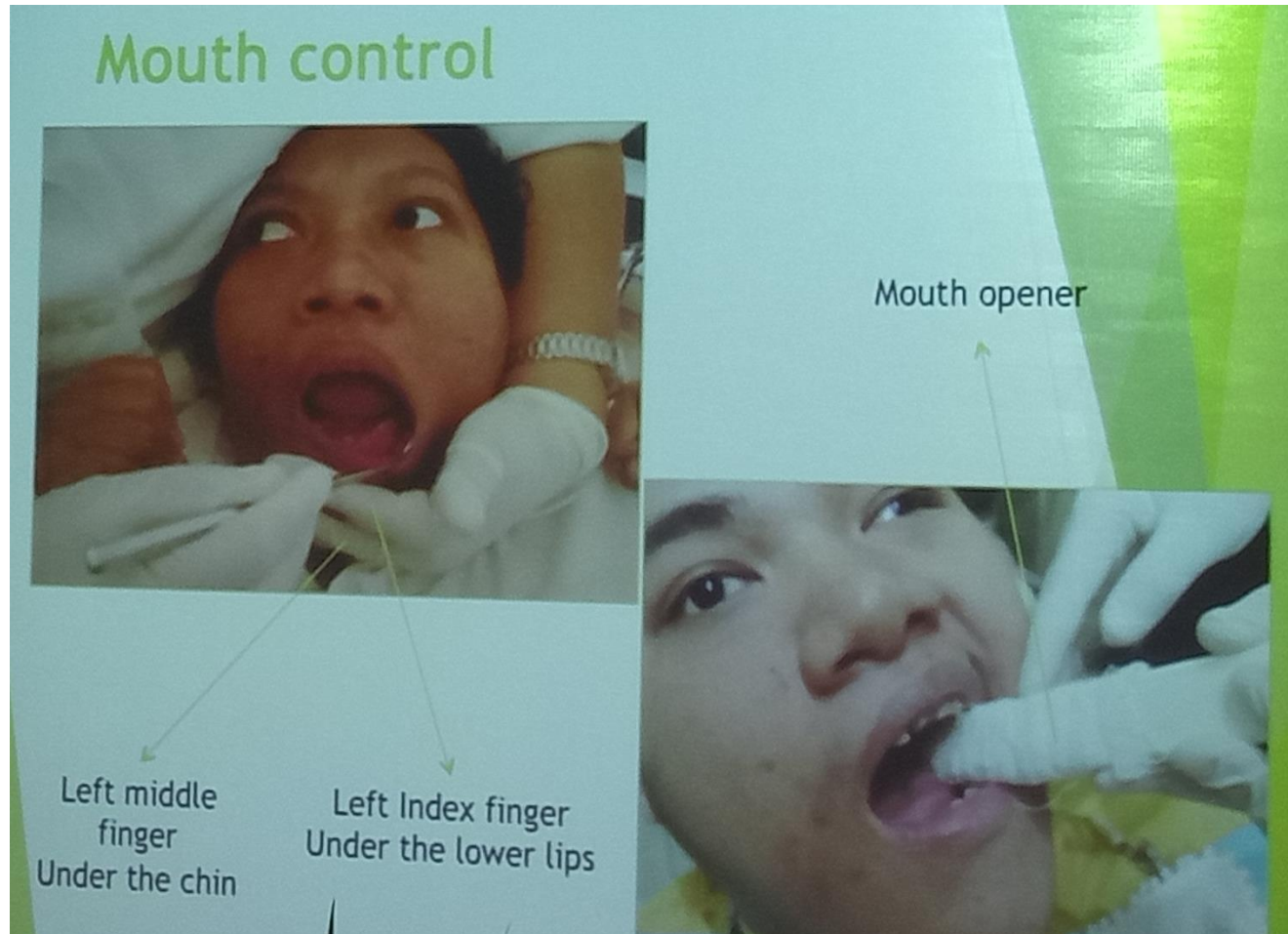


Mouth control

- Left finger
- Mouth opener



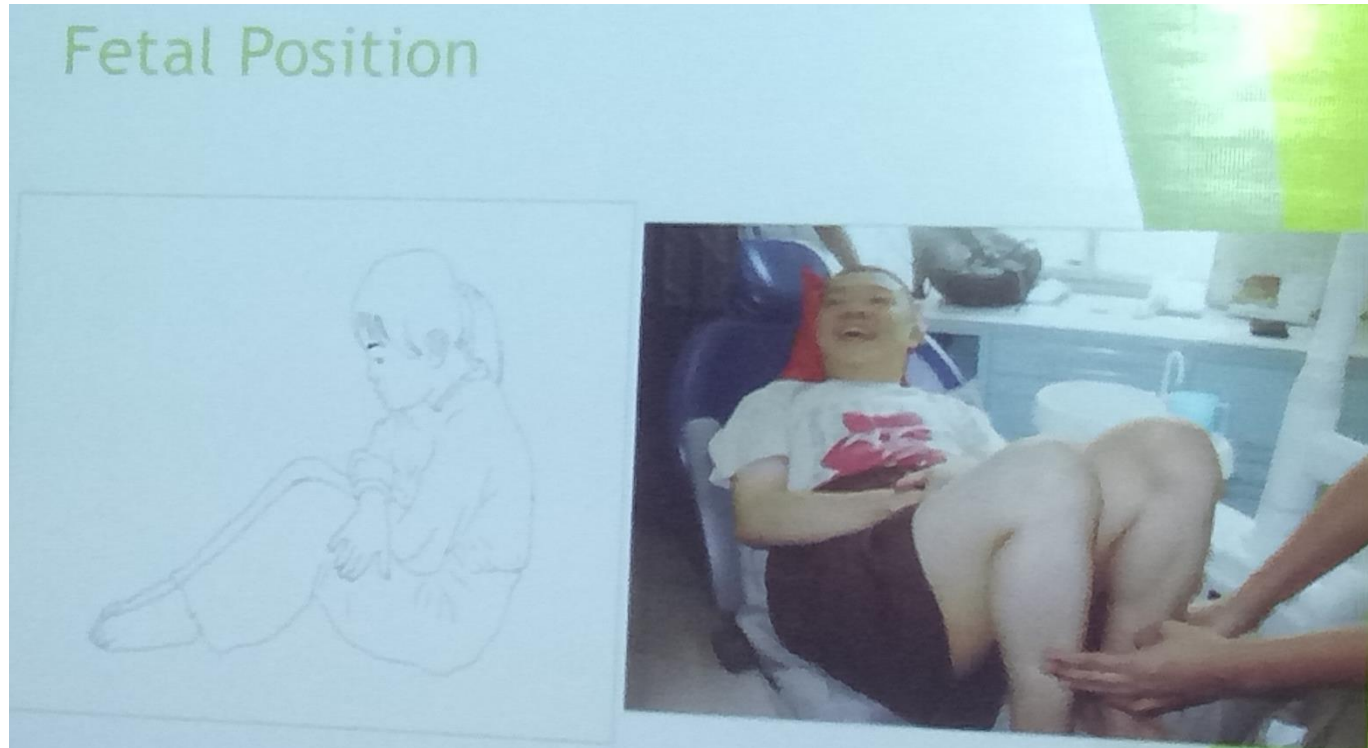
Mouth control and mouth opener



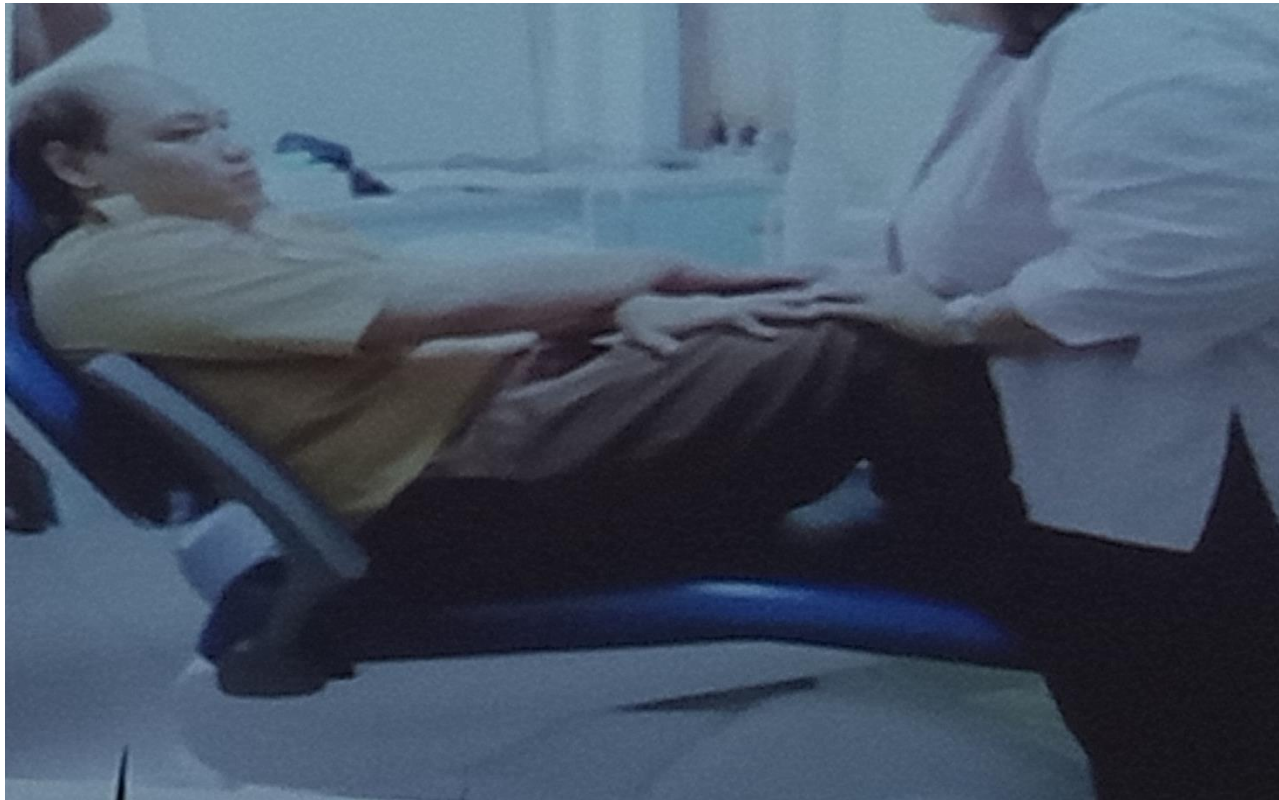
Restrain

- Simple
- Informed consent

Physical restraint



Body restraint



Papoes board



Vacuum cushion



Strain in Javanese : “stagen”



The dentist problem

- Reject :
 - a. Intellectual disability
 - b. Physical disability
 - c. Habitual

Two person methode for moving patient to dental chair or dental treatment





One person in behind the patient



Example Case

Patient Flow in Special Need Children School

8.00 : Open Ceremony

8.30 : Preparation

08.30 : Introduction and Dental Health
Education

9.00 – 10.00 : Screening in class

10-11.30 : Treatment

- Participant take the poster dental health education and screening tool kit to the committee



Prepare




The ending job

- The special need patient go to the classroom



- Participant go to the school lobby to rest and closing ceremony



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- ***“a week of practice is worth six months of theoretical teaching in the meeting room”***

(BP)

Do it with love



Children are the next generation Children with disability too





**KEEP
CALM
AND
GO TO
SKILLS LAB**