

## **Oral Health's Contribution to Wellness**

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People who have special needs are entitled to the same quality of dental care that we would want for ourselves. Without good dental care, failure to thrive, recurrent pneumonia and behavioral problems related to oral pain and infection frequently result.

Physicians can be critical advocates for good oral health by encouraging proper daily oral hygiene and alerting patients and their care givers of obvious or suspected need for clinical dental treatment. Physicians may even choose to medicate for infection and pain until treatment is arranged.

As a physician, a cursory oral survey is typically part of your physical exam. This article intends to describe some conditions often found in people with disabilities.

#### **Poor Oral Hygiene**

A clean healthy smile means freedom from pain and infection and invites greater social acceptance. However, poor oral hygiene causes many health problems and is considered one of the top three causes of aspiration pneumonia in the special needs population. Family or care staff must be encouraged to assist daily brushing for those who cannot do so independently.

#### **Oral Infection**

Swollen, bleeding gums, loose teeth and foul odor are signs of periodontal disease. Caries and periodontitis eventually cause abscess formation, pain depletes the bodies defense resources, and with cellulitis, can even threaten the airway. It is critical to remember that one of the major causes of hospital admission for fever of unknown origins turns out to be related to a dental cause.

#### **Behavior**

Some people with special needs may be unable to let you know that their distress is related to untreated dental disease. Oral problems should be part of a differential diagnosis for self injurious behavior and biting tendencies. Oral Health's Contribution to Wellness effect of numerous therapeutic medications. Combine this with habitual mouth breathing, and dry oral tissues become greatly more susceptible to disease and decay. Food palatability is also diminished due to taste suppression. Gingival hyperplasia is notably related to Dilantin use. Consistent oral hygiene, dental surgery or change of seizure medication are all possible interventions for this problem. Pouching of oral medications by patients can cause localized necrosis of mucosa.

#### **Mastication**

Problems with chewing, bruxism, swallowing, ruminating and drooling are often related to retained embryologic reflexes and injury to motor centers of the brain. A proper swallow relies upon sophisticated synchronization of mouth, pharynx, larynx, neck, spine and trunk, often lacking in people with disabilities, placing them at risk for recurrent respiratory infections. Bruxism and rumination have extremely deleterious effects on dentition, often eroding teeth down to the gum line. Consideration of food consistency must take into account missing dentition and oral pharyngeal function.

### Trauma

Loss of anterior teeth is more often a result of trauma than decay in the special needs population due to poor motor coordination, seizure incidence, behavioral outbursts and sometimes, self-destructive behavior.

### Malocclusions

Craniofacial deformities, abnormal tongue posture, orofacial muscle disturbances and aberrations in growth and development all contribute to malocclusions. Difficulties in behavior management and inability to cooperate may rule out orthodontics.

### Delayed Eruption or Overretained Teeth

It is common for primary teeth to be overretained when children with disabilities cannot dislodge or loosen them in the traditional fashion. A dentist's assistance must often be sought to avoid risk to airway and interference with the eruption path of permanent teeth.

The dental staff at Los Lunas community program can answer many of your questions. The number is 1-800-283-8415.