

# Dental Care for Those with Special Needs

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# Objectives

- Describe physical, mental, and behavioral challenges of special needs patients
- Identify dental care management approaches
- Discuss common oral health problems in patients with special needs and strategies for care

# Speakers

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Dental Care for Those with Special Needs

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# Patients with Special Health Care Needs

- More than 70 million U.S. adults (about 1 in 4) report having some type of disability. Advances in medicine mean that many conditions once considered acute or fatal are now chronic but manageable, allowing people to live longer and more independently.
- For individuals with intellectual and developmental disabilities (IDD), about 80% live with family caregivers or in community-based settings rather than in large institutions.

# Barriers to Health & Oral Care for People with Disabilities

## **Financial and Insurance Challenges:**

Nearly 1 in 5 adults with disabilities live in poverty, rely heavily on Medicaid or Medicare, and often lack dental coverage. High dental costs make oral health care financially inaccessible.

## **Access and Systemic Barriers:**

Many facilities remain only partly ADA-compliant, and limited transportation further restricts access. Gaps in provider training, language differences, and cultural barriers reduce effective communication and quality of care.

## **Health Prioritization and Specialized Needs:**

Oral health is frequently deprioritized compared to other medical concerns, despite its impact on overall well-being. Many individuals also require specialized behavior management strategies, which are not consistently available.

# Treatment Principles

- Basic principles of dental care apply to ALL patients
- Obtain and thoroughly review medical history
- Obtain necessary medical consultations from treating physicians
- Consider caregiver's and patient's ability to maintain oral hygiene
- Develop a strategic care and recall management plan by considering the patient's ability to cooperate during the appointment
- Consider length and time of day for appointments
- Parental treatment room presence may be considered in the patient management plan

# Treatment Principles (Continued)

- For patients with mild intellectual disabilities, use simple, repetitive instructions and positive reinforcement
- For moderate to severe cases, treatment may require sedation, but overall dental care needs are largely similar to the general population, except for craniofacial conditions

# Common Conditions

- **Autism**
- **Intellectual and Developmental Disabilities (IDD)/ADHD**
- **Cerebral Palsy**
- **Down Syndrome**

# Autism & Pervasive Developmental Disorders

## **Core Features of PDDs:**

Impairments in social reciprocity, communication challenges, repetitive behaviors, and restricted interests. Children often exhibit limited social motivation and emotional recognition.

## Types of PDDs:

**Autism:** Most common PDD.

**Asperger Disorder:** Similar to autism but with minimal language or cognitive impairments; considered a higher-functioning form of autism.

**Rett Disorder:** X-linked dominant disorder affecting girls, characterized by loss of purposeful hand use, spasticity, seizures, and cognitive decline.

**Childhood Disintegrative Disorder:** Rare condition where a child develops normally until ages 3–5, then experiences rapid regression into autistic behaviors.

**PDD-NOS:** A typical presentation not meeting full criteria for other PDDs.

**Behavioral Characteristics:** SCDCASD is a spectrum disorder; individuals may exhibit a combination of characteristics such as resistance to change, limited eye contact, unusual play (e.g., spinning objects), repetitive language, motor abnormalities, sensory sensitivities, disruptive behaviors, and preference for solitary activities.

# Dental Care for Patients with Autism & PDD

## **Routine and Environment:**

- Maintain a consistent dental routine with the same staff
- Schedule short, quiet appointments to reduce stress and improve cooperation
- Effective parental or caregiver oral hygiene instructions along with a strategic periodicity plan for dental recall visits

## **Oral and Feeding Challenges Affecting their Need for Effective Dental Care:**

- Children may have poor muscle tone, drooling, and tongue coordination issues
- May prefer soft or sweet foods, react strongly to textures
- May pouch foods
- All of these habits increase susceptibility to dental caries

# Attention Deficit Hyperactivity Disorder/ ADHD

- ADHD, a neurobehavioral syndrome, based on specific behavior patterns, has had an increased incidence of diagnoses in recent years
- An estimated 2-9% of children have ADHD
- Birstein E. et al, Oral Characteristics in Children with attention deficit hyperactivity disorder. Spec Care Dentist, 2008, 28(3):107-10, notes higher incidences of bruxism, toothache, bleeding gums, and oral trauma histories.
- Children with ADHD may also exhibit increased risk of caries.

# Dental Care for Patients with ADHD

- Set clear rules
- Use positive reinforcement
- Stay calm and consistent
- Use Time-outs during visits
- Make sure the patient has taken ADHD medications before procedures, specifically those requiring sedation with benzodiazepines, as they can trigger hyperactivity.

# Cerebral Palsy

## Prevalence and Risk Factors:

Cerebral Palsy is the most common motor disability in childhood, affecting approximately **1 in 345 children** in the United States. Risk factors include low birth weight, prematurity, and prenatal or perinatal brain injury.

## Types of Cerebral Palsy:

**Spastic CP:** The most common type, accounting for about 80% of cases, is characterized by increased muscle tone and stiffness.

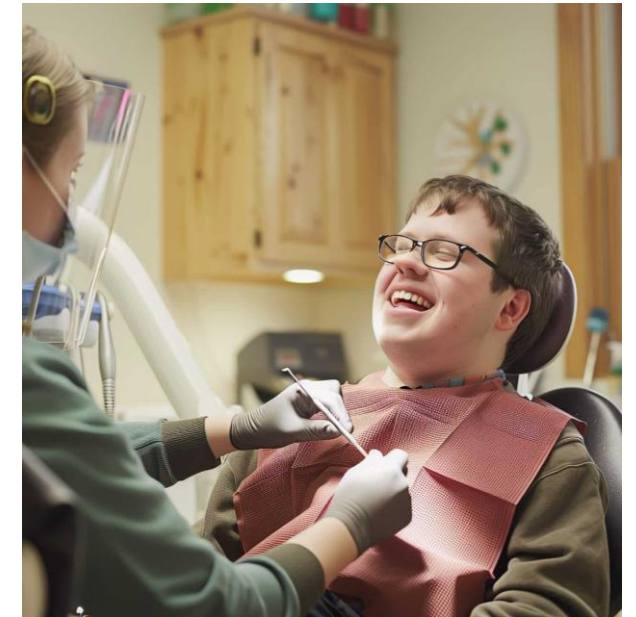
**Dyskinetic CP:** Involves abnormal muscle tone and involuntary movements, affecting approximately 10% of individuals with CP.

**Ataxic CP:** The least common type, affecting approximately 4% of individuals, is characterized by issues with balance and coordination.

## Cognitive and Communication Considerations:

Cognitive abilities in individuals with CP vary widely, with many having normal intelligence.

Communication may be affected by dysarthria (difficulty speaking) or other speech impairments, necessitating the use of alternative communication methods.



<https://www.google.com/url?sa=i&url=https%3A%2F%2Fpvpd.com%2Fspecial-needs-dentistry%2F&psig=AOvVaw3RvbU91H-ooWLB2qenAH&ust=1757833871511000&source=images&cd=vfe&opi=89978449&ved=0CBYQjRxFwoTCLDSz86X1Y8DFQAAAAAdAAAAABAQ>

# Dental Care for Cerebral Palsy Patients

**Oral Development & Challenges:** Open bite, anterior protrusion, tongue thrust, tube-fed, high calculus levels, and excessive drooling; treatment may vary—avoid prejudging capabilities.

**Tailored Treatment Approaches:** Maintain clear paths for access, short appointments, use of wheelchairs or sliding boards, anticipation of uncontrolled movements, passive support (with soft pillows), and sedation or relaxation as needed.

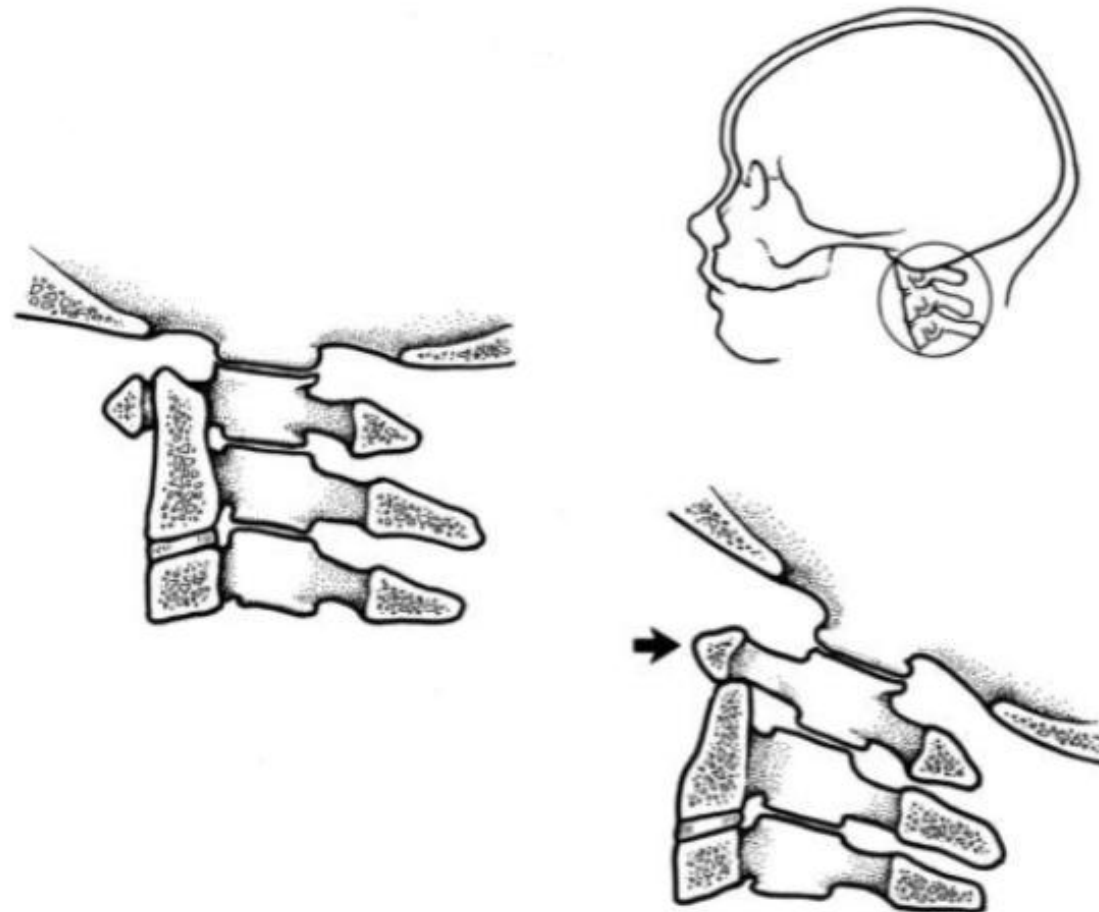
**Communication & Hygiene Support:** Use short commands, slow speech, eye contact, adaptive devices, and passive restraints to assist oral care and cooperation.

# Down Syndrome (Trisomy 21)

**Prevalence & Risk:** Occurs in about 1 in 700–800 live births, affecting all racial, ethnic, and socioeconomic groups. Risk increases with maternal age (age 35: 1 in 350; age 40: 1 in 100).

**Physical Traits:** Characteristic features include flattened facial profile, upward slanting eyes, small ears and mouth, short stature, and a single palmar crease.

**Behavior & Development:** Commonly presents with hypotonia, delayed motor skills, developmental delays, and affectionate, gentle personalities; behavior is generally comparable to typically developing children.



**Figure 16.2.** Children with Down syndrome are at risk of developing subluxation (partial dislocation) of the atlantoaxial or atlanto-occipital joint, as shown in this illustration (right side). A typical neck region is shown for comparison (left side). This subluxation predisposes these children to spinal injury with trauma. This abnormality can be detected by X ray or magnetic resonance imaging scan of the neck.

# Dental Care for Down Syndrome Patients

## **Medical Complications:**

~2/3 have congenital heart defects; common issues include hypotonia, intellectual disability, visual/hearing impairments, sleep apnea, and increased infection or leukemia risk.

## **Dental Considerations:**

Narrow palate, delayed eruption, malocclusion, dry mouth, hypodontia, and rapid-onset periodontitis; careful positioning needed due to atlantoaxial instability.

## **Management & Prognosis:**

Frequent recalls, fluoride, good home care, behaviorally appropriate approach, and antibiotic prophylaxis as needed; >50% survive into their 50s, with prognosis influenced by cardiac health and social inclusion.

# Conclusion

Dental care for children with special needs requires individualized planning, considering medical, behavioral, and developmental factors. Short, structured appointments, caregiver involvement, and preventive home care are essential. Children with Autism, ADHD, Cerebral Palsy, or Down Syndrome may also need behavioral strategies, adaptive devices, or antibiotic prophylaxis to optimize oral health outcomes.

Questions?



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