

Contents

Dedication	xiii
Burton S. Wasserman	
Preface	xv
Burton S. Wasserman	
Issues in Access to Oral Health Care for Special Care Patients	169
Martin J. Davis	
<p>Access to oral health care for persons with special health care needs is quite limited. Psychologic, economic, and physical barriers exist that prevent these patients, who may have complex medical histories and physical or psychologic disabilities, from accessing appropriate continuing dental care. There are ways to surmount each of these barriers, typically with both positive and negative aspects that must be considered. Education of the health care professionals, the patients, government officials, third-party payers, and colleagues in all aspects of health care, is needed. The ultimate answer is education of and cooperation by all concerned, including the patients and caretakers.</p>	
Health Related Issues for Individuals with Special Health Care Needs	183
H. Barry Waldman, Rick Rader, and Steven P. Perlman	
<p>More than 50 million individuals in the United States with developmental disabilities, complex medical problems, significant physical limitations, and a vast array of other conditions considered under the rubric of “disabilities” live in our communities, many as a result of deinstitutionalization and mainstreaming. Children and adults with special health care needs have become a much more integral and visible component of everyday life. This process represents an ongoing change in perceptions about individuals with disabilities and subsequent reform of policies concerning the rights and the principles of care for people with special needs. The reform was built upon an increased role for the family and community health practitioners in providing needed care.</p>	
Planning Dental Treatment for People with Special Needs	195
Paul Glassman and Paul Subar	
<p>People with disabilities and other special needs present unique challenges for oral health professionals in planning and carrying out dental treatment. This article presents a schema for planning dental treatment that encourages the oral health provider to fully consider multiple medical, social, psychologic and dental findings when preparing treatment recommendations for a patient with special needs. If these factors are fully integrated, the</p>	

resulting treatment recommendations provide the best chance of helping the individual achieve and maintain a lifetime of oral health.

Special Needs of Anxious and Phobic Dental Patients 207

Mark Slovin and June Falagario-Wasserman

Dentally anxious and phobic individuals are an underserved special needs population because of their avoidance of treatment. Dentists and their auxiliary staff, with an understanding of the etiologies leading to this potentially serious health obstacle, can enhance the patient's overall quality of life. Techniques are available for dentists to evaluate and treat this critical phenomenon. Through proper information, education, and staff sensitivity, these individuals can be rehabilitated and enjoy improved oral and systemic health.

Minimal and Moderate Oral Sedation in the Adult Special Needs Patient 221

John M. Coke and Michael D. Edwards

Oral minimal/moderate sedation can be an effective tool to aid in the dental management of adult special needs patients. Specific sedative drugs must be chosen by the dentist that can be used safely and effectively on these patients. This article focuses on a select number of these drugs, specific medical and pharmacologic challenges presented by adult special needs patients, and techniques to safely administer oral minimal and moderate sedation.

Treatment of Mentally Disabled Patients with Intravenous Sedation in a Dental Clinic Outpatient Setting 231

Benjamin H. Solomowitz

Treating the special care patient is challenging for the treating dentist and dentist anesthesiologist. The goal is to have a patient free of disease and pain restored with aesthetic and functional use of his/her oral cavity. The challenge is to incorporate the patient's medical, physical, behavioral, financial, and oral hygiene considerations into this goal. This article describes clinical techniques used to treat special care patients under intravenous sedation in an outpatient dental clinic setting. The discussion includes how to make a preoperative dental diagnosis, how to start an intravenous line painlessly, intravenous medications used in outpatient sedation, clinical tips for dentistry with special care patients, and postoperative evaluation.

Evaluation, Scheduling, and Management of Dental Care Under General Anesthesia for Special Needs Patients 243

Mary L. Voytus

Dental care in the operating room requires expertise to be efficient, effective, and comprehensive. By gathering appropriate information preoperatively, intraoperatively, and postoperatively, the dentist can assume the leadership role that is required for effective dental care. Standardizing

procedures, while including the training of residents, can meet the dental goals for comprehensive dental management.

Treatment Planning Considerations for Adult Oral Rehabilitation Cases in the Operating Room **255**

Allen Wong

Treatment planning for adult oral rehabilitation starts before cases are scheduled and continues after the discharge phase. Practitioners providing dental care must be competent in all phases of dentistry and comfortable in the operating room setting. Dental caries risk assessment and medical risk assessment are important in developing comprehensive and predictable treatment plans. Oral rehabilitation in the operating room for patients who have special needs is a growing concern. Coordinating medical procedures with oral rehabilitation procedures while patients are under general anesthetic is an efficient use of sedation. A systematic approach for treatment plan consideration is explored for oral rehabilitation cases using general anesthesia or monitored anesthesia care.

Managing Older Patients Who Have Neurologic Disease: Alzheimer Disease and Cerebrovascular Accident **269**

Robert G. Henry and Barbara J. Smith

Neurologic diseases represent some of the most common disabling and costly conditions in older age. Alzheimer disease and cerebrovascular accidents (strokes) are two of the most common neurologic conditions, and represent the leading causes of nursing home placement. Dental professionals will be caring for older patients who have age-associated neurologic diseases, including Alzheimer disease and stroke because of the increased longevity of the United States population coupled with improved survivorship of these conditions as a result of advanced medical diagnosis and treatment. Understanding the clinical manifestations of these two common, but distinctly different, neurologic conditions will enable dental professionals to provide safe and rational dental care.

Dental Management of Special Needs Patients Who Have Epilepsy **295**

Miriam R. Robbins

Patients who have developmental disabilities and epilepsy can be safely treated in a general dental practice. A thorough medical history should be taken and updated at every visit. A good oral examination to uncover any dental problems and possible side effects from antiepileptic drugs is necessary. Stability of the seizure disorder must be taken into account when planning dental treatment. Specific considerations for epileptic patients include the treatment of oral soft tissue side effects of medications and damage to the hard and soft tissue of the orofacial region secondary to seizure trauma. Most patients who have epilepsy can and should receive functionally and esthetically adequate dental care.

HIV: Medical Milestones and Clinical Challenges

311

Kelly P. Halligan, Timothy J. Halligan, Arthur H. Jeske, and Sheila H. Koh

Since its discovery in the 1980s, HIV has infected every continent on the globe by crossing socioeconomic, racial, ethnic, and gender barriers, and it continues to contribute to human morbidity and mortality. Advances in medicine and technology have led to new combination medications for HIV-positive patients, early HIV testing methodologies, and potential for an HIV vaccine, and they have given researchers and clinicians a larger armamentarium with which to treat and prevent the disease. Even with these vast improvements in HIV prevention, detection, and treatment, scientists have been unsuccessful in developing its vaccine. Therefore, the search for a cure for HIV remains the marathon of the millennium.

Dental Care for Patients Who Are Unable to Open Their Mouths

323

Burton L. Nussbaum

There are a number of diseases and conditions that prevent the sufferer from adequately opening the mouth. The danger of inanition, malnutrition, chronic periodontal disease, caries, and abscessed teeth are very real to this population. Dental treatment issues include inadequate access to the oral cavity, inability to locally anesthetize mandibular posterior teeth, inability to gain access for traditional operative dentistry, and lack of clearance for most oral surgery procedures. The purpose of this article is to provide the reader with a discussion of the various conditions and then discuss the dental and anesthesia issues for this unique population.

A Review of Cerebral Palsy for the Oral Health Professional

329

Nancy J. Dougherty

Individuals who have cerebral palsy (CP) face many physical challenges throughout their lifetimes in addition to societal barriers that can have an impact on quality of life. The ability to access appropriate dental care has long been an issue for people who have disabilities. Dentists should be integral members of teams of professionals involved in optimizing the health of individuals who have CP. As with all members of this interdisciplinary team, oral health care providers should have a thorough knowledge of the medical, cognitive, and rehabilitative issues associated with CP. With this knowledge the best possible health care can be provided.

Oral Self-Injurious Behaviors in Patients with Developmental Disabilities

339

Maureen Romer and Nancy Dougherty

Self-injurious behaviors (SIB) in patients who have developmental disabilities is a complex disorder, and its underlying etiologies are poorly understood. SIB is a significant factor in hospitalizations, decisions to use psychotropic medications, and institutional placement for people who have developmental disabilities. Because this group often manifests oral SIB, the dentist may be the first professional called upon to evaluate a patient. Dental therapy focuses on symptomatic treatment to minimize tissue damage caused by SIB, but addressing the underlying impetus for the behavior is essential for successful treatment. Determining definitive therapeutic interventions is difficult because of the mixed bio behavioral

etiologies for SIB. This complication necessitates a team approach that includes medical and behavioral specialists.

Oral Health Burden in Children with Systemic Diseases **351**

S. Thikkurissy and Shantanu Lal

Children who have systemic diseases face a burden of disease distinctly greater than their healthy counterparts. Neglect or delay of addressing this burden can lead not only to significant morbidity for the child, but also to family dysfunction. This article addresses issues salient to the understanding of oral health burden in children and families living with systemic disease. Topics include the parent as caregiver, children who have cerebral palsy, juvenile arthritis, developmental delay, and organ diseases.

Behavioral Management for Patients with Intellectual and Developmental Disorders **359**

Karen A. Raposa

Intellectual and developmental disorders can severely impair a patient's ability to communicate and socialize. Individuals with such disorders tend to have unusual ways of learning, paying attention, and reacting to different sensations. Symptoms can range from very mild to very severe. To properly treat these patients and, if necessary, refer them for appropriate medical care, dental professionals must be able to recognize the signs and symptoms of each patient's specific disability. This article gives details about behavior associated with intellectual and developmental disorders and describes specific techniques for care that may be used routinely at home and carried into the dental setting.

Home Oral Health Practice: The Foundation for Desensitization and Dental Care for Special Needs **375**

Fred S. Ferguson and Debra Cinotti

As oral health is increasingly recognized as a foundation for health and wellness, caregivers for special needs patients are an essential component of the oral health team and must become knowledgeable and competent in home oral health practice. Education and training for caregivers should become a standard of care early in the first year of life for any child with developmental delay or any person, regardless of age, who experiences an illness or event that compromises their ability to provide self oral health care. Given the implication of poor oral health to general health and health care costs, home oral health practice is a significant factor in dental care, general health, quality of life, and controlling health care costs.

Index

389