

Dental Causes of Behavior in People with IDD

People who communicate in ways other than with words, often use behaviors to communicate information to others. It is important to rule out underlying dental causes for adverse behaviors before initiation of medications, restraints, or other behavior modification initiatives. Below is a list of behaviors that might indicate dental issues in people with intellectual and developmental disabilities and other vulnerable populations.

Behaviors that might indicate underlying dental issues:

- Hitting self in any area including the mouth and jaw
- Putting hands in mouth
- Refusal to eat because of pain
- Spitting out food because of pain with chewing, tongue pain, buccal pain, or pain with salivation
- Physical or verbal aggression particularly around mealtimes as the person has learned to anticipate pain in these instances and may use these measures to avoid the pain

This IntellectAbility Resource Sheet is sourced from Clinical Pearls in IDD Healthcare: Second Edition, written by Craig Escudé, MD, FAAFP, FAADM.

Pitting, erosions in the posterior teeth, and erosions in teeth that are filled can be indicators of gastroesophageal reflux.

Gastroesophageal reflux can cause pain and similar symptoms. Please look for pitting, erosions in the posterior teeth, and step-off erosions in teeth that are filled. If these are noted, recommend a referral for evaluation of this condition.

Thanks for your careful attention to helping improve the lives of people we support!



Oral Healthcare for People with IDD

There are several barriers to good oral health for people with IDD including:

- Limitations in the person's ability to cooperate with dental cleaning procedures and general oral care
- Lack of adequate training of families, support staff, and dental providers in meeting their oral health needs
- Financial barriers including limitations on what services are paid for by third-party payors
- Difficulty finding a dental provider familiar with providing care for people with IDD
- Additional barriers include the increased incidence of oral trauma, neuromuscular imbalances, stimulatory oral habits, anatomical abnormalities, retained developmental oral reflexes, dietary modifications that may impact oral hygiene, food retention, oral disease progression, and atypical oral function (mastication, deglutition, aspiration risks)

There are numerous techniques and methods that can be utilized to improve oral health in people with IDD such as:

- Desensitization plans to help facilitate better oral care. The starting point with desensitization must be focused on teaching tolerance to, or compliance with, daily oral hygiene measures. Daily brushing must be consistent, but the approach/plan/teaching must also be consistent. A desensitization plan for dental procedures might also include getting someone to step into the exam room comfortably, then, on another visit, getting them to sit in the chair, then opening their mouth, etc. until a person becomes comfortable with allowing dental care. A psychologist or applied behavioral analyst can often be helpful in creating these plans.
- Utilization of specialized equipment that can facilitate better positioning and comfort such as weighted blankets, cushions that can conform to the person's body, and other support devices that can aid in safety and security
- Minimizing procedure times by breaking up lengthy procedures into several shorter ones (also called "respecting the patient's cooperative window")
- Utilizing specialized x-ray techniques to allow for adequate dental x-rays without having to place the film in a person's mouth (the modified lateral oblique jaw film)
- Facilitating telehealth-connected teams to reach people in locations where they live and work to deliver preventative and early intervention services using allied dental personnel who are connected to dentists



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Creating a specialized, person-centered oral health plan is important to improving oral health in people with IDD. Considerations include:

- Getting to know the person, along with their likes and dislikes and what may assist them in better compliance with oral care and dental procedures
- Evaluating the need for more frequent examinations and cleanings
- Teaching families and support staff about particular daily oral hygiene techniques
- Utilization of specialized toothbrushes and other oral care equipment
- Awareness of the impact of dental pain on adverse behaviors, especially in people with limitations in the ability to speak

Sometimes, people with IDD may present to a primary healthcare practitioner's office to be evaluated for behavioral changes that could be a result of pain. They may not be able to indicate that the pain is caused by a dental problem, so they do not present to the dentist first. It is important for medical practitioners to consider dental causes of pain and recommend a dental evaluation when no medical cause of pain can be identified.

Sometimes, the only option for a physician is to prescribe antibiotics.

Sometimes, the only option for a physician is to prescribe antibiotics for what is perceived to be an oral abscess or infection. This may partially heal or mask the source of the infection, limiting the dentist's ability to correctly diagnose and treat the tooth or site. If a dental issue is suspected, prompt dental referral on the same day is preferable, though not always available.

The importance of dental health cannot be over-emphasized. It is well documented that chronic inflammation, such as with poor dentition, contributes to a variety of chronic diseases, including diabetes mellitus and atherosclerotic heart and vascular disease. The gram negative organism, *Porphyromonas gingivalis*, a common finding in periodontal disease, has been shown to contribute to respiratory infections and has been isolated in brain tissue of individuals with dementia.

Working to improve oral health is an important part of overall healthcare and support for people with IDD. Thanks for what you do!



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