

Autism and Oral Implications!!!

Deepak Viswanath*

Department of Pedodontics and Preventive Dentistry, Krishnadevaraya College of Dental Sciences, India

***Corresponding Author:** Deepak Viswanath, Professor and head, Department of Pedodontics and Preventive Dentistry, Krishnadevaraya College of Dental Sciences, Hunasamaranahalli, Bengaluru, 562157, India.

Received: March 24, 2015; **Published:** May 02, 2015

Autism is a complex developmental disability that impairs communication and social, behavioral, and intellectual functioning. Some children with the disorder appear distant, aloof, or detached from others or even from their surroundings; whereas others do not react appropriately to common verbal and social cues, such as a parent's tone of voice or smile. Obsessive routines, repetitive behaviors, unpredictable body movements, and self-injurious behavior may all be symptoms that complicate dental care.

Autism varies widely in symptoms and severity, and some people have coexisting conditions such as intellectual disability or epilepsy. They can be among the most challenging of patients in the dental operator.

Health Challenges in Autism and Strategies for Care

Firstly, review the patient's medical history; fix a consultation with physicians, family, and attenders is most essential to assembling an accurate medical history. Further, determine who can legally provide informed consent for treatment. Communication problems and mental capabilities are central concerns when treating a child with autism. Talk and reassure the parent to determine the child's intellectual and functional abilities, and then start interacting with the child at a level he or she can understand. Use a "tell-show-do" approach to provide dental care. Explain each procedure before it occurs and spend quality time to show what you have explained, till the child/parent is reassured; such as the instruments you will use and how they work. Demonstrations and motion media presentations definitely encourages some patients to be more active and also cooperative. Some common Behavioral problems such as hyperactivity and quick frustration complicate oral health care for autistic children. The invasive nature of dental care may trigger violent and self-injurious behavior such as temper tantrums or head banging. Therefore, we as Pediatric Dentists should plan a desensitization appointment to help the patient become familiar with the dental office, dental staff, and equipment through a step-by-step process.

Once the child is made to sit on a dental chair, begin a slow and cursory examination of the child gently with your fingers, followed by a blunt instrument or maybe even a toothbrush in order to gain additional access. The use of toothbrushes act as a zone of comforter as the child is familiar with it, and also acts as a buffer to the dentist to visualize and record dental findings. During the same time, the dentist should make a thorough intra-oral examination and try to keep the child less active and make the chair side at least on the first visit a very short one. Also, sharp and unfamiliar dental instruments, especially the turbine hand pieces should be out of sight/reach from these children. Additionally, a person whom the child emotes to, be it one of the parent/grand parent and their presence in the first visit has a lot of future positive impact on the dental treatment for these children. During this time, the dentist should watch for any sign/symptom of seizures and medical alert has to be in place.

Oral Health Problems

As with general population, these autistic children too have impending oral diseases be it dental caries, periodontal diseases, malocclusion or bruxism, to name a few; and it is the strategy adopted by the Pediatric Dentist in dealing with these children makes it the order of the day, also we have various associations and bodies which have formulated definitive treatment plans/steps in dealing such children.

Citation: Deepak Viswanath. "Autism and Oral Implications!!!". *EC Paediatrics* 1.2 (2015): 39-40.

Most often, these children have self-injurious oral habits which may be mild as tongue thrusting to severe forms such as piercing/stabbing of gingiva and worst sometimes where the child may eat objects such as gravel, cigarette butts and pens. As with any disease, the dental diseases too don't start off immediately, but the parents/caregivers can be given 'anticipatory guidance' where each of the futuristic problems that the child may undergo, can be explained in simple words and their management too, sometimes at home which can be achieved by them.

So, treatment of children with autism in a dental operatory is not an easy job, but a multi-layered, multi-visited and most importantly, the faith and character of both the dentist and child should be at a high esteem. Therefore, we as Pediatric Dentists should imbibe the determination quality which augurs extremely well in the management of autistic children, which not only will have a significant impact on patients oral health, but also on his/her quality of life.

Volume 1 Issue 2 May 2015

© All rights are reserved by Deepak Viswanath.