

# Barriers in Providing Dental Care to Special Care Populations

Dr. A. Vinita Mary, M.D.S.

Professor and Head,

Department of Public Health Dentistry.

Thai Moogambigai Dental College and Hospital,

Chennai, Tamil Nadu, India

Dr. Sai Charan K.V.

Junior Resident,

Thai Moogambigai Dental College and Hospital,

Chennai, Tamil Nadu, India

Dr. Kesavan R., M.D.S.

Associate Professor,

Department of Public Health Dentistry

Thai Moogambigai Dental College and Hospital,

Chennai, Tamil Nadu, India

Dr. Sameeruddin Ahamed. G

Junior Resident,

Thai Moogambigai Dental College and Hospital

Chennai, Tamil Nadu, India

Dr. Sameera Ashiq. S

Junior Resident

Thai Moogambigai Dental College and Hospital

Chennai, Tamil Nadu, India

**Abstract:- Oral health needs for special care population is often neglected by parents/care takers and by dental professional which is weary but a true fact. Despite the recognition of the role of dental profession in providing oral care for these people with disabilities, many dentists show reluctance to accept these people as their patients, the reason for this reluctance are various barriers that lead to the development of negative attitude towards these populations. Despite of numerous advances in the field of dentistry in recent days, the oral health of the special care population remains poor. “Empathy is necessary ingredient in rendering quality dental care for the disabled person”. Dental care of the disabled person should be aimed at developing empathy in the dental practitioners towards them. This article briefly explains various barriers in provision of dental care for special care population.**

**Keywords:- Oral Health Care, Special Care Dentistry, Reluctance, Empathy, Barriers, Treatment Consideration.**

## I. INTRODUCTION

The world health organization has defined a handicapped/disabled person as “one who over an appreciable period is prevented by physical and mental conditions from full participation in the normal activities of their age groups including those of social, recreational, educational and vocational nature [3]. Persons with special needs are those who due to developmental or cognitive, physical/physiological and medical conditions requires special care. This population include those with Alzheimer’s disease, mental retardation, downs syndrome, brain and spinal cord injuries and various other conditions. These people are not well accepted by the society and this may create a negative impact in their minds [1,4]. Caring for special persons needs more compassion, understanding and empathy. Parents develop guilt, sorrow and anger when a child is born with handicapped problems, the family has

been emotionally, physically and economically tied up with patient’s medical conditions, which makes them difficult to get interested in dental needs of the child [2,4,5]. The treatment consideration for a special care patient present with numerous challenges for dental practitioner, which may ultimately become a barrier in provision of quality care. Lack of education and experience, fear of the patient, feeling incompetent to treat, inability to develop relationships, need for special equipment and dental office architecture are some of the barriers from dentist side [5]. Special care dentistry is the branch of dentistry that aids in providing oral health care needs for these specialized population [6,8]. The training and accreditation of specialists in this field might improve the oral health needs of the persons with disabilities [7]. Training programs in special care dentistry must be equipped to enhance and improve the quality of patient oral health care. curriculum should be revised for undergraduate to facilitate future dental graduates to deal with these group of patients [8].

## II. SPECIAL CARE DENTISTRY

**“Special care dentistry is that branch of dentistry, which provides preventive and treatment oral care services for people who are unable to accept routine dental care because of some physical, intellectual, medical, emotional, sensory, mental or social impairment, or a combination of these factors. Special Care Dentistry is concerned with the improvement of oral health of individuals and groups in society who fall within these categories. It requires a holistic approach that is specialist led in order to meet the complex requirements of people with impairments” [8].**



Fig 1:- Equality in Treatment  
Source: www.dreamstime.com

According to united nation organization that about 10-12 percent of world’s population live with disabilities. **“United Nation Universal declaration of Human Right’s Emphasizes equal rights for good health and well being even for persons with disabilities” [3].** The term **“Special child”** is often reserved for those who are impaired, thus restricting their normal daily activities in some manner throughout their life. Special care dentistry is a new entity that needs a multidisciplinary approach for an integrated care. This kind of facilities are not always available for these population due to various barriers among dentist and patient environment. Based on the onset of diseased condition population with disabilities are divided into two major groups, it includes the one with congenital and acquired defects. Congenital defects include mental retardation, cerebral palsy and down syndrome etc., the acquired defects include traumatic injuries and

psychological disorders etc., these factors restrict them from normal daily activities.

❖ *Normal Daily Activities:*

- Adaptability. (adaptability is a person’s skill to change his course of action or his approach towards the present situation)
- Manual ability. (potential of a person in carrying out his day to day works in a perfect manner)
- Orientation to the surroundings. (it is considered to be an awareness in three dimensions: including that of time, place and person)
- Constraints [Self-discipline, voluntary control, self-confidence, etc.]
- Ability to lift, transfer or move objects.
- Way of speech (comprehension), Memory, Concentration, Awareness of the risks surrounding him [4,6,11].

**III. NOWAK’S ( 1964) CLASSIFICATION OF HANDICAPPING CONDITION**

- Physically Handicapped.
- Mentally Handicapped.
- Congenital defects.
- Convulsive disorder.
- Communication disorder.
- Systemic disorder.
- Metabolic disorder.
- Osseous disorder.
- Malignant disorder [1].



Fig 2:- International Day of Disability Image  
Source: www.pngfly.com

❖ *Barriers [3,4,6,8]:*

Dental care services are limited for disabled persons is mostly due to the following reasons

- Less availability of dentist to treat patients with special health care needs.

- Lack of awareness in patient’s environment [due to lack of motivation].

Barriers within dentist include these following factors: Time is the most common barrier, as the treatment for special care people is more time consuming, because the dentist must modify his/her management schedule, like

structuring, behavioral modification etc., the next factor is experience and training, an experienced and well trained person won't show any reluctant in providing treatment, but when the dentist lack experience in treating patient with disability may develop fear of patient because of unfamiliarity in procedures. Economical consideration includes substandard fees, as the dentist spend more time in treating this people when compared to normal people and management is also quite difficult, he/she might display a reluctance in charging the patient [18], lack of special equipment and architecture of the dental office are the major barriers from dentist side.

#### **BARRIER WITHIN THE DENTISTS:**

- 1) Time.
- 2) Experience and training in treating patients with disabilities.
- 3) Economic factors (substandard fees).
- 4) Age.
- 5) Fear of patient with inability to develop personal relationships and unfamiliarity with Procedures regarding Comprehensive dental care.
- 6) Feeling of incompetent to treat
- 7) Need for special equipment and dental office architecture.

Fig 3

Barriers within patient environment: special care people have the following disadvantages like difficulties in understanding the dentist command. The level of literacy is somewhat low in this people and the dentist must take this factor as a consideration while treatment. Sensory barriers like loss of vision and hearing is considered to be a major issue within this population. Lack of knowledge about oral health among caretakers, fear of dental treatment, and past negative experience of pain during dental treatment [1,11,17].

#### **BARRIER FOR THE PATIENT:**

- 1) Language barrier.
- 2) Sensory barrier (such as vision & hearing problems).
- 3) Psychological issues
- 4) Oral health literacy.
- 5) Dental anxiety.
- 6) Past negative experiences.

Fig 4

#### **IV. SPECIALIZATION IN SPECIAL CARE DENTISTRY**

There is a need for education and enriched training in "Special Care Dentistry" at an undergraduate level. Thus, this level of interest in further training would suggest a potential for postgraduate courses in the field of "special care dentistry". The inclusion of consideration of oral health into the primary health care team based on a common risk strategy approach will promote the better maintenance of the oral health care to all kinds of population [2,4,9,16].

##### ❖ *Management of Disabled Persons:*

- Before planning any treatment, the dentist must fully evaluate the patients need and willingness to cooperate during treatment.
- Motivate the patient and caregivers to maintain oral health.
- Management technique must be carried out with tender loving care
- Make appointment pleasant and comfortable

##### ❖ *Creating Barrier-Free Environment:*

- Familiarization (desensitization) – dentist must possess adequate knowledge and understanding about the particular condition, this aid him in planning and executing the right way of management
- Effective communication – these population must be dealt with love, tender and care. Dental care of the disabled person should be aimed at developing empathy in the dental practitioners towards them. Empathy refers to understanding of others pain and feelings.
- Active listening – dentist should patiently listen to the patient's complaint. He / she should not interfere in the middle when the patient is explaining his condition.
- Structuring and scheduling – the appointment should be scheduled in morning hours. The dental office environment should be pleasant and should be structured and equipped according to patient's needs.
- Positive reinforcement [7,9,11,13,15]

#### **V. DISCUSSION**

Here are the major or main concerns in barrier for providing the dental treatment to those with special need. 1) Disability has become a major reason for discrimination, 2) Lack of proper educational training both at the primary and higher levels, 3) Lack of accessibility including infrastructure of building, transportation sector, products and services that is needy, communication and documentation of the patient, 4) Curriculum should be revised at undergraduate level and should be considered to equip future dental graduates to deal with these group of patients, [5] The location and equipment of dental offices is one of the major hindrance in providing dental care to those populations, barrier free environment with suggested use of open space in clinic for maneuvering wheel chair,

stabilizing devices, disabled friendly toilets and lifts are recommend [7,9,19,].

## VI. CONCLUSION

Major challenges in providing dental care for special needs patients is whether the professionals are sufficiently prepared to treat those population. In order to encourage and motivate more dentist in providing treatment to those with special care need, special training program should be designed in undergraduate level [8]. If the dental care providers become more familiar with physical and dental conditions of patient with disabilities, They will not be much reluctant to treat them. Currently there is neither a recognized special training nor a clear career progression for dentists to specialize in the field of special care dentistry [9,13,17]. However in dental profession , we are responsible to ensure that the needs of most vulnerable sections of society are met, and also to access that the health care services are equitable across the various social groups .

## REFERENCES

- [1]. Shoba Tandon, Text book of pedodontics, Paras Medical Publications, 2<sup>nd</sup> edition.
- [2]. G. Smith, Y. Rooney and J Nunn. Provision Of Dental Care for Special Care Patients: the view of Irish dentists in republic of Ireland. Journal of Irish Dental Association 2009;56(2):80-84.
- [3]. J.E. Gallagher and J.Fiske. Special Care Dentistry: A Professional challenge. British Dental Journal 2017;202:619-629.
- [4]. Barabara J. Steinberg, DDS. Issues and challenges in special care dentistry. Journal of dental education. March 2005;
- [5]. Dr. Charan Kamal Kaur Dharmani. Management of children with special care needs in Dental Office. Journal of medical society, 2018;32(1):1-6.
- [6]. G. Smith, Y. Rooney and J Nunn. Provision Of Dental Care for Special Care Patients: the view of Irish dentists in republic of Ireland. Journal of Irish Dental Association 2009;56(2):80-84.
- [7]. J.E. Gallagher and J.Fiske. Special Care Dentistry: A Professional challenge. British Dental Journal 2007;202:619-629.
- [8]. Setting up dental sedation service for special care and medically compromised patients, Saudi dental journal (2018);30:105-106.
- [9]. Alumran A , Almulhim L, Almolhim B, Bakodah S, Aldossaryh and Alakrawiz. Prepartdness and Willingness of Dental Care Providers to treat Patients with special needs. Dove Press journal 24 June 2018;10:231-236.
- [10]. Alumran A , Almulhim L, Almolhim B, Bakodah S, Aldossaryh and Alakrawiz. Prepartdness and Willingness of Dental Care Providers to treat Patients with special needs. Dove Press journal 24 June 2018;10:231-236.
- [11]. Amith Adyanthya, Natta Sreelakshmi, Sanjella Ismail and Marium Raheema. Barriers to dental care for children with special care for children with special needs: General dentist perception in Kerala. Journal of Indian Society of Pedodontics and preventive dentistry 2017;35(3): 216-222
- [12]. Wei-Li Jeng, Tung-Mei Wang, Tsang-lie Cher, Chun-Pin Lin , Jjiang-huei Jeng. Strategies of oral health care for people with disabilities in Taiwan. J Dent Sci 2009;4(4): 165-172.
- [13]. Elena Borreani, Desmon Wright, Jennifer E Gallagher. Minimizing barriers to dental care in older patients. BMC oral health. 26 march 2008;7:1-3
- [14]. Department of Labor and Workforce Development, NJ, USA. Social Security Disability Programs. Available at:[http://\(wd.dol.state.nj.us/labor/dds/ddsidnex.html\)](http://(wd.dol.state.nj.us/labor/dds/ddsidnex.html)
- [15]. Asa R. Special Needs, special care. AGD Impact 2002;30:8-13
- [16]. K. U. Song, O. H. Nam, M. S. Kim, S. C. Choi, and H.-S Lee, "An 18-year-old patient with Prader-Willi syndrome: a case report on dental management under sedation and general anesthesia," Journal of Dental Anesthesia and Pain Medicine, vol. 15, no. 4, pp. 251–255, 2015.
- [17]. E. Tayal, K. Indushekar, B. G. Saraf, N. Sheoran, and A. Doda, "Prader-Willi syndrome: a case report," Public Health–Open Journal, vol. 1, no. 1, pp. 12–15, 2016.
- [18]. U. Tonmukayakul and P. Arrow, "Cost-effectiveness analysis of the atraumatic restorative treatment-based approach to managing early childhood caries," Community Dentistry and Oral Epidemiology, vol. 45, no. 1, pp. 92–100, 2016.
- [19]. P. Wang, W. Zhou, W. Yuan, L. Huang, N. Zhao, and X. Chen, "Prader–Willi syndrome in neonates: twenty cases and review of the literature in Southern China," BMC Pediatrics, vol. 16, no. 1, p. 124, 2016.
- [20]. Bindal P, Lin CW, Bindal U, Safi SZ, Zainuddin Z, Lionel A. Dental treatment and special needs patients (SNPs): Dentist's point of view in selected cities of Malaysia. Biomed Res 2015;26:152-6.