

# Guidelines for Caries Management for Special Health Care Needs Patients

## Created with the support of Colgate Oral Pharmaceuticals

This guideline has been adapted from a curriculum developed by the American Academy of Developmental Medicine (AADMD) NICHE project, providing foundational knowledge about individuals with intellectual and developmental disabilities (IDD), preparing professionals to care for those with IDD, a population that is greatly underserved, aging and faced with oral health as the most unmet health need.

Please see or visit <https://www.nichecurriculum.org/> for more information.

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## Patient Assessment

### Initial Evaluation: Comprehensive and Documented

- Perform a thorough assessment of the patient's history, integrating medical, dental, psychosocial and family history. Oral health is a critical component of systemic health.
- Evaluate carefully co-morbidities and other underlying medical conditions, ongoing medical treatments and behavioral aspects, and their effects on oral health. Evaluation of current practice and functional limitations. A multidisciplinary effect may be needed.
- Perform a careful and documented risk assessment, to design a highly targeted treatment, and track evolution and progress.

### Communication: Tailored and Focused Behavioral Strategies

- Simplified, Purposeful and customized communications: Don't rely on conventional communications channels, and reinforce messages with supporting materials, visual or haptic aids, and include family members in the conversation.
- Include measures and modifications for effective behavioral management and patients and caregiver's support including mentorship if needed.

### Treatment Planning: Multidisciplinary and Patient-Centric

- Develop a strong and specific treatment plan, considering the patient's needs and capabilities, preferring non-invasive procedures and strong preventive measures via risk based diagnoses.
- Consider the patient's time tolerance to "work" or "sit" as well as the best time for the patient to handle new experiences. Customize the appointment times to build confidence and trust with the patient and the team to be efficient.
- Collaborate with all members in the patient's healthcare network. An interdisciplinary approach is necessary to ensure a proper management of their oral and systemic health needs.

### Caries Management: Preventive and Minimally Invasive

- Use a constant caries risk assessment for targeted and continuous preventive efforts tolerances, for instance, a fluoride varnish like PreviDent® 5% Sodium Fluoride.
- Addressing etiology of caries risk (biofilm control, salivary quality and quantity, hygiene practice, nutrition.)
- Give special attention to early caries detection and intervention, such as white spots diagnostic and remineralization, with alternatives like PreviDent® 5000 ppm Sodium Fluoride toothpaste.
- Prefer minimally invasive and more comfortable procedures, with less challenging techniques, such as fluoride varnishes, ART (atraumatic restorative technique) or SDF (silver diamond fluoride). Consider arresting caries, desensitizing dentinal pain, and remineralization strategies with SDF.

## Long Term Management: Prevention at its Best

- Create a realistic and sustainable oral hygiene routine, with the most suitable elements and techniques that adapt to the patient's and caregiver needs and capabilities.
- Diet management: Coordinate with the healthcare team for a healthy and low cariogenicity diet.
- Schedule a dental visit based on caries risk assessment that fits the patient's needs and focus on preventing disease instead of treating preventable lesions.
- Promote the use of fluoride as the most effective and safe preventive agent against caries, as recommended by ADA, AAPD, AAC, CaMBRA Coalition and other professional bodies.
- Install additional preventive measures for caries, such as sealants.

## Behavioral Considerations:

Many patients with SHCN may have sensory concerns and preferences. To be successful, proper orientation by the dental team and office to the needs of each individual should be considered with an emphasis on family training for home oral hygiene prior to scheduling appointments. The caregiver/family member most familiar with the patient's preference can help the dental team to be prepared with pre-appointment planning through the dental and behavioral team. The individual with SHCN can express their preferences to make the dental appointment successful such as bringing a favorite video, audio or comfort item. All should listen to the verbal and non-verbal communication from the person. A pre-appointment assessment of behavior by a BCBA (board certified behavioral analysis) or training by an RBT (registered behavior technician) prior to scheduling an appointment is essential to successful completion of dental visit procedures. Some OT/PT/ SLP are trained in behavioral strategies as well and can work with the patient away from the dental setting to help prepare for the actual visit. Gradual exposure to the dental environment and staff with tele-visits, brief tours of the office, "social stories" with virtual tours, slides, books, YouTube videos are supportive adjuncts to prepare patients for a successful experience.

Majority of patients with IDD (up to 80%) can be seen in an office with minimal modification. Patient self-determination should be considered and respected. Give permission to the patient to stop and ask questions to be engaged.

**Visual:** Light that is too bright or overhead light can be painful for those hypersensitive to light. Consider lowering lights if able to dim. Offer sunglasses. Let the patient know when you are using "bright light" or use your headlamp. If using a curing light, advise them accordingly.

**Sound:** Should be minimal or consider headphones that suit the patient's comfort, the choice of music or "brown noise" can be helpful. Noises in dentistry from saliva ejector, high vac, handpieces and even air can cause noise that will surprise the patient. Let them hear it first.

**Smell:** Many offices and dental products are new and sometimes have objectionable smells. When introducing dental materials make sure the patient has had time to process the new smell, if there are choices allow them to choose. If an office has strong scents from cleansing supplies or workers use perfume/cologne, perhaps request them to be aware. Patients may also tell you if there are smells they like.

**Touch:** Be aware that everything in a dental office may have a different texture/ temperature and patients need to be able to see and process new items and equipment. Many explore via touch from the chair, the bib, disposable products and instruments.

**Taste:** Similar to smell, introduce anything that has a flavor to the patient in advance to desensitize or if there is a choice, let them choose the flavor. PreviDent® 5000 ppm Kids has a fun (fruity) flavor, for instance. Many dental products are unfamiliar in taste and can cause a negative reaction when a patient is surprised which makes the experience a negative one.

## Special Considerations

- Remain Patient-Centric: Dental care and preparing for dental care can be stressful and invasive. Always respect boundaries and prioritize comfort and general well-being.
- Involve caregivers and family: This is a long term effort to address long term needs, and caregivers and family are powerful allies in this journey.
- Create an experience that is as enjoyable as possible for both the patient and your team.



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