Dental Trauma in Children and Adolescents with Mental and Physical Disabilities

Bhavini S. Acharya, B.D.S., M.P.H.
Priyanshi Ritwik, B.D.S., M.S.
Sanford J. Fenton, D.D.S., M.D.S.
Gisela M. Velasquez, D.D.S., M.S.
Joseph Hagan, M.S.P.H.

Abstract

Aim: to determine the occurrence of dental trauma in children and adolescents with a mental and/or physical disability compared to otherwise healthy children, and to assess factors associated with and mechanism of such trauma.

Methods: Eighty-six subjects consisting of 43 special needs and 43 otherwise healthy children between the ages of 8 and 15 years were chosen from the patient pool at Special Children’s Dental Clinic within Children’s Hospital, New Orleans. The study utilized a parent interview questionnaire and a clinical exam of the patient.

Results: Although healthy children had a higher number of injuries than children with special needs on average, the difference was not statistically significant. Neither healthy children nor children with special needs exhibited a significant correlation between the number of injuries and the size of the overjet (mm) (p=0.722, 0.712). There was not a significant difference in the number of injuries for children with different oral profiles (p=0.949), or adequate versus inadequate lip coverage (p=0.940).

Conclusion: In this study population, the children with special needs living at home may have had the same amount of trauma as the otherwise healthy children and studies with larger sample sizes may be needed to further explore this possibility. Excessive overjet, type of facial profile, and adequacy of lip coverage did not seem to increase the amount of trauma noted in our study population.

KEY WORDS: Special needs, disability, trauma, injury risk

Dr. Acharya is an assistant professor, Department of Pediatric Dentistry, University of Texas Dental Branch, Houston, Texas.
Dr. Ritwik is an associate professor and Program Director, Department of Pediatric Dentistry, Louisiana State University School of Dentistry, New Orleans, Louisiana.
Dr. Fenton is a professor and chair, Department of Pediatric Dentistry, University of Texas Dental Branch, Houston, Texas.
Dr. Velasquez is an assistant professor, Department of Pediatric Dentistry, University of Texas Dental Branch, Houston, Texas.
Dr. Hagan is an instructor, Department of Biostatistics, Louisiana State University School of Public Health, New Orleans, Louisiana.
Corresponding Author: Dr. Acharya, Department of Pediatric Dentistry, University of Texas Dental Branch, 6516 M.D. Anderson Blvd., office #359, Houston, TX 77030. Phone: (713) 500-4178; E-mail: Bhavini.s.acharya@uth.tmc.edu.
This article has been peer reviewed.
Bexar County’s Dental Safety Net For Children: An Estimate of Our Capacity and Need

Carlos N. Mohamed, D.D.S., M.P.H.
William Spears, Ph.D.

This manuscript is compiled from a dissertation submitted in May 2007. To view the dissertation in its entirety, please visit http://digitalcommons.library.tmc.edu/dissertations/AAI1444053/.

Introduction

Problem

Many uninsured and poor children are not receiving dental care due to limited access to care and other barriers to oral health. Without appropriate oral health, these children may fail to thrive, endure pain and discomfort, have infections, and face eventual tooth loss. In addition, children with dental pain are unlikely to reach their potential in the classroom and will be more likely to miss school days due to emergency dental visits than children with good oral health. Poor oral health has been linked to systemic diseases, thus it is critical to treat oral disease.

Abstract

Background: It has been well established that poor uninsured children lack access to dental care and have greater dental needs than their insured counterparts. Objective: To assess the capacity of the Bexar County dental safety net to treat children. To assess the dental needs of Bexar County children ages 0-18 who are uninsured or are Medicaid or Texas Children’s Health Insurance Program (CHIP) recipients. Methods: Dental clinics that treat children ages 0-18 and act as the safety net were identified in order to assess their capacity to treat children. Clinic directors were contacted to request data on the number of child patient encounters per clinic for 2005. Data from the census, NHANES and other sources were used to establish an estimate of the dental needs of the uninsured and Medicaid/CHIP children. The dental needs of this population were calculated as maximum possible number of patient encounters per year. Results: The capacity of the current safety net to treat children is 33,537 patient encounters per year. The dental needs of the community are 227,124 patient encounters per year. Conclusion: The results of the study suggest that the Bexar County is not prepared to treat the dental needs of the underserved children in San Antonio.

Key Words: Dental safety net, barriers to oral health, children’s oral health needs

Tex Dent J;127(12):1283–1291.

Mohamed Spears

Dr. Mohamed, currently in private practice, Edinburg, Texas; previously a graduate student, University of Texas School of Public Health San Antonio Regional Campus, San Antonio, Texas. E-mail: carlosmohamed@hotmail.com.

Dr. Spears is an associate professor at the Center for Healthy Communities, Dayton, Ohio. E-mail: william.spears@wright.edu.

Send correspondence to: Dr. Carlos N. Mohamed, 2821 Michaelangelo Dr., Suite 202, Edinburg, Texas 78539.

This article has been peer reviewed.
Treatment Planning for the Pediatric Patient
Alton G. McWhorter, D.D.S., M.S.

Introduction

Treatment planning for the pediatric patient is the most important, and probably the most interesting, aspect of patient care. The patients are growing and constantly changing as they develop, not only dentally, but also physically, mentally, and psychologically. The complex process of deciding what needs to be done for each patient while considering the stage of development becomes even more complicated for pediatrics when one has to consider reconciling the child’s behavior and the parents’ expectations.

Treatment planning decisions for children are multifactorial. One has to consider the size and location of the carious lesion, and decide what is the best treatment for this tooth, in this child, in this family. When we think of treatment planning for pediatric patients, there are three big decisions that must be made: what is the child’s caries risk status; given that information, what is the best treatment choice; and finally, given the constraints of the child’s behavior (or lack thereof), how will the care best be accomplished? Because children are completely dependent on others for all


Dr. McWhorter, chair, Department of Pediatric Dentistry, Baylor College of Dentistry — Texas A&M Health Science Center, Dallas, Texas.

Correspondence to: Alton G. McWhorter, D.D.S., M.S., 3302 Gaston Avenue, Dallas, Texas 75246; Phone: (214) 828-8131; Fax: (214) 874-4562; E-mail: amcwhorter@bcd.tamhsc.edu.

This article has been peer reviewed.