

How to manage Periodontal Disease on Down Syndrome patients?

- Early onset severe periodontal disease lower prevalence of dental caries; delayed eruption of permanent teeth, malocclusion; congenitally missing and malformed teeth
- Sensory adapted dental environment reduces anxiety and increases cooperation in both healthy children, and children with developmental disorders though this effect is more prominent in children with developmental disorders.
- Patients with Down syndrome visiting a special care dentist regularly, showing good cooperation during dental treatment and performing adequate dental self-care, have less chance of developing periodontitis.



Bibliography

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PERIODONTAL DISEASE AND DOWN SYNDROME

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Objective

It appears that the oral status of children with down syndrome is affected negatively by many factors. Thus, the parents, the educators, and the dentists should be aware of this fact and encouraged to improve such children's oral hygiene and provide the dental care they need.

What is Down Syndrome?

Down syndrome is a set of mental and physical symptoms that are the result of an extra copy of chromosome 21 which changes the body and brain's normal development.

Effects Of Periodontal Disease On Down Syndrome Patients

- The most frequently cause of keeping food in the mouth in children with developmental disorder is oral motor deficiencies. These nutritional problems lead to increased risk of caries in these children.
- The rate of not brushing teeth, the majority of the children with ASD brushed their teeth found poor oral hygiene and increased periodontal disease in children with ASD
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Role Of Hygienist

- Encourage the patient to perform oral care independently, if possible.
- Engage the caregiver or parent to supervise the patient's homecare routine.
- Suggest the use of disclosing tablets to high- light missed areas, making it easier for these patients to see where they need to brush.
- Ask patients to demonstrate their brushing technique to you. Follow up with hand-over- hand specific directions on either brushing technique or adaptations. Demonstrate not only to patients, but also to their caregivers.
- Use your experience in patient positioning to assist the caregiver in assisting the DS patient.
- Use of a power brush may encourage DS patients to be more independent in their oral health care.
- The medications 3required due to gingival hyperplasia, stress their importance as well as regularly scheduled hygiene appointments.



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Conclusion

Children with Down Syndrome seem to need much more effort for providing oral care than children without. It is very important to help them achieve the dental care they need, through dentists who are knowledgeable in special education techniques at well-equipped dental facilities with appropriate technical equipment. In the prevention and treatment of these problems, early initiation of special education for these children and oral health education and awareness policies for parents, educators, and dentists need to be developed.