

"To promote the health and well-being of all Californians with developmental disabilities."

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SPRING Wellness Letter

Volume I, Number 1

CALIFORNIA DEPARTMENT OF DEVELOPMENTAL SERVICES

FROM THE DIRECTOR

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The Department of Developmental Services has launched a **Wellness Initiative** which will help ensure access to quality medical, dental, and mental health services for persons with developmental disabilities. The mission of the **Wellness Initiative** is: "To promote the health and well-being of all Californians with developmental disabilities." Activities of the **Wellness Initiative** are described below.

WELLNESS FOCUS OF THE DEPARTMENT OF DEVELOPMENTAL SERVICES

The focus of responsibility for the DDS is policy direction; public awareness; training and technical assistance; and research and evaluation. Current activities and projects include:

- *Managed Care Policy Development and Problem Resolution*
- *Task Force on Mental Health Services for Persons with Developmental Disabilities*
- *Developmental Center/Regional Center "Telehealth Project"*
- *Quarterly "Wellness" Letter*
- *DDS Web Page for Wellness and Assistive Technology*
- *Expansion of Psychology Internship Program*
- *Conferences and Trainings*



Dennis G. Amundson, Director

WELLNESS FOCUS OF REGIONAL CENTERS

The focus of responsibility for regional centers is outreach to and liaison with local

medical, dental and mental health committees; monitoring of consumer health outcomes; program and resource development; provider training and technical assistance; and resource information for consumers and families.

The DDS issued a Request for Idea Statements from regional centers for wellness projects to be funded during Fiscal Year 1996/97. In March 1997, the DDS funded 32 of the proposals for \$1.6 million.

The projects all address medical, dental or mental health needs.

CALIFORNIA WELLNESS PARTNERSHIP

The focus of responsibility is advice and consultation to the DDS; projects of statewide significance; and long-term evaluation of health outcomes. In conceptualizing the **Wellness Initiative** the DDS realized that there are many experts and public leaders in the field of health and wellness who could be of immeasurable assistance in helping with our mission. As a system, we need to reach outside our customary borders and forge partnerships

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with allied organizations. Accordingly, the Department has approached the following organizations to join us to form the "California Wellness Partnership." The proposals that have been discussed with the partners are, at this point, in concept only.

- *UCLA Center for Health Promotion and Disease Prevention*
- *UC Berkeley "Wellness Project"*
- *Kaiser*
- *California Dental Association*
- *The Academy of Pediatrics*
- *California Department of Health Services (DHS)*
- *Office of Statewide Health Planning and Development (OSHPD)*
- *State Council on Developmental Disabilities*

It is the Department's intent to work with the partners to secure grant funding from a variety of sources including, but not limited to, the Packard Foundation, The California Endowment and the Sierra Foundation for Health Care.

The DDS Wellness Letter is intended to promote and discuss **Wellness Initiative** health issues, services, resources and new developments. In addition to regular features, the DDS Wellness Letter will often focus on specific health topics. Our first edition of the DDS Wellness Letter focuses on Dental Wellness. Future plans include publishing the DDS Wellness Letter on the Internet as part of the DDS Home Page. Expanded information on topics covered in the DDS Wellness Letter will be included in this format.

I'm sure you will become as excited as I am as you watch and participate in the progress of the **Wellness Initiative**.

Dennis G. Amundson

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Many individuals with developmental disabilities have special needs for dental care. In this issue we'll take a look at prevention and treatment. In both of these areas, the individual and his or her caregiver are an important first line of defense against many oral health problems. The dentist, hygienist and other health professionals' roles are often thought of as providing treatment when things go wrong. However, the role of the professional is as important or even greater in the area of prevention. Why not provide for regular maintenance, rather than have to later pay a bigger price of lost health, pain and possible poor nutrition? We maintain our cars, appliances and houses - all of which are replaceable. Why not take the time to maintain the natural teeth and gums - which are difficult if not impossible to replace?

PREVENTION

When caregivers think of oral hygiene for persons with special needs, they often limit their thoughts to brushing only. This is understandable, especially when just brushing the teeth represents a major accomplishment.

The most important methods of prevention include:

- *Brushing with a fluoride toothpaste. Dentures need to be cleaned and brushed daily as well.*
- *Flossing at least once per day.*
- *Using fluoride daily can aid in prevention of tooth decay. It is available in different forms, strengths and types depending on the need of the individual. Consult a dentist about the best approach for you.*
- *Keeping bacteria levels low. Chlorhexidine is an anti-bacterial agent that can be prescribed by a dentist for the prevention of gingivitis.*

- *Professional cleaning of teeth (calculus removal and polishing).*
- *Watching eating habits. Dietary concerns of a patient with special needs are important because the gum tissues, lips, tongue, salivary glands and tissues lining the mouth are all sensitive to nutritional imbalances. Food choices, meal patterns and diet texture all need to be considered.*

People with disabilities sometimes hold foods in the mouth longer, creating an environment for bacteria or other microorganisms to cause tooth decay and gum disease. Chewing activity benefits teeth, gum tissues and oral muscles, so chewing activity should be encouraged even when soft foods are eaten. It is very important to brush, floss, rinse and stimulate the mouth area in order to maintain good oral health.

DENTAL CARE CONCERNS FOR SPECIAL NEEDS PERSONS

The dental problems that affect the general population also affect individuals with special needs. However, there are often additional dental concerns related to persons with developmental and/or physical disabilities.

GUM (PERIODONTAL) DISEASE

Gum disease affects the tissues and structures surrounding and supporting the teeth. Most dentists and hygienists will agree that gum disease occurs at an earlier age in individuals with developmental disabilities. It is not unusual to find advanced gum disease - swollen, bleeding gums, loose teeth due to bone loss, and gum infection - in a young adult with special needs. Malformed or poorly arranged teeth, tooth grinding, poor health and some medications contribute to development of

WELLNESS

DENTAL

gum disease. It is very important to brush, floss and clean the teeth, gums and tongue.

BABY BOTTLE TOOTH DECAY

Letting a child sleep or keep the bottle for a prolonged time when milk, formula, fruit juice or sweetened liquid is in the bottle can cause tooth decay. The liquid pools around the upper front teeth and molar areas and remains in the mouth for long periods of time. The combination of the pooled liquid and a decrease in production of saliva during sleep starts production of bacteria which causes rapidly progressing decay. Fluoride supplements can help to prevent this tooth decay, but weaning from the bottle is most important. Using plain water in a bottle is another option when weaning is not possible.

Children with special needs are especially susceptible to this problem if they lack the ability to drink from a cup early, are on a special formula diet, or exhibit difficult behavior that encourages the parent to quiet the child with a feeding.

TUBE FEEDING

Individuals who are tube-fed build up calculus deposits on their teeth more than those who chew food. The reasons for this phenomenon are not clearly understood. It is very important to brush, rinse and stimulate the mouth area of people who are being tube fed in order to maintain good oral health.

Brushing bacteria from the tongue is still necessary to prevent infections such as thrush. Thrush is a fungus infection that causes a whitish growth and sores in the mouth.

EFFECTS OF MEDICATIONS

Individuals with special needs are frequently prescribed medications that may be taken over a long period of time. Some medications reduce the flow of saliva leading to a dry mouth that promotes tooth decay and cracks in lips. Rinsing the mouth with water after each dose is advised.

Aspirin dissolved in the mouth before swallowing provides an acid environment that can lead to decay.

Dilantin[®], (generic: phenytoin sodium) is widely used to control seizure disorders. Many individuals who receive this drug over an extended period of time will develop enlarged and overgrown gum tissues which makes brushing and flossing more difficult and less effective. Reports show between 36% to 63% of persons receiving *Dilantin*[®] experience gum enlargement. The onset of

gum overgrowth most often occurs within the first year of using phenytoin therapy.

SUGAR CONTENT OF MEDICATIONS

Liquid medications contain from 0% to 84% sucrose with most having more than 40% sugar content. These are often given before a rest time or at bedtime. When asleep, the decrease in salivary flow does not allow the liquid to wash away. The sugary solution stays in the mouth, leading to tooth decay. If possible, give the medication while the individual is awake and have him or her rinse the mouth or brush immediately after a dose. Also ask your pharmacist if a sugar-free medication is available.

DRY MOUTH

Dry mouth may occur from mouth breathing and medications. Mouthwash containing alcohol may lead to dehydration of an already dry mouth. Offering lots of water is a good policy.

OVER-RETAINED TEETH

Sometimes a child's baby tooth has not fallen out and the permanent tooth erupts. Removal of the baby tooth can help prevent future problems. The presence of an over-retained baby tooth in the middle teenage years can indicate a potential problem such as a missing permanent tooth or an impacted permanent tooth.

BRUXISM (GRINDING OF TEETH)

Grinding or gnashing of teeth can result in tooth abrasion and loss of tooth structure. With permanent teeth, it can lead to bone loss and/or temporomandibular joint disorder (TMJ) disorder (headaches, facial pain, etc.) Treatment may include bite adjustments or a bite guard appliance. Sometimes the habit is outgrown and no treatment is necessary. Bruxism is especially prevalent in persons with cerebral palsy or severe mental retardation. Specific behavioral management plans may be needed to reduce this habit.

DROOLING

Excessive drooling is often seen in persons with disabilities with poor oral muscular control, not necessarily because of an excessive amount of saliva production. Facial chapping may occur.

Therapy to achieve lip closure in young children may reduce the incidence of drooling.

POUCHING (FOOD RETENTION IN THE MOUTH)

Pouching is a habit found in some persons with developmental disabilities. Storing of food in the cheek or palate may be done to prolong the taste of food or medicine or because of oral muscular dysfunction. Help avoid pouching by:

- *Inspecting the mouth after giving food or medications to remove any remaining material.*
- *Giving liquid medication rather than pills.*
- *Giving medications with fluids to encourage swallowing.*
- *When medication can be crushed without adversely affecting the drug's absorption, it can be given with artificially sweetened applesauce or pudding.*

SELF INJURIOUS BEHAVIOR

Lip biting after administration of a local oral anesthetic may occur in individuals who do not understand the sensation of local anesthesia. Prevention is not always possible and caregivers or parents are required to closely watch these individuals.

[Dental providers note: The use of intraligamental anesthesia as an alternative to the mandibular block for local anesthesia can greatly reduce lip biting in individuals with special needs.]

Chronic lip biting can result in large sores requiring use of antibiotic therapy to prevent secondary infection. If this persists, the dental provider may recommend an appliance or even tooth extraction(s) as a remedy.

Severe root exposure due to scraping the gum tissue with a fingernail may come from a habit developed by some individuals. Prevention of the habit, behavior modification using positive reinforcement, or a physical approach like making a mouth guard which covers the teeth may be needed.

DENTAL IMPLICATIONS OF DOWN SYNDROME

There are approximately 80 different syndromes that show some form of skull and facial effects. Twenty-one of these syndromes are associated with mental retardation.

In Down Syndrome, the tongue appears large, giving an "open mouth" appearance. There is evidence that the tongue is actually of normal size but appears large and protruding due to a

narrow nasopharynx and enlarged tonsils and adenoids. A high palate becomes a place to pocket food and may be difficult for the individual or caregiver to keep clean. Proper care of this area includes frequent rinsing or swabbing.

In children with Down syndrome, the eruption of the first baby tooth may not occur until age two and the primary teeth may not be completely erupted until the age of four or five.

Sometimes primary teeth will remain until the age of 14 or 15. Individuals with Down Syndrome have a decreased immunological response (ability to fight infection). Good oral hygiene is necessary to prevent gum disease.

Cardiac abnormalities may require preventative antibiotic treatment before dental treatment.

DENTAL IMPLICATIONS OF CEREBRAL PALSY

Individuals with cerebral palsy may have increased periodontal problems due to poor oral hygiene, bruxism, or the use of *Dilantin*[®] to treat convulsive disorders. Abnormal tongue movements and difficulty in swallowing can complicate oral health promotion and dental service delivery.

Many individuals with cerebral palsy will have poor tooth/jaw relationships (malocclusions) due to abnormal muscle functioning such as facial grimacing, unusual chewing and swallowing patterns, and tongue thrusting.

PATIENT MANAGEMENT

The majority of individuals with special needs can receive dental care under routine circumstances in the normal dental environment. If a patient is uncooperative, however, a method must be found to manage the individual so that the appropriate care can be given.

PROMOTING COMPLIANCE

Steps can be taken to ensure a successful visit to the dentist's office.

1. The caregiver should begin preparing the person for the dental visit several days before the appointment. Practice opening the mouth and using a mouth mirror.
2. Avoid sitting for long periods in the reception area. Discuss

with the receptionist how best to schedule to minimize the wait.

3. Bring familiar objects such as a favorite toy which may lessen anxiety. Walkmans with head phones are great for covering the equipment noise while providing favorite music.
4. Keep a familiar person in sight of the dental patient during the procedures. If appropriate, the caregiver might hold the patient's hand during the procedure—this can be very reassuring.
5. Recognize that you may need to transition the patient with special needs in and out of the dental chair. Prepare the patient for any movements of the chair or light.
6. Show the patient dental instruments before inserting them into the mouth.
7. Use language that is developmentally appropriate but not condescending. Speak in terms of “cleaning” and “fixing a broken tooth” rather than “scraping” and “composites”.
8. Don't promise “This won't hurt” when in fact it may. Give a time frame for how long the procedure will last.
9. Don't overshoot the tolerance threshold of the patient. It is much better to have two short successful visits than one long visit which results in emotional trauma, aggressive behavior or future noncompliance.

Patient management in dental care generally falls into the following categories:

- Verbal cooperation
- Mild Restraint
- Nitrous Oxide (*may sometimes be difficult to administer to individuals incapable of adequate nose breathing*)
- Oral Premedication
- Advanced Restraint (*Papoose Board, Mouth Props, etc.*)
- Intravenous Sedation (*conscious*)
- General Anesthesia (*unconscious*)
Includes intubation (life support)

The professional, the patient, and the caregiver must weigh the alternatives carefully. Restraint can be as mild as simply pushing an individual's hand away or as extensive as complete body

immobility. **The use of restraint should only be used when absolutely necessary, should not cause injury or trauma, and it is not to be used as punishment or for the convenience of the staff. Informed consent and documentation of the use of restraints are required.** Not all dental providers have been trained in all types of special needs patient management.

ACCESS TO DENTAL CARE

If you don't have a dentist, calling your local dental society is the best way to find a dentist who can serve special needs patients. You may call the California Dental Association at 1-800-736-8702 if you do not know your local dental society name or telephone number. Also, ask other individuals with developmental disabilities, parents or caretakers what dental provider they prefer. Be sure to explain the special needs very frankly to the receptionist and/or dentist on the telephone prior to making an appointment.

OUR THANKS TO



David Noel, DDS, MPH, Chief Dental Program Consultant, California Department of Health Services. Dr. Noel was the consulting editor on this Dental Wellness issue of the DDS Wellness Letter and brought to us many resources on dental care for individuals with special needs and obtained copies of the Special Smiles guide for distribution.

The California Dental Association Council on Community Health for their support and cooperation.

Beverly Isman, RDH, MPH, Oral Health Consultant, California Connections Project, for her generous assistance.

All other contributors to this newsletter including those listed in this DDS Wellness Letter.

SPECIAL ATHLETES/SPECIAL SMILES

Special Olympic participants or attendees can receive oral hygiene instruction, non-invasive dental screening, and referrals to local dentists experienced in treating special needs patients at a Special Athletes/Special Smiles event that will take place on June 7, 1997 at the University of California, Berkeley. For information about Special Athletes, Special Smiles contact Executive Director Glenn Kaufhold at (617) 638-4891.

SPECIAL SMILES GUIDE

A limited number of Special Smiles; A Guide to Good Oral Health for Persons with Special Needs are available by written request to the Department of Developmental Services, Services and Support Section. This guide is provided by Special Olympics Special Athletes/Special Smiles and Boston University.

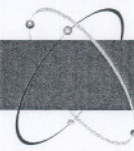
NORTHERN CALIFORNIA DENTAL PROGRAM

The "Rural Northern California Dental Program for Persons with Disabilities" provides for: dental screening, community-wide triage and referral services using a consortium of agencies and hospital dental facilities to provide in-hospital care for individuals with severe disabilities who require dental treatment under general anesthesia. This project was implemented in a number of communities in rural Northern California. Participating regional centers were Far Northern Regional Center, North Bay Regional Center, and Redwood Coast Regional Center. Another outcome of the project was the development of a preventive dentistry training program for caretakers of persons with disabilities (see Resources for information on the training program).

Funding for the project was provided by the California State Council on Developmental Disabilities through a contract with the California Department of Developmental Services. For information on the program design contact Paul Glassman, DDS, or Christine Miller, RDH, MHS, MA, at 415-929-6426 or write to them at the UOP School of Dentistry, 2155 Webster Street, San Francisco, CA 94115.

THE CALIFORNIA CONNECTIONS PROJECT

The goal of this federal Maternal and Child Health Bureau-funded demonstration project is to contribute to the development of community-based systems of care in the areas of nutrition, oral health, mental health and family support for young children with special health care needs and their families through training of managed care providers. The program emphasizes early identification and prevention of problems and builds on the principles of family-centered, community-based, comprehensive, coordinated, and culturally competent care. Although the current pilot counties are Los Angeles, Santa Barbara and Solano, dissemination of information and materials developed will occur statewide and nationally. For more information, contact Cary Bujold, MPH, RD, Project Coordinator at 213-669-2300.



This section of our newsletter is devoted to the health and wellness resources to be found on the World Wide Web. Off the Net lists sites with information on wellness, prevention, techniques, resources, best practices and other topics of interest to the Wellness Initiative. We will try to put you in touch with some of the more interesting and informative sites. If you have a favorite site on these topics that others may find useful, please share it with us.

Department of Developmental Services (DDS)

<http://www.dds.cahwnet.gov>

Our home page contains information about the department, service delivery through regional centers, eligibility, services and programs and more. There is also an extensive list of links to other developmental disability sites.

American Dental Association (ADA)<http://www.ada.org>

California Dental Association (CDA)<http://www.cda.org>

University of California Los Angeles School of Dentistry
<http://www.dent.ucla.edu>

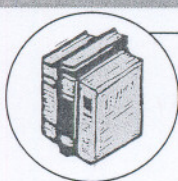
University of California San Francisco
School of Dentistry <http://www.ucsf.edu>

University of the Pacific, School of Dentistry
<http://www.dental.uop.edu/>

University of Southern California School of Dentistry
<http://www.usc.edu/hsc/>

California Dental Hygienists' Association
<http://www.cdha.org>

Health Plan Shopping Guide <http://www.healthscope.org>
If you are shopping for a health plan, California Consumer Health Scope is a shopper's guide to HMOs and other health services.



RESOURCES

PUBLISHED MATERIALS

Prevention and Treatment Considerations For the Dental Patient With Special Needs; Perlman, Steven; Friedman, Clive; Tesini, David;

Overcoming Obstacles to Dental Health; a training program for caregivers of people with disabilities;

1995 Faculty members from the University of the Pacific School of Dentistry and regional center staff developed this set of training materials that can be used by a variety of health professions, home managers, caregivers, and persons with developmental disabilities. One goal was to create materials that could be used by health professions to train other individuals, including parents and home managers, who could then train others. An additional goal was to incorporate information about dental health and prevention of dental disease as well as information about behavioral interventions which might be needed to work with an individual who is being assisted to improve his or her oral health.

•For information contact The University of the Pacific (UOP) School of Dentistry, Department of Dental Practice, at (415) 929-6428 or write to the department at 2155 Webster St., San Francisco, CA 94115.

Glassman, Paul; Miller, Christine; Wozniak, Tom; Gillien, Nancy.
Participating Regional Centers: Far Northern Regional Center, North Bay Regional Center and Redwood Coast Regional Center.

Patients with Physical and Mental Disabilities, Dental Management;

1991, American Dental Association; Council on Community Health, Hospital, Institutional and Medical Affairs. Order from the ADA at 1 (800) 947-4746; item number J097. Price: ADA member \$7.00; non-member \$10.50 plus shipping and handling.

DECOD, Dental Education in Care of the Disabled.

The University of Washington has training materials and self-directed modules available. For more information contact School of Dentistry, Box 356370, University of Washington, Seattle, WA 98195-6370. Telephone (206) 685-8412.

Rutkauskas, J.S., editor. Practical Considerations in Special Patient Care. Dental Clinics of North America. 38(3); July 1994. Order from W. B. Saunders Publishing Co., 1 (800) 654-2452; single issue price \$38.00 plus state tax. May be available in some public, university or medical libraries.



ORGANIZATIONS

Federation of Special Care Organizations in Dentistry

- American Association of Hospital Dentists
- Academy of Dentistry for Persons with Disabilities
- American Society for Geriatric Dentistry

211 East Chicago Avenue, Suite 948

Chicago, IL 60611-2678,

Telephone: (312) 440-2660

Fax: (312) 440-2824

No referral services available.

The California Foundation of Dentistry for the Handicapped

Donated Dental Services Program, P.O. Box 13749

Sacramento, CA 95853-9981 Telephone: (916) 498-6176

Approximate catchment area: Redding to Merced

CALIFORNIA SCHOOLS OF DENTISTRY

There are five dental schools in California and each one has specific resources available for special needs patients. Aside from direct patient services, these institutions are centers for current information and referrals.

Loma Linda University, School of Dentistry

Loma Linda, CA 92350, Telephone: (909) 824-4222

University of California Los Angeles, School of Dentistry

Kari Sakurai, DDS

10833 Le Conte Ave., Rm. 13-089 CHS,

Box 951668, LA 90095-1668,

Patient Services: (310) 206-3904

University of California San Francisco, School of Dentistry

Dr. William Bird, Clinic Director

707 Parnassus, San Francisco, CA 94143-0752

Patient Services: (415) 476-1891

Message center: (415) 476-1778

University of the Pacific (UOP), School of Dentistry

Paul Glassman, Director, Advanced Education in General Dentistry

Christine Miller, Assistant Director for Community Programs

2155 Webster Street, San Francisco, CA 94115

Clinic Information: (415) 929-6501

University of Southern California, School of Dentistry

Dr. Stephen Sobel, Special Patients Clinic (Adults)

Norris Dental Science Center, Los Angeles, CA 90089-0641

Adult clinic: (213) 740-8140, Pediatric clinic: (213) 740-0412