An Increasing Population with Special Needs

An interview with Prof Luc Martens, Belgium, about special care dentistry in daily practice

Daniel Zimmermann & Claudia Schweizer
Dental Tribune International

At the FDI Congress in Dubai, Worlddental Daily spoke with the current President of the International Association of Disability and Oral Health (IADH) about his work and how dentists can meet the needs of patients with disabilities.

Prof Martens graduated from the University of Ghent in 1980 and completed his PhD there in 1987. He is the chairman of the Department of Paediatric Dentistry at Ghent and founding member and Past President of the European Academy for Paediatric Dentistry (EAPD).

The IADH recently changed its name from the International Association of Dentistry for the Handicapped to the International Association for Disability and Oral Health. What was the reason for this?

Prof Martens: After years of discussion within the IADH council, the change of the name was finally decided in the year 2000. The main reason for it was, on the one hand, the strict meaning of the word 'handicapped', which has worldwide a pejorative sound and which is spontaneously related to mental retardation. The target group of IADH, however, is a group of patients with special needs. This is far beyond the border of being handicapped. It deals with all patients with impairments, disabilities and, finally, handicap.

Marijuana A Cancer Risk

John Hoffman
Dental Tribune International

Smoking marijuana may significantly raise a person’s risk of developing cancers of the neck and head, according to new research from UCLA’s Jonsson Cancer Center.

Dr Zuo-Feng Zhang, a professor of epidemiology at the UCLA School of Public Health, says that marijuana is often overlooked as a cancer risk, but the drug contains stronger carcinogens than tobacco.

Marijuana is the most popular illegal drug in the U.S., and more than 50 percent of all Americans 12 or older are estimated to have tried it. Zhang and his fellow researchers found that the more marijuana a person smokes, the greater the risk of developing neck and head cancers, and people who use marijuana habitually for many years are at an especially high risk.

Zhang warns that cancers of the mouth, tongue, larynx and pharynx take years to develop, and incidence of those cancers may grow sharply as baby boomers age. Marijuana may also exacerbate a genetic defect that prevents some people’s DNA from repairing itself. People who have that defect and smoke marijuana are 16 times more likely to develop head and neck cancers than are non-marijuana smokers whose DNA repair function operates properly.
In addition, the term ‘dentistry’ became old fashioned. Care for the whole oral sphere is important, not only teeth, therefore ‘oral health’ was introduced in place of dentistry. How do you define the term ‘disability’ and what patient categories are included? According to the WHO, disabilities are an umbrella term, covering impairments, activity limitations and participation restrictions. An impairment is a difficulty or structure, while an activity limitation is a difficulty in executing a task or action and, finally, participation restrictions is a problem experienced by an individual in involvement in life situations.

Thus, disability is a complex phenomenon, reflecting an interaction between features of a person’s body and features of the society in which he or she lives.

In the recent model (1997) impairment is pointed out as a functional limitation – physically, mentally or sensorily. In this context we can consider blind people as visually impaired, deaf people as hearing impaired. We talk also about learning impaired, and also ‘geriatric’ patients can be considered as patients with impairments. None of these groups likes to be considered as handicapped! Disability is then defined as a loss or limitation of opportunities to take part in the normal life of the community on an equal level with others due to physical and social barriers. In this context, the mentally retarded, autistic people, syndromes, cerebral palsy and also dementia can be considered as patients with disabilities. Since then the term ‘handicap’ was banned from documents.

What kind of special needs do patients of different age groups have when they consider dental treatment? One of the major special needs is the basic need for optimal oral hygiene. A lot of disabilities are accompanied with minor or even self-dexterity, which means that daily brushing must be performed by caregivers. Further, it depends on functional problems such as cleft lip and palate, drolling and craniofacial anomalies; nutritional problems like mixed food and in between meals; drug administration such as those of chronically diseased children or those with epilepsy, which a certain patient with a certain disability has or develops a certain special need. Myofunctional therapy, periodontal treatment, increased preventive measures, development of individual devices, sedation strategies, etc are some examples of special needs that patients can have.

How can dentists meet those needs? One of the major goals should be that every general dentist show some affinity for these patient groups, and that he or she learns to live with these circumstances.

The dental treatment of an autistic patient can perfectly be done in the private practice if the dentist is aware of certain ‘rules’ dealing with autism. A patient with Down syndrome can perfectly be treated in the private practice if the dentist knows something about the presence of shortened roots and potential periodontal breakdown, and if he is aware of potential cardiovascular problems. Any wheelchair patient can be treated in a regular dental office as long as the facilities are accessible by wheelchairs.

Furthermore, a lot of special needs groups live in homes, institutions or are hospitalized. There is a real duty for dentists to fulfill the special dental care these people need. In my personal opinion, Special Care Dentistry is for all general dentists who show affinity for these patients and who are willing to get trained in order to learn recognition of special needs, and to get skilled in their special care when needed.

Major demographic changes are changing social structures in the developed world. There will be more and more elderly patients with special needs in the future. What does that mean for the daily practice?

Indeed the elderly group is one of the future, increasing special needs groups as life expectancy increases. But again, one has to distinguish when elderly people need special dental care. Nowadays we talk about vulnerable elderly, persons 65 or older, who are at high risk of functional decline or even death, and frail elderly, persons with an unstable disability in whom even the smallest event may affect his or her ability to function daily. These particular groups, however, will not visit the dentist in the private practice, but general dentists will probably be consulted on site in homes and institutions.

What can dental professional do to prepare themselves for this? The dental profession should at least be aware of the existence of special needs groups and consequently of the need for special care. Taking into account life expectancy—also for those with chronic diseases—the dental profession should be aware of an increasing population with special needs. In this respect it is great that the FDI adopted a Policy Statement on the oral and dental care of people with disabilities (2005).

In order to deliver basic knowledge to all dentists, special care dentistry should become part of the dental curriculum worldwide. Furthermore, it is clear that at a certain point, really special skills are needed and that specialized practitioners will be needed. Policy towards a recognized specialty for a limited number of practitioners is strongly recommended. Furthermore, all policy makers must realize that optimal oral health is a basic right for every human being and optimal oral health determines quality of life!