



Dental care for patients diagnosed with ASD
Atención odontológica en pacientes diagnosticados con TEA

Mario Andrés Fuertes-Paguay
ua.mariofp47@uniandes.edu.ec
Universidad Regional Autónoma de Los Andes. UNIANDES, Ambato,
Tungurahua, Ecuador
<https://orcid.org/0000-0002-7746-5581>

ABSTRACT

Objective: to analyse dental care in patients diagnosed with ASD. **Method:** A descriptive analysis was carried out, supported by the systemic review technique, the documentary sample comprising 15 scientific articles selected by way of a systematic review was extracted from reputable sources such as PubMed and Scopus. **Results and conclusion:** The dentist should treat an autistic child with the same respect and expertise with which he/she treats non-autistic children. However, autism should be seen as a complex syndrome in which the dentist's professional skills require him or her to apply new strategies to treat the problematic child, often with the child's parents present. It is necessary for the dentist to pay attention to any gestures or discomfort the patient may present during the dental procedure.

Descriptors: autistic disorder; audiologists; dental staff. (Source, DeCS).

RESUMEN

Objetivo: analizar la atención odontológica en pacientes diagnosticados con TEA. **Método:** Se llevó a cabo un análisis descriptivo respaldado por la técnica de revisión sistémica, la muestra documental compuesta por 15 artículos científicos seleccionados de manera fue extraída de fuentes reputadas como PubMed y Scopus. **Resultados y conclusión:** El dentista debe tratar a un niño autista con el mismo respeto y pericia con el que trata a los niños no autistas. Sin embargo, el autismo debe verse como un síndrome complejo en el que las habilidades profesionales del dentista requieren que aplique nuevas estrategias para tratar al niño problemático, a menudo con los padres del niño presentes. Es necesario que el dentista preste atención a los gestos o incomodidad que pueda presentar el paciente durante el procedimiento odontológico.

Descriptores: trastorno autístico; audiólogos; personal de odontología. (Fuente, DeCS).

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Brief original



INTRODUCTION

Care for patients diagnosed with Autism Spectrum Disorder (ASD) poses intrinsic challenges that demand a comprehensive understanding of the neurobehavioural and sensory complexities associated with this condition. ASD is characterised by considerable clinical variability, ranging from sensory hypersensitivity to difficulty in social communication and rigidity in behavioural patterns. These characteristics, together with the possible presence of medical and psychiatric comorbidities, give dental care in patients with ASD a multidimensional and multidisciplinary character.

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The crossroads between dentistry and ASD lies in the need to adapt standards of clinical care to accommodate the individual needs and specific challenges presented by these patients. Research in this field has outlined a number of therapeutic strategies and modes of intervention that seek to mitigate the stress associated with the dental environment and encourage patient cooperation. From behavioural management techniques to the use of augmentative and alternative communication technologies, significant progress has been made in optimising patient-dentist interaction in this context. ⁴

A central element in the dental care of patients with ASD lies in the creation of clinical environments that minimise sensory overload and promote predictability and perceived patient safety. Modifying the physical environment by reducing aversive visual and sound stimuli, together with the implementation of structured routines and sensory breaks, is an effective strategy to promote a more tolerable, as well as less stressful, dental experience.⁵

In parallel, the establishment of effective communication is essential for establishing a strong therapeutic relationship and facilitating patient cooperation. Since many



individuals with ASD have difficulties in verbal and non-verbal communication, the use of alternative communication systems, such as pictograms or communication boards, can improve mutual understanding and expression of needs during dental interactions.⁶

Another inherent challenge in the dental care of patients with ASD relates to the heightened sensory sensitivity that many of them experience. Intolerance to tactile, visual and auditory stimuli may manifest as active resistance to dental treatment or as a passive avoidance response. In this context, careful selection of dental materials as well as the application of gradual habituation techniques can contribute to tolerance, patient participation in their oral care.⁷

In consideration; dental care in patients with ASD requires a holistic and personalised approach that integrates a thorough understanding of the clinical and behavioural characteristics of this population. Interdisciplinary collaboration between dentists, psychologists, occupational therapists and other healthcare professionals is essential to develop effective intervention strategies and promote oral health and general wellbeing in this population. As greater understanding and sensitivity to the needs of patients with ASD is achieved, more inclusive, equitable and patient-centred dental care can be provided.⁸

Based on the above, the aim of this paper is to analyse dental care in patients diagnosed with ASD.

METHOD

A descriptive analysis was carried out using the systemic review technique, guided by ethical considerations at each stage of the research process.

The documentary sample composed of 15 scientific articles was selected from reputable sources such as PubMed and Scopus, guaranteeing the quality and integrity of the data analysed.



The information collected was subjected to a documentary content analysis, where objectivity and impartiality were prioritised in the interpretation of the results, avoiding biases and conflicts of interest that could influence the validity of the findings.

Copyright was respected and the sources used were properly cited, promoting transparency and recognition of the previous work of other researchers, using documents no more than 10 years old, taking into account the limited number of publications on the subject.

RESULTS

Patients with ASD, according to the literature, are at high risk of suffering health problems. With regard to oral health, they have poor hygiene, due to a lack of manual motor skills to perform proper brushing to remove dental biofilm, as well as repeated resistance to daily oral hygiene.⁹

These patients have been found to have several manias and harmful habits associated with the stomatognathic apparatus such as mouth breathing, putting fingers in the mouth, biting clothes, xylophagia, onychophagia, biting or sucking on objects, hitting their faces, hitting their heads, etc. All of the above will depend on the support provided by caregivers.¹⁰

Scientific literature has shown that patients diagnosed with Autism Spectrum Disorder (ASD) face a high risk of health problems, including complications related to oral health. It has been observed that these patients tend to present deficiencies in oral hygiene, attributed to difficulties in manual motor skills that limit their ability to perform effective toothbrushing and remove dental biofilm adequately, and it is important to take into account that they show a marked resistance to maintaining a daily oral hygiene routine, which further aggravates their oral situation.¹¹

In addition, a number of manias and harmful habits associated with the stomatognathic system have been identified in this group of patients. These



behaviours include oral breathing, frequent insertion of fingers into the mouth, chewing or sucking on inappropriate objects, as well as the practice of habits such as xylophagia and onychophagia. These behaviours can lead to an increased risk of dental and oral damage, as well as possible temporomandibular joint disorders.¹²

It is critical to note that the manifestation and severity of these habits and mannerisms can vary widely among individuals with ASD, and their frequency and severity may be influenced by the support and supervision provided by caregivers and health professionals. In this regard, the role of caregivers is crucial to encourage healthy habits and provide the necessary assistance to ensure adequate oral health in this vulnerable population.¹³

Ongoing information about ASD is important in determining the best way to treat an autistic child in clinics and dental offices. Parents need ongoing education, training and support in managing their child's oral health through nutritional advice, information on available tools, telemedicine dentists, vision technology and medical specialists.¹⁴

The availability of dental care for patients with ASD presents some challenges, as only a limited number of dental professionals are trained to treat patients with ASD. Children with ASD are known to exhibit uncooperative behaviour in most cases. This may be due to the high sensitivity of these patients, which discourages dentists from offering their services, causing parents to fear dental work and feelings of embarrassment because they cannot control their children's behaviour during dental work; therefore, in some cases, these patients receive inadequate treatment.¹⁵

CONCLUSION

The dentist should treat an autistic child with the same respect and expertise with which he/she treats non-autistic children. However, autism must be seen as a complex syndrome in which the dentist's professional skills require him/her to apply



new strategies to treat the problem child, often with the child's parents present. It is necessary for the dentist to pay attention to any gestures or discomfort the patient may present during the dental procedure.

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CONFLICT OF INTEREST

There is no conflict of interest with persons or institutions involved in the research.

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