Dental management of the ageing autistic patient

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Consent gained from the patient.

Introduction

- Autism is relatively a novel condition first described by Leo Kanner in 1943.
- It is a developmental disability which influences the way individuals perceive, communicate with and understand the world.
- 1.1% of of people are on the autistic spectrum (1).
- Although usually associated with children, autism is life-long, and first diagnosed patients will be entering late adulthood in the upcoming years.
- Limited literature exists on autism in older people.
- Some postulate that the features of autism soften with age (2), others have shown that the features increase in severity(3).

This poster discusses the management of an older patient with autism and discusses the associated management challenges and how they can be overcome.

Case Report

Medical history

Autism Spectrum Disorder

Learning disability

Glaucoma

TIA 2019

Bowel resection for bowel cancer 2018

Hypertension

Reflux

Social history

Lives at supported home for people with learning disabilities

Attends with support workers

Non-smoker

Non-drinker of alcohol

Male
72

Dental history

Long-standing patient 15+ years

Heavily restored dentition

Copes well with treatment

Medications

Dorzolamide eye drops

Latanoprost eye drops

Clopidogrel

Atorvastatin

Accrete D-3

Lansoprazole

Amlodipine

Examination

Presenting complaint:
Occasional pain from upper left quadrant

History of presenting complaint:
- On and off for more than 1 year
- Associated bad taste

Extra/oral: NAD

Intra-oral:

Soft tissues: Draining sinus UL5 retained root

Oral hygiene: Fair with generalised plaque and gingival inflammation

Charting:

	7	6	5		3	2	1	1	2	3	4	5	6	7
	7	6	5	4	3	2	1	1	2	3	4	5		7

Bitewing radiographs

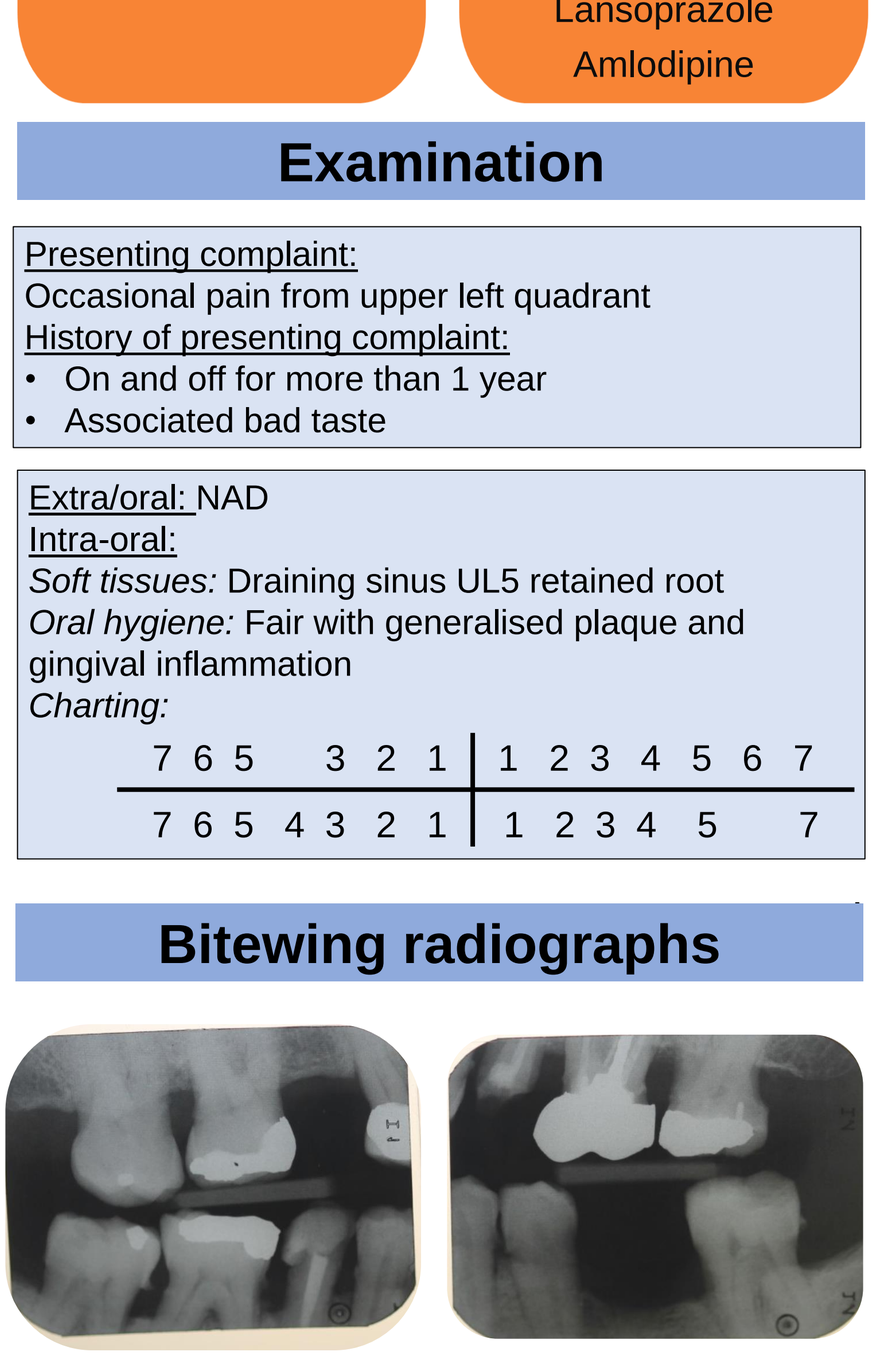

Figure 1. Bitewings taken 1 year previously
*please note LL7 has been restored in a previous course of treatment

Periapical radiographs

Figure 2.
UL5 retained root periapical with associated periapical area

Figure 3.
Lower incisors affected by severe horizontal bone loss with PDL widening

Diagnoses

1. Generalised Gingivitis
2. Generalised periodontitis Stage III Grade C. Risk factors: Poor OH, Currently unstable.
3. Severe bone loss and periodontal ligament widening: LR1, LL1, LL2
4. UL5 retained root with associated periapical abscess
5. UL6 defective crown
6. UR2,LL7 sharp edges (non-carious)
7. LR5 fractured but restored with GIC (clinically unrestorable)
8. LR6 mesio-lingual cusp chip
9. LR7 occlusal non-carious cavity

Treatment Plan

1. Oral hygiene instruction focusing on interdental cleaning
   - 5000ppm Duraphat toothpaste & Corsodyl mouthwash
2. Scale and polish
3. Active monitoring of lower incisors *(declined extraction)*
4. UL5 extraction
5. Monitoring of UL6 crown and LR5
4. UR2, LL7 smoothing sharp edges
5. Monitoring LR5
6. LR6 GIC
8. LR7 occlusal amalgam
9. RECALL 3 months

Appointments

1st appointment:
Planned UL5 extraction
Patient forgot list of medications - unable to proceed
Liaison with support worker & contact with pharmacy
Patient frustrated
List of medications confirmed – taking clopidogrel
UL5 extracted successfully, socket packed and sutured

2nd appointment:
Scale and polish
LL7, UR2 smoothed
LR6 mesio-lingual cusp repair with GIC
LR7 occlusal amalgam

Individual challenges

Access to appointments
- Must be made in advance to allow for mental preparation
- Support worker to attend

Communication
- Straight-forward explanations and time to process information
- Commonly asks during treatment ‘Are my teeth alright?’, which can be disruptive and complicates moisture control
- Communication additionally difficult due to PPE (COVID-19)

Consent
- Has capacity as long as appropriate communication modifications are used
- Does not want invasive treatment
- Medical history requires careful review

Education
- Aware of risks of leaving teeth with disease
- Understands concept of periodontal disease and how to prevent it

Recall
- Regular recall needed to monitor periodontal disease and teeth of questionable long-term prognosis

Future Considerations

- This patient will likely remain a patient within our service, and as he ages, the challenges in his management may increase.
- He has already presented with additional challenges in his management following his transient ischaemic attack, and bowel resection surgery.
- It will remain important to carefully confirm the medical history at each appointment, as his account may be overly simplified, or he may not appreciate the significance of his diagnoses to dental treatment.
- Liaison with other healthcare professionals and other individuals involved in his care will form an important part of ensuring the best quality care for him.

Discussion

Due to sensory difficulties, dental appointments can be stressful for patients with autism. Dental care professionals should be aware of the ways that autism can present in the older population and be vigilant to the fact that it may be undiagnosed. This will ensure that the dental visit for the patient is pleasant and stress-free. Adult patients with autism may present with increased gingival recession and reduced salivary flow, although the prevalence of caries may be lower or equal to the rest of the population (4,5). Cognitive function decreases in late adulthood, and autism can further impact on the ability to cope with change and adapting to social situations. This can introduce additional challenges in the dental management of older patients, who may have underlying medical or mental health problems.

Strategies to manage the older patient with autism

Lessened ability to cope with change

- Plan appointments in advance at a time of day that suits the patient
- Ensure that the patient is not kept waiting
- Continuity of care is important, ensure the patient sees the same dentist and nurse
- See the patient in the same surgery
- Demonstrate dental instruments prior to putting them in the oral cavity

Reduced understanding

- Use straight-forward terminology and tell-show-do
- Reinforce verbal messages with written information and visual supports
- Remind of appointments, as patients may forget

Sensory problems

- Adapt the surgery to suit the patient (turn off the radio, dim the lights, prepare stress balls)

Overlap of autism with mental health or medical problems

- Liaise with other health professionals to ensure the medical history is kept up to date
- Inform the GP if suspecting that an older patient with autism may be developing other cognitive issues such as dementia, as they may require additional support (6).

Conclusion

Understanding the impact of autism on older people will aid in their dental management and improve outcomes. The overlap of other mental health or medical problems may complicate management but these challenges can be overcome with appropriate planning and treatment modifications. Further research is needed on the dental management of older patients with autism.

References

1. NHS Digital. Estimating the Prevalence of Autism Spectrum Conditions in Adults - Extending the 2007 Adult Psychiatric Morbidity Survey [Internet]. NHS Digital. 2012. Available from: https://digital.nhs.uk/data-and-information/publications/statistical/estimating-the-prevalence-of-autism-spectrum-conditions-in-adults/estimating-the-prevalence-of-autism-spectrum-conditions-in-adults-extending-the-2007-adult-psychiatric-morbidity-survey#
2. Fein D, Barton M, Eigsti IM, Kelley E, Naigles L, Schultz RT, et al. Optimal outcome in individuals with a history of autism. J Child Psychol Psychiatry Allied Discip [Internet]. 2013 Feb;54(2):195–205. Available from: https://pubmed.ncbi.nlm.nih.gov/23320807/
3. Happé FG, Mansour H, Barrett P, Brown T, Abbott P, Charlton RA. Demographic and Cognitive Profile of Individuals Seeking a Diagnosis of Autism Spectrum Disorder in Adulthood. J Autism Dev Disord [Internet]. 2016 Nov 1;46(11):3469–80. Available from: https://link.springer.com/article/10.1007/s10803-016-2886-2
4. Blomqvist M, Bejerot S, Dahllöf G. A cross-sectional study on oral health and dental care in intellectually able adults with autism spectrum disorder. BMC Oral Health [Internet]. 2015 Jul 15;15(1). Available from: /pmc/articles/PMC4501115/?report=abstract
5. Loo CY, Graham RM, Hughes C V. The caries experience and behavior of dental patients with autism spectrum disorder. J Am Dent Assoc [Internet]. 2008;139(11):1518–24. Available from: https://pubmed.ncbi.nlm.nih.gov/18978390/
6. National Autistic Society. Dental care and autism – a guide for dentists [Internet]. 2020. Available from: https://www.autism.org.uk/advice-and-guidance/topics/physical-health/going-to-the-dentist/dentists