

SHORT COMMUNICATION

Disabled Children Demand Total Oral Health Care

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Disability is a defect which results in some malfunctioning, but which does not necessarily affect the individual's normal life. One in every twelve (8%) people in Africa is disabled. They may have difficulty with mobility, with sight, hearing and learning. They may have been born disabled or become disabled later in life.

Causes of disability include malnutrition, lack of immunization, poor delivery methods and HIV/AIDS. Others are wars, road traffic accidents and non-accidental injuries. Some forms of disability are preventable through improved diets, immunization and good medical intervention. In Africa, as elsewhere in the world, an important confounding factor - *poverty* - gives the impression that disability is a part of life. Ghana's Disability Policy 2000 indicates that children with disability are marginalised. Accessibility to health care is poor with the disabled child struggling through life with little support from society. Disability can vary from learning, physical, sensory to medically compromised individuals. Whilst others have a single disability some present with multiple variants. This short communication highlights the dental care for children with learning disability.

The prevalence of certain oral conditions e.g. dental caries, in the healthy population is similar to their cohorts with learning disability. Children with learning difficulty tend to have more untreated dental disease^{1,2}. This is due to poor accessibility, inadequate financial and family support leading to *supervised neglect*. Other reasons are public attitude towards the disabled, prolonged treatment time and lack of financial reward to health professionals.

Children with learning disability requiring dental care are more likely to suffer from other systemic conditions notably of cardiac origin². It is good clinical practice to manage such children through *shared care*. Advice is usually sought from their supervising physician. It is important to understand the medical history of these patients and how it impacts on their dental treatment.

The successful management of these children lies in the prevention of dental diseases. Supervised toothbrushing with fluoride toothpaste is expected of all carers and parents^{1,5}. Sweetened bottled drinks should be discouraged and sugar - free medicines recommended³. Though challenging, good behavioural management and use of sedation with or without local anaesthesia have been found helpful in providing dental care for children with learning disability⁴.

It is recommended that healthcare providers explain treatment plan to parents and seek their consent before starting any procedure. Where there are no facilities to manage such children, appropriate referral is necessary.

In the past, disabled children were ignored, wrongly labelled and ostracized. This is unacceptable. The values of society are changing to the extent that these vulnerable children expect a fair share of global wealth. They demand, and indeed expect excellent oral health which will guarantee them improved quality of life.

ACKNOWLEDGEMENT

My gratitude to Mrs. Helen Guddah of the University of Ghana Dental School for secretarial assistance.

REFERENCE

1. Bedi, R and O'Donnell, D. Long term effects of a course on dental care for handicapped persons. *J. Dent Education*. 1989; 53, 722-4.
2. Nunn, J.H. and Murray, J.J. The dental health of handicapped children in Newcastle and Northumberland. *Br. Dent J.* 1987; 162, 9-14.
3. Roberts, I.F and Roberts, G.J. Relation between medicines sweetened with sucrose and dental disease. *Br. Med. J.* 1979; 14 -16.
4. Hunter, B. *Dental Care for Handicapped patients*, Bristol, John Wright. 1987
5. Holt, R.D, Nunn, J.H, Rock, W. P and Page, J. British Society of Paediatric Dentistry. A policy document on fluoride dietary supplements and fluoride toothpastes for children. *Int. J of Paed Dentistry* 1996, 6 : 14 - 16.