

INTRODUCTION

- About 1 in every 36 children are diagnosed with Autism Spectrum Disorder (ASD) according to the Center for Disease Control.
- Oral health care is one of the most prevalent unmet health among U.S. children, especially those with ASD.
- Parents with children that are diagnosed with ASD play a crucial role in the success of the child's dental appointments and should be taken into consideration when planning a patient's individualized oral health care plan.
- The need for comprehensive oral health care in patients with ASD, coupled with the crucial role of parents in the success of the child's dental appointments provides the basis for this important project.

PURPOSE

The purpose of this study was to assess parent perceptions of dental treatment cooperation by their child at the first dental visit at a special needs dental clinic. In addition, to determine the "success" of the first dental appointment for patients with ASD through measuring behavior via the Frankl score, and productivity level of the appointment via TAS score.

METHODOLOGY



Parent Perception of Child's Behavior During the Initial Dental Visit among Children with Autism Spectrum Disorder: A Cross Sectional Study Marisa Chanin, D.M.D., Nicole Etcheverry, D.M.D., Maria A. Levi-Minzi, PhD, Jennifer D. Chung, PhD, Oscar Padilla, D.D.S., Romer Ocanto, D.D.S. College of Dental Medicine, Nova Southeastern University– Fort Lauderdale, FL

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care needs	Gende
	Male

Mean patient age: 7.95 (SD=2.76, Range= 3-14)								
Variable N %								
Gender ¹								
Male 193 82.1%								
Female 41 17.4%								
Race								
Caucasian 105 44.7%								
Multi-race 23 9.8%								
African American 22 9.4%								
Asian 8 3.4%								
American Indian10.4%								
Unknown/not reported 76 32.3%								
Hispanic Ethnicity								
Hispanic 69 29.4%								
Non-Hispanic 48 20.4%								
Unreported 118 50.2%								
Income								
\$0-\$15,000 12 5.1%								
\$16,000-\$29,000 10 4.3%								
\$30,000-\$49,000 18 7.7%								
\$50,000-\$69,000 15 6.4%								
\$70,000 or more 23 9.8%								
Prefer not to answer 33 14.0%								
Unanswered/missing 124 52.8%								

Data missing for 1 participant

Table 2: Patient Health Characteristics

	Ν	%
ASD Diagnosis	218	92.8%
ASD Level		
Mild	55	23.4%
Moderate	64	27.2%
Severe	10	4.3%
Other	76	32.3%
Co-Occurring disorders		
Speech Delay	92	39.1%
Developmental Delay	57	24.3%
Prescribed Medication	30	12.8%
Other Services Patient is Receiving		
Speech Therapy	133	56.6%
Occupational Therapy	108	46.0%
ABA	83	35.3%
Physical Therapy	16	6.8%
Patient Communication Style		
Uses Nonverbal Communication	86	36.6%
Can Communicate Verbally	83	35.3%
At Home Dental Care		
Manual toothbrush	121	48.5%
Electric toothbrush	37	15.7%
Toothpaste with Fluoride	84	35.7%
Uses Floss	31	13.2%



PARENT PERCEPTION OF BEHAVIOR

RESULTS

Table 3: Patient Dental Visit Characteristics						
	N	%				
Ever Visited the Dentist	91	38.7%				
Patient Dental Needs						
Routine Exam	195	83.0%				
Cleaning	133	56.6%				
Not sure	39	16.6%				
Fillings	13	5.5%				

Table 4: Patient Behavioral Characteristics						
	Ν	%				
Caregiver Perceived Level of Patient Cooperation						
Short attention span	65	27.7%				
Not Sure	72	30.6%				
Non-focused	51	21.7%				
Age Appropriate	49	20.9%				
Aggressive	46	19.6%				
Playful	34	14.5%				
Caregiver Perceived Best Management Technique to Use						
During Appointment	107	54.00/				
Not Sure	127	54.0%				
Short Multiple Visits	85	36.2%				
Sedation	36	15.3%				
Restraint	21	8.9%				
OR/General Anesthesia	7	3.0%				
Caregiver Rating of Challenging Behavior						
Level of Challenging Behavior						
Minimal	52	22.1%				
Disruptive (moderate)	69	29.4%				
Severe (high)	16	6.8%				
Not applicable	98	41.7%				
Frequency of Challenging Behaviors						
<1 per day	32	13.6%				
1-2 per day	63	26.8%				
3+ per day	38	16.2%				
Not applicable	100	42.6%				

SIGNIFICANT REGRESSION RESULTS (p<0.05)

TAS SCORE

FRANKL SCORE

Hispanic patients have significantly lower TAS values than non-Hispanic patients.

An increase of one year is associated with an 0.08 increase in Frankl score.

As challenging behaviors increased, Frankl scores (i.e., cooperative behavior) significantly decreased.

Patient Characteristics	В	95% CI for <i>B</i>		SE B	β	R^2	ΔR^2
		LL	UL				
Model						0.05	0.03
Constant	82.16	70.16	94.16	6.08			
Child Age	-0.08	-1.15	1.00	0.54	-0.01		
Child Race/Ethnicity Hispanic*	-10.36	-17.18	-3.53	3.46	-0.22		
Male Gender	0.02	-7.30	7.34	3.71	0.00		
Verbal Communication	3.96	-2.38	10.31	3.22	0.09		

Patient Characteristics	<i>B</i> 95% CI for <i>B</i>		SE B	β	R^2	ΔR^2	
		LL	UL				
Model						0.97	0.08
Constant	2.24	1.77	2.71	0.24			
Child Age*	0.08	0.04	0.12	0.21	0.27		
Child Race/Ethnicity Hispanic	-0.20	-0.47	0.07	0.14	-0.11		
Male Gender	-0.10	-0.39	0.19	0.15	-0.05		
Verbal Communication	0.23	-0.02	0.47	0.13	0.13		

Caregiver Percept Model Constant

Parent perceptio Parents reported

behaviors a day

- know best what their child needs.
- dental visit.

REFERENCES



FRANKL SCORE

RESULTS

tion Behavior							
						0.07	0.06
	3.15	2.94	3.37	0.11			
on of behavior score*	-0.07	-0.11	-0.03	0.02	-0.23		
11-2 challenging							
	-0.15	-0.39	0.09	0.12	-0.09		

CONCLUSIONS

These findings illustrate the importance of the parents' role in the dental team. Especially in children with ASD, parents may be a useful asset in determining the outcome of a dental appointment and they may

While a parent may be able to accurately predict their child's behavior, they may not be able to accurately predict their cooperation level that is needed in a dental setting.

These findings can help provide pediatric dentists and other health care professionals to better assist parents with assessing their child's anticipated behavior and cooperativity level during the initial dental visit. This can benefit the patient by bringing techniques learned in the dental setting home to enhance daily oral health care routine and prepare for future dental appointments to enhance success of the first





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