

Adolescents and Adults with Special Needs in a Pediatric Dental Clinic



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ABSTRACT

Purpose: The aim of the study was to examine adolescents and adult patients with special needs that were seen in a pediatric dental clinic. Additionally, the study aimed to determine whether a proper transition of care and appropriate referrals were being made for these patients.

Methods: A retrospective analysis was completed using electronic charts on eClinicalWorks (eCW) of patients seen at a community health center pediatric dental clinic. The inclusion criteria for this study were patients 13 years or older with special needs (intellectual and developmental disabilities). Statistical analysis included descriptive statistics, two sample t-test, ANOVA and Chi-square ($P < .05$).

Results: The charts of 157 patients were selected; 66% male, 62.4% autism, 79% white, and 54.1% not Hispanic. Referrals were made to a general dentist for 24.5% of patients. Radiographs were regularly obtained at recalls for 57.0% of patients. Treatment was completed in the chair for 26.8% of patient and 45.9% had at least one treatment visit completed under general anesthesia (GA). Treatment modality (chair vs. GA) depended significantly on a few factors - the date of the patient's first visit ($P = .001$), whether radiographs were regularly obtained at recall ($P < .001$), patient's average behavior score ($P < .001$), and appointment compliance ($P < .001$).

Conclusion: A significant number of patients seen in the pediatric dental setting receive care under GA. Additionally, less than 25% of patients were given a referral to a general dentist – a more concerted effort should be made in transitioning patients to an adult dental home. This effort should include additional training for both pediatric and general dentists.

INTRODUCTION

Patients with special health care needs (SHCN) have been found to have an increased risk for oral diseases throughout their lifetime.¹ It is important that these individuals receive proper, effective dental care to improve the quality of their lives. As patients with SHCN age, many of these patients often elect to still be seen by the pediatric dentist; however, some of the treatment required may be beyond their usual practice scope. Appropriate referrals should be made in cases where the dental care extends beyond the dentist's expertise.² Most literature regarding patients with SHCN has examined either children or adults, however few have examined the transition of care or adults with SHCN seen in a pediatric setting.

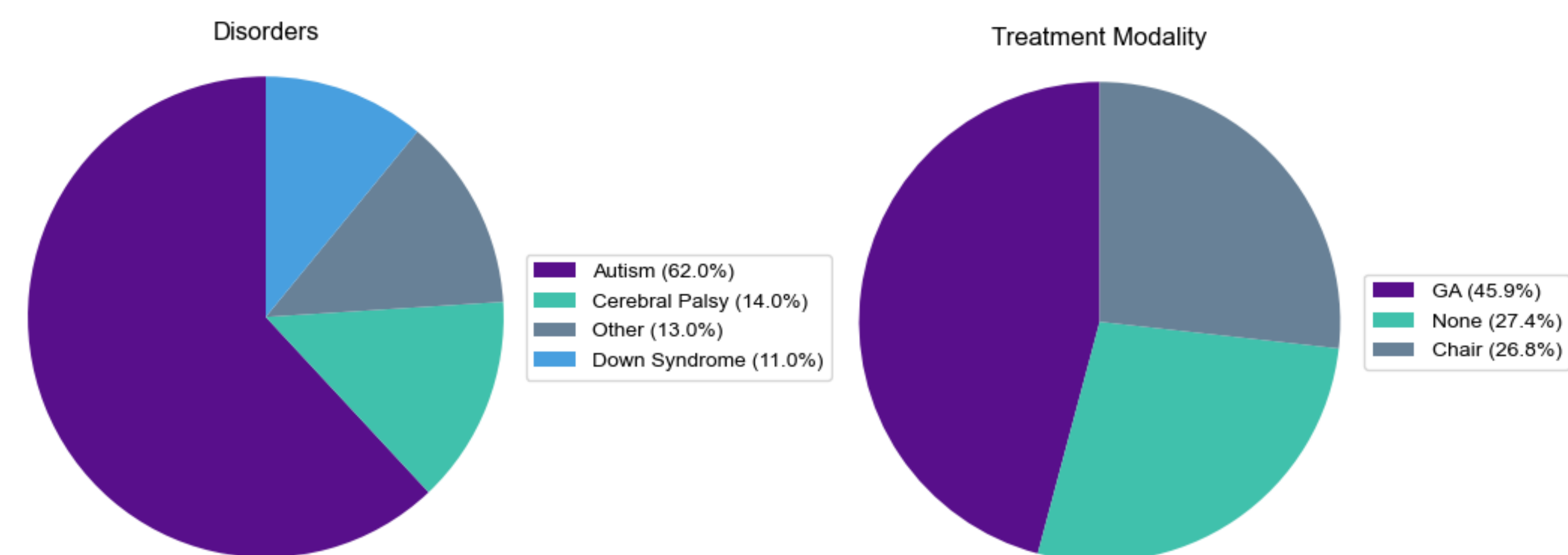
PURPOSE

This study examined the profile of adolescent and adult patients with special needs that are treated in a pediatric dental setting. Although, the treatment of patients with SHCN falls within the scope of pediatric dentistry, the proper transition of care is crucial in maintaining proper, effective dental care. This study aimed to identify whether proper transitions of care were being provided.

METHOD

A retrospective analysis was completed using electronic charts on eCW of patients seen between January 2018 and February 2022 at a community health center pediatric dental clinic. The pediatric dental clinic typically sees patients until age 12, however makes exceptions beyond this age for patients with special needs. The inclusion criteria for this study were patients 13 years or older with special needs (intellectual and developmental disabilities). Exclusion criteria were patients under 13 years, neurotypical individuals, and patients only seen one time during the stated time. Statistical analysis included descriptive statistics, two sample t-test, ANOVA and Chi-square tests ($P < .05$).

RESULTS



RESULTS

- The charts of 157 patients were selected - 66% male, 62.4% autism, 79% white, and 54.1% not Hispanic.
- Referrals were made to a general dentist for 24.5% of patients.
- Radiographs were regularly obtained at recalls for 57.0% of patients.
- Treatment was completed in the chair for 26.8% of patient and 45.9% had at least one treatment visit completed under GA.
- Treatment modality (chair vs. GA) depended significantly on a few factors - the date of the patient's first visit ($P = .001$), whether radiographs were regularly obtained at recall ($P < .001$), patient's average behavior score ($P < .001$), and appointment compliance ($P < .001$).

CONCLUSIONS

1. A significant number of adults/adolescent patients seen in the pediatric dental setting receive care under GA.
2. Less than 25% of patients were given a referral to a general dentist – a more concerted effort should be made in transitioning patients to an adult dental home.

Future Directions: More training should be provided in pediatric residencies and continuing education for pediatric dentists to better identify when patients should be transitioned into the care of a general provider. Additionally, more training should be provided to general dentists to increase providers' willingness and comfort in treating this population.

REFERENCES

1. American Academy of Pediatric Dentistry. Definition of special health care needs. The Reference Manual of Pediatric Dentistry. Chicago, Ill.: American Academy of Pediatric Dentistry; 2020
2. American Academy of Pediatric Dentistry. Policy on transitioning from a pediatric to an adult dental home for individuals with special health care needs. The Reference Manual of Pediatric Dentistry. Chicago, Ill.: American Academy of Pediatric Dentistry; 2021