Learning outcomes

• Why we should be concerned about dental neglect
• What dental neglect may indicate.
• Reminder of causes of dental disease
• UK dental provisions.
• Reflect on non accidental oral injuries
• Define dental neglect
• Recognise dental neglect
• Preventative advice
Abused and neglected children had higher (almost double) levels of tooth decay than general population

P.E. Greene, M.C. Chisick, G.R. Aaron
A comparison of oral health status and need for dental care between abused/neglected children and nonabused/non-neglected children
Pediatric Dentistry, 16 (1994), pp. 41-45
Abused children are 8 times more likely to have untreated decayed permanent teeth than non-abused children

P. Greene, M.C. Chisick
Child abuse/neglect and the oral health of children's primary dentition
Military Medicine, 160 (1995), pp. 290-29
Neglected children were 5.2 times more likely to have untreated decayed primary teeth. Proportion of children with untreated caries and severe early childhood caries was higher among the physically/sexually abused than the neglected children.

N. Valencia-Rojas, H.P. Lawrence, D. Goodman

Prevalence of early childhood caries in a population of children with history of maltreatment
Dental neglect was defined in 2009 by the British Society of Paediatric Dentistry as

“the persistent failure to meet a child’s basic oral health needs, likely to result in the serious impairment of a child’s oral or general health or development”.
Drawing on international perspectives, the Cardiff Child Protection Systematic Review Group’s alternative definition is;

“refers to the failure of a parent or guardian to meet a child’s basic oral health needs, such that the child enjoys adequate function and freedom from pain and infection, where reasonable resources are available to the family or caregiver.”
The United Nations Convention on the Rights of the Child, ratified by all countries other than Somalia and the United States of America (USA), states that children have a right to be protected from all forms of negligent treatment, and enjoy the highest attainable standards of health.

In addition, the UK government has identified the key outcomes, which matter most to children, including being healthy and staying safe (i.e. being protected from harm and neglect).
Studies have set out to describe the oral features of children who had suffered a variety of forms of physical abuse or general neglect. They noted primarily the presence of untreated dental caries and associated pain and/or infection, and lack of continuity of dental care amongst these children.
Montecchi reported high levels of caries, plaque and gingival bleeding in the children who suffered maltreatment compared with controls.
Thomson and Gaughwin reported that dental neglect was positively associated with the child not having received dental treatment over the last two years and in families with low socioeconomic status; the latter characteristic was also reported in two other studies.
Butts and Henderson used indicators to aid in identification of dental neglect in children including untreated caries, pain infection, bleeding or orofacial trauma, and a history of lack of continuity of care; they selected 68 children for a dental neglect intervention programme.
To understand dental neglect requires first an understanding of dental development, dental diseases (particularly dental caries) and dental treatment provision is helpful.
Dental care providers in the UK,

- Routine dental care for children is: mainly provided by NHS general dental practitioners, with 70% of the child population receiving dental care in any 2 year period available free-of-charge (a small minority of families choose to attend private practitioners).
- Available to those without their own dentist dental care from NHS access and out-of-hours services, or from community or salaried provided by a dentist-led team which may include dental therapists, hygienists and oral health educators.
Specialist dental care is estimated to be needed by 1% of the child population in any 1 year available on referral to hospital-based or community-based paediatric dental specialists and consultants.

Where local referral pathways are undeveloped, local specialist paediatric dentists can be identified using the General Dental Council’s online specialist register.
Smiling
Eating
Speaking
Baby Teeth
<table>
<thead>
<tr>
<th>Teeth Type</th>
<th>Erupt</th>
<th>Shed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central incisor</td>
<td>8–12 mos.</td>
<td>6–7 yrs.</td>
</tr>
<tr>
<td>Lateral incisor</td>
<td>9–13 mos.</td>
<td>7–8 yrs.</td>
</tr>
<tr>
<td>Canine (cuspid)</td>
<td>16–22 mos.</td>
<td>10–12 yrs.</td>
</tr>
<tr>
<td>First molar</td>
<td>13–19 mos.</td>
<td>9–11 yrs.</td>
</tr>
<tr>
<td>Second molar</td>
<td>25–33 mos.</td>
<td>10–12 yrs.</td>
</tr>
<tr>
<td>Second molar</td>
<td>23–31 mos.</td>
<td>10–12 yrs.</td>
</tr>
<tr>
<td>First molar</td>
<td>14–18 mos.</td>
<td>9–11 yrs.</td>
</tr>
<tr>
<td>Canine (cuspid)</td>
<td>17–23 mos.</td>
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<td>Central incisor</td>
<td>6–10 mos.</td>
<td>6–7 yrs.</td>
</tr>
</tbody>
</table>
Adult teeth
Problems that teeth get...
• Dental caries – decay
• Dental trauma
• Non accidental injury
• Periodontal disease – gum disease

All can be prevented
Decay
Causes of decay......

Bacteria in the mouth eat the sugar, this makes acid which causes tooth decay
Causes of decay......

Sugar
• Snack on non sugary foods between meals
• Eat and drink sugary foods and drinks only with meals
  • Drink water or milk, especially between meals
• Do not eat any thing sweet within one hour before bed
Toothbrushing
Why?
Plaque
Plaque is a sticky, colourless film of bacteria that constantly forms on our teeth and along the gum line. Plaque contains bacteria that cause cavities and gum disease. Bacteria in the mouth eat the sugar, this makes acid which causes tooth decay.
Brush twice a day
Brush for two minutes
Spit don’t rinse
How to tell if someone has toothache or a sore mouth?

- Change in eating and/or drinking habits
- Increase in saliva and/or drooling more
- Face holding or slapping
- Chewing on fingers or other items
- Behavioural changes
- Increase in night waking
Oral care for people who are tube fed is still very important—Why?

- Lack of feeding by mouth reduces oral stimulus, this means that the constituents of saliva alter and tartar tends to build up more easily.
- Low foaming toothpaste
- It makes the mouth feel comfortable; mouths only feel comfortable when they are clean.
- The mouth/plaque bacteria can cause chest infections.
Dental caries (or decay) is one of the commonest diseases of childhood both in the UK and worldwide. In the USA, it is five times more common than asthma.
Since it is both preventable and treatable and, in the UK, children have free-of-charge access to dental care, **good oral health should be attainable for every child.**
However, the Child Dental Health Survey 2013 UK reported:

• 31% of 5-year-olds had obvious caries experience in primary teeth

• 46% of 15-year-olds had obvious caries experience in permanent teeth

Furthermore, dental disease was the commonest reason for a child aged 5-9 years to be admitted to hospital in England in 2012/13 and, by the age of 15, 10% of children had had a general anaesthetic for dental treatment.

Dental extractions cost the NHS £30 million a year.
Dental trauma
Consider Non-Accidental Injury

- Does the injury match the history given?
- Does the history given by the carers match the child’s account?
- Does the history change over time?
- Does the child’s behaviour seem appropriate to the injury?
- How is the child interacting with the parent and with the professionals?
- How is the parent interacting with the child and the professionals?
- Was the presentation of the child delayed?
Signs of NAI in the oral cavity

• Orofacial trauma occurs in at least 50% of children diagnosed with physical abuse.
Untreated dental disease can lead to pain, infection and loss of function.

This can adversely affect learning, communication, nutrition and other activities necessary for normal growth and development.

Repeated symptoms from a single carious tooth can cause as great an impact on the child as problems related to multiple diseased teeth.
Severe untreated dental disease can cause:

- toothache
- disturbed sleep
- difficulty eating or change in food preferences
- lower body-weight, growth and quality of life
- absence from school
- interference with play and socialisation
Severe untreated dental disease may put a child at risk of:

• being teased because of poor dental appearance
• needing repeated antibiotics
• chronic localised infection which may affect underlying developing teeth
• severe acute infection which can cause life-threatening systemic illness such as sepsis
• repeated general anaesthesia for tooth extraction
Alerting features of neglect of relevance to dental disease
(summarised from NICE clinical guideline 89)

Features that should prompt you to consider neglect

• Parents or carers who do not administer essential prescribed treatment e.g. antibiotics not administered to a child with facial cellulitis secondary to a dental abscess

• Parents or carers who have access to but persistently fail to obtain National Health Service (NHS) treatment for their child’s tooth decay e.g. obvious decayed teeth in a child who lives 100 yards from an NHS dental practice which is accepting new NHS patients

• Repeated failure to attend follow-up appointments essential for the child’s health and wellbeing e.g. repeated failure to attend for restoration of a fractured permanent incisor where the child reports distress about their poor dental appearance
• Persistent failure to engage with relevant child health programmes e.g. not consenting to a priority dental screening programme in a special school for children with severe learning difficulties

• Injury, if the explanation suggests lack of appropriate supervision e.g. avulsed teeth in a 3-year-old while left in the care of a 7-year-old sibling
Features that should prompt you to SUSPECT neglect

• Medical advice not sought, compromising the health and wellbeing of the child, including if they are in ongoing pain e.g. nursery staff report child frequently absent or sent home due to toothache, also a poor eater and looks unwell
Manifestations of Child Dental Neglect

Although it is not possible to set out exact indicators for child dental neglect, there are many alerting findings, which help this maltreatment to be suspected. Three distinct signs of child dental neglect can include:

- oral manifestation and history;
- social determinants;
- characteristics of parents or caregivers.
Social Determinants

Although child dental neglect may occur in any family, family socioeconomic status is among the well-documented factors profoundly affecting oral health. Indeed, child dental neglect is more commonly seen in the lower socioeconomic classes.
Characteristics of Parents or Caregivers as an evidence of child dental neglect include:

- causing delayed attendance
- repeated missed appointments for scheduled dental assessment
- no interest for oral hygiene education
- repeated attendance for emergency pain relief
- failure to access dental treatments and rehabilitation services
- failure to complete treatment plans,
- poor dental status,
- poor knowledge and attitude in respect to oral health
- inadequately performed home oral hygiene.
Consequences of Child Dental Neglect

Victims may suffer from;
• dental pain,
• difficulty eating,
• infection,
• loss of oral function,
• disrupted sleep,
• poor appearance,
• low weight,
• poor performance in school,
• low self-esteem
• poor quality of life

These undesirable outcomes can lead to negative effects on nutrition, learning capacity, and any other activity of the child, which is fundamental for normal growth and development.
Interventions

Inaction is the worst option that could be chosen in cases of dental neglect.

Intervention is not only the responsibility of a particular individual or groups, but rather is a shared public challenge.

Three main interventions which should be done, once a case of dental neglect is identified, are:

• advising about practicing oral hygiene,
• referral to receive and follow dental services
• assessing for broader neglect

When a child suffers from untreated gross caries or dental pain and parents fail to meet the child’s treatment needs, referral is indicated.
The Role of Parents and Caregivers

Parental involvement, through preventive services, is a basic concept in children oral health care. Their involvement enhances children oral health status. Up to the age of seven, it is still the responsibility of the parents to be engaged directly in their child’s daily oral hygiene practices.

In fact, parents’ attention in respect to child oral hygiene is one indicator of their interest to provide the child with essential requirements of wellbeing.

Moreover, children are largely dependent on their caregivers to access dental treatment. Thus, to achieve a good result, the parents have to be involved in dental care.
The Role of Dentists and Other Health Professionals

The dental team is in the position to diagnose the cases. Dentists and dental hygienists must be familiar with the signs of dental neglect, not only as a concern in itself, but also as it may be an alert of general neglect.

Beside dentists, other health-related professionals, such as trained public health nurses, can provide the family with information to prevent dental caries.

Perhaps their role may be more critical and influential than the dental team because of their closer relationship to the family and having a greater chance to discuss child oral health with parents during their children’s preschool age.
Dental disease, like any other finding in cases of suspected abuse or neglect, should never be interpreted in isolation but always assessed in the context of the child’s medical and social history and developmental stage.
Therefore care should be taken to consider this in the context of other relevant factors, such as:

– the multi-factorial causation of dental caries
– variation in individual susceptibility to dental disease
– differences in the treatment dentists provide (for example, whether they choose to manage caries in primary teeth by monitoring or restoration or extraction)
– respect for autonomy in healthcare decision-making when caring for older children and young people (who may decide to decline or delay treatment advised by the dentist) inequalities in dental health (for example, regional or social class differences in caries experience)
– inequalities in access to dental services and treatment (for example, in inner city and rural areas).
It is suggested that, in order to avoid misunderstanding, the term dental neglect should be reserved for situations where there is a failure to respond to a known significant dental problem.

This is an area that requires sensitivity and clinical judgment.
Untreated carious teeth - but is it dental neglect?

- This 4-year old boy has caries in his primary incisors.
- The dental clinical records show that the decay is not getting worse.
- He has never complained of toothache.
- He is due to start school soon.
- His parents are unconcerned by the appearance of his teeth.
- He cooperates well with dental treatment but sometimes misses appointments.

He obviously has untreated carious teeth – but is it dental neglect?
Dental neglect

A family with four children aged 7, 4, 3 and 1 attended for a dental examination.

The eldest had been a patient at the practice two years previously but then failed to complete a course of treatment.

On this occasion all four children had dental caries and poor oral hygiene.

The younger children presenting with more extensive caries at an earlier age than their older siblings.
At subsequent appointments it became apparent that all the children were consuming frequent sugar-containing snacks and drinks.

The two youngest children were drinking juice from a bottle throughout the day and night. Advice was given on caries prevention.
• Their mother reported increasing difficulty coping with the children’s eating and sleeping habits and behaviour.

• She readily agreed to the dentist’s offer to contact their health visitor to see if any support and advice might be available.

• The health visitor visited the family at home on several occasions over the next six months to give advice on various aspects of health and parenting.

• She put them in touch with local Sure Start services. The situation soon improved and there were no further concerns.
In the months that followed, the two younger children required dental extractions under general anaesthesia.

A note was made that they remained at high risk of caries and would require regular preventive care.

When they missed a subsequent recall appointment and no response was received to a letter offering a further appointment,
Homeopathy family

• Three children aged, 7, 4, 3
• 7 year old caries in 6s, E6, D6
• 4&3 years olds caries in E6 and D6
• All the carious teeth are unrestorable due to the extent of the decay.
• Parents believe that fluoride is poisonous so use aloe toothpaste
• Children snack on smoothies, juices, dried fruit, flapjacks, cereal bars
Early caries getting worse
Ga refusals child can’t cope with la
Want to barter number of extractions
Child with dental treatment needs

- Find out if have own dentist
- Get them to get on a waiting list
- Ref to West Country Dental Care (community services) if don’t have own dentist or if child in pain get to access dentist
In conclusion

• Dental caries is a very common but preventable disease
• Neglect of a child’s oral health needs is often a factor in severe untreated dental caries
• Diagnosis of dental caries and dental neglect requires examination by a dentist
• Management of dental neglect requires health and social care professionals to work together effectively
Children’s basic oral health needs
To maintain optimal oral health, children need:

• Fluoride; usually supplied by twice daily use of fluoride toothpaste
• Diet; limited frequency and amount of sugary snacks and drinks
• drinks given from a free-flowing cup instead of a feeding bottle from the age of 1
• oral hygiene facilities, supervision and assistance with toothbrushing last thing at night and at one other time
• dentist visits; to benefit from preventive care and dental treatment when needed
Further information

• British Society of Paediatric Dentistry
• British Society for Disability and Oral Health
• Royal College of Surgeons (England)
• British Dental Association
• General Dental Council

• cara.ball@nhs.net

• www.brushdj.com
Thank you for listening

Any Questions??