Oral Health Fact Sheet for Medical Professionals

Children with Autism Spectrum Disorder

Autistic disorder is the abnormal or impaired development in social interaction and communication coupled with a restricted repertoire of activity and interest. Manifestations of the disorder vary depending on the developmental level and chronological age of the individual. (ICD 9 Code 299.0)

Oral Manifestations and Considerations

Oral
- Bruxism (20-25%)
- Non-nutritive chewing
- Tongue thrusting
- Self-injury (picking at gingiva, biting lips) creating ulcerations. Erosion (many parents report regurgitation)
- Caries-similar to general population, however some children receive sweet foods as behavioral rewards
- Poor oral hygiene-Home care measures are exceedingly difficult for many children/parents
- Many patients have very limited dietary preferences (exclusively pureed foods, no fruits/vegetables, etc.)

Other Potential Disorders/Concerns
- 70% with cognitive impairment; 40% of whom are “severe”
- Epilepsy over 30% have experienced seizures by adolescence
- Depression/Anxiety
- Attention Deficit Hyperactivity Disorder (ADHD)
- Obsessive Compulsive Disorder (OCD)
- Schizophrenia

Oral Side Effects of Commonly Prescribed Medications

<table>
<thead>
<tr>
<th>SYMPTOM</th>
<th>MEDICATION</th>
<th>SIDE EFFECTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hyperactivity</td>
<td>A. CNS Stimulants (Methylphenidate)</td>
<td>A. Xerostomia</td>
</tr>
<tr>
<td></td>
<td>B. Antihypertensive (Clonidine)</td>
<td>B. Xerostomia, dysphagia, sialadenitis. May cause orthostatic hypotension and potentiate CNS depression of other CNS depressants used in dentistry</td>
</tr>
<tr>
<td>Repetitive Behaviors</td>
<td>Antidepressants (Fluoxetine and Sertraline)</td>
<td>Xerostomia, dysphagia, sialadenitis, dysgeusia, stomatitis, gingivitis, glossitis, discolored tongue, bruxism</td>
</tr>
<tr>
<td>Aggressive Behaviors</td>
<td>A. Anticonvulsants (Carbamazepine and Valproate)</td>
<td>A. Xerostomia, stomatitis, glossitis, dysgeusia. Excessive bleeding may result when either medication is combined with aspirin or non-steroidal anti-inflammatory drugs</td>
</tr>
<tr>
<td></td>
<td>B. Antipsychotics (Olanzapine and Risperidone)</td>
<td>B. Xerostomia, sialorrhea, dysphagia, dysgeusia, stomatitis, gingivitis, tongue edema, glossitis, discolored tongue</td>
</tr>
</tbody>
</table>

Xerostomia is highly conducive to dental caries.
Parent/Caregiver Support and Guidance

- Discourage consumption of cariogenic (cavity causing) foods and beverages.
- Prescribe sugar-free medications if available.
- Recommend preventive measures such as topical fluoride and sealants.
- Advise brushing teeth with fluoridated toothpaste twice daily. Have parents be cautious with power toothbrushes which can be too stimulating for some children.
- Instruct caregiver on appropriate protocol following dental trauma (seek immediate professional care and locate/preserve missing tooth if avulsed).
- Recommend rinsing with water thoroughly after taking each dose of sugar containing medication and suggest frequent water intake for children taking xerostomic medications.
- Discuss safety issues appropriate to the age of the child, such as car seats, stair gates, bike helmets, and mouth guards to prevent oral-facial trauma.
- Discuss habits that may harm the child’s teeth such as propping baby bottles, putting child to bed with bottle.
- Refer to dentist any oral developmental abnormalities.

Further information (Medical Guidance for oral health, Dental Guidance for oral health, Oral Health Guidance for Parents/Caregivers and Dental Professional Fact Sheet for Autism) can be found at: http://dental.washington.edu/departments/omed/decod/special_needs_facts.php

References


Additional Resources

- NIH institute for Autism Spectrum Disorders
- Special Care: an Oral Health Professionals Guide to Serving Young Children with Special Health Care Needs
- Bright Futures Oral Health Pocket Guide
- American Academy of Pediatrics Oral Health Initiative
- MCH Resource Center
- ASTDD-Special Needs
- Block Oral Disease, MA
- NOHIC-NIDCR publications