Treating Patients with Alzheimer’s Disease, Anxiety, and Autism: Transform Lives and Careers

Karen A. Raposa
Welcome to the Greater New York Dental Meeting

Greater New York Dental Meeting™
Executive Headquarters
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Sponsored by New York County & Second District Dental Societies

All programs and exhibits are held at the Jacob K. Javits Convention Center (unless otherwise indicated)
11th Avenue between 34th and 39th Street, New York City

General Registration Hours
Friday, November 29          12:00 Noon - 4:30 P.M.
Saturday, November 30          8:00 A.M. - 4:30 P.M.
Sunday, December 1 - Tuesday, December 3
  8:00 A.M. - 5:30 P.M.
Wednesday, December 4
  8:00 A.M. - 4:30 P.M.

Exhibit Hall Hours
Sunday, December 1 - Tuesday, December 3
  9:30 A.M. - 5:30 P.M.
Wednesday, December 4
  9:30 A.M. - 5:00 P.M.

Course Registration
Pre-registration is required for all continuing education courses with the exception of the “Live” Dentistry and Affiliated Groups. Your seat will be held for 15 minutes after the start of the course; after that, those without tickets will be seated according to space availability. If you have not pre-registered, please be prepared to select an alternate session to attend.

Tickets
Tickets are required for all courses excluding Live Dentistry. Tickets for all functions can be purchased at all general registration booths located in the Registration Area on the Upper Level in the Crystal Palace and online.

6 Days of Education Seminars, Hands-on Workshops & Essays
Friday - Wednesday
4 Days of Exhibits
Sunday - Wednesday

FREE “Live” Dentistry
Hi-Tech 450 Seat Arena

SUNDAY
9:45 - 11:45
VOCO America, Inc.
  Drs. Ron Kaminer & Marc Geissberger
  Restorative

9:45 - 11:45
Shofu
  Dr. Ron Kaminer
  Restorative

12:00 - 2:00
Phils Sonicare
  Dr. Gerard Kugel
  Whitening

3:30 - 5:15
3Shape
  Dr. Sundeep Rawal
  Digital

MONDAY
1:30 - 2:45
First Fit
  Drs. Frederick E. Soloman
  Cyrus Tasmasebi
  Digital

3:30 - 5:15
Align I Invisalign I iTero
  Drs. Karla Soto & Christian Coachman
  Restorative

TUESDAY
9:45 - 12:00
Millenium
  Dr. Sunil D. Thanik
  Laser

2:00 - 4:15
Glidewell
  Dr. Justin Chi
  Digital

WEDNESDAY
9:45 - 12:00
Apa / CareCredit
  Drs. Michael Apa
  Aesthetic

2:00 - 4:15
Benco / Vatech
  Dr. Aeklayya Panjali
  Implant

Celebrity Luncheon Speaker

John Quiñones
Monday, December 2nd
12:00 - 2:00 - Ticket 4010
$125.00

3D Printing & Digital Dentistry Conference
Dental Laboratory
Technicians Programs
Sleep Apnea Symposium
Oral Cancer Symposium

World Implant Expo
5th Annual Global Orthodontic Conference
3rd Annual Pediatric Dentistry Summit
12th Annual INVISALIGN® - GNYDM EXPO
4 Days of Programming: Sunday - Wednesday
Botox and Facial Fillers
Seminar & Workshop
Over 1,700 Exhibit Booths
Treating AAA Patients – Alzheimer’s, Anxiety and Autism – Transforms lives and careers

Philips Sonicare Symposium
Karen A. Raposa, RDH, MBA

Who do you know who is affected?

- Friend
- Family
- Neighbor
- Patient

Why we all should know....

As dental professionals, we have the ability to PROFOUNDLY affect the quality of life for ALL of these people when they need our services.

Alzheimer’s, Anxiety & Autism

.....What do they have in common?

- The more you get to know these individuals, the more successful the dental visit will be
- Compassion is most of what it takes to provide or at least help them get dental care
- Behavior guidance is preferred by these patients
- Tell – Show – Do technique is powerful
- Shorter more frequent appointments are often needed
- PREVENTION is critical!
- Communication may be challenging but is essential
- The rewards of helping these patients through a successful dental visit are often indescribable

Agenda

- Define and learn to recognize the behaviors of AAA patients
  - Anxiety, Alzheimer’s and Autism
- How do I learn……
  - Comfort zones
  - Treatment modifications
- Home care therapy considerations
- When is it time to refer
- Long-term impact

Anxiety
**Anxiety disorder statistics**

- 18% of American adults suffer from anxiety disorder.
- At least 40 million American adults suffer from anxiety disorder in a given year.
- 36.9% of people with anxiety disorder report having moderate to severe dental fear.

**Anxiety Disorder Defined:**

- An ambiguous awareness of danger that increases breathing, body temperature, and muscle tension. It prepares or alerts people to adapt to a “fight or flight” situation. For some, the anxiety becomes incapacitating and prevents the enjoyment of everyday life events.

**What we know about the population of female anxious patients:**

- These patients feel extremely vulnerable during the dental appointment...this results in a sense of helplessness
  - 20% of all females seeking dental care are survivors of Childhood Sexual Abuse (CSA)
  - 54% experienced childhood molestation
  - 15% reported attempted rape
  - 13% reported rape or incest

  This means that during a typical day at the office, you are likely to treat a CSA survivor

**Post-traumatic Stress Disorder (PTSD)**

- An anxiety disorder characterized by the development of symptoms following an exposure to an extreme traumatic stressor involving direct personal experience of an event that involves actual or threatened death or serious injury, or witnessing an event that involves the same, or learning about the same experienced by a family member or close associate.

  Disclosure of PTSD may not be revealed in the health history as patient may not think it is relevant or simply may not realize they suffer from this.

**What we know about Dental Anxiety:**

- Three levels
  1. Dental fear
  2. Dental anxiety
  3. Dental phobia

- An anxiety disorder characterized by the development of symptoms following an exposure to an extreme traumatic stressor involving direct personal experience of an event that involves actual or threatened death or serious injury, or witnessing an event that involves the same, or learning about the same experienced by a family member or close associate.

  Disclosure of PTSD may not be revealed in the health history as patient may not think it is relevant or simply may not realize they suffer from this.
What we know about Dental Anxiety:

- Dental fear – normal emotional reaction to a specific threatening external dental stimulus
  - Study found that lack of insurance, finances, or gainful employment had NOTHING to do with avoidance of dental treatment…soley due to fear


Patient with Dental Anxiety = Patients with Special Needs:

- Casual avoiders
  - Frequently postpone necessary dental treatment
  - The resulting neglect usually leads to dental breakdown
  - Can do well to rehabilitate these suffering individuals whose quality of life is compromised by this troubling phenomenon


Dental anxiety – when the patient experiences apprehension about the appointment and is prepared for something negative to happen

- 16% - 40% of adult population, compared with only 18% who suffer with general anxiety


What we know about Dental Anxiety:

- Dental phobia – severe type of dental anxiety that may result in avoidance of the dental experience or endurance of significant discomfort for years
  - Of the 16% - 40% of adult population with dental anxiety, 3% - 5% exert dental phobia


Behaviors consistent with Dental Fear due to an Anxiety Disorder:

1. Sudden tears or yelling out when minimal dental work is being performed
2. Acting aloof or angry once seated in the chair
3. Somatic symptoms such as shaking or sweating, tensing up, and/or having difficulty keeping mouth open (ie Panic attack)
4. May move head abruptly and erratically during a procedure creating a dangerous situation


Study reveals…..

- Behavioral modification and talk therapies may provide a viable long-term solution
  - 130 patients with severe dental anxiety
  - 76% received therapies in 5 sessions
  - Of those treated, 79% went on to receive dental care without sedation

"Characteristics of Patients Attending for Cognitive Behavioral Therapy at One UK Specialist Unit for Dental Phobia and Outcomes of Treatment" British Dental Journal, Nov, 2015
Alzheimer’s

Alzheimer’s defined:
Alzheimer's is a brain disease that causes a slow decline in memory, thinking and reasoning skills/behaviors. It is the most common form of dementia with the second most common being vascular dementia which occurs after stroke.

Alzheimer’s facts:
- With Alzheimer’s disease, the patient can live 20 years or more depending on the amount of brain tissue that is affected by amyloid lesions.
- Vascular dementia patients usually live up to three years.
- Cause and cure are unknown

Alzheimer’s statistics:
- Typically occurs after age 65 with prevalence increasing with advanced age
- From age 70, prevalence doubles every 5 years
- By age 85, more than 40% of individuals will have developed AD
- 5.2 million people in the US have AD
- Prevalence is predicted to triple by 2050
- An average dental practice of 2000 adult patients is predicted to include about 46 patients with AD

Diagnosis:
- Clinical diagnosis can be made with 90% accuracy (concluded by exclusion of all other possible causes)
  ✓ Patient history
  ✓ Complete neurologic & mental status assessments
  ✓ Exhaustive medical testing
- Definitive diagnosis determined by autopsy of brain changes

Signs of Alzheimer’s/dementia:
- Poor judgment and decision-making
- Inability to manage a budget
- Losing track of the date or the season
- Difficulty having a conversation
- Misplacing things and being unable to retrace steps to find them

Typical age-related changes:
- Making a bad decision once in a while
- Missing a monthly payment
- Forgetting which day it is and remembering it later
- Sometimes forgetting which word to use
- Losing things from time to time
Behaviors associated with Alzheimer’s

- Aggression
- Agitation
- Confusion
- Depression
- Hallucinations
- Suspicion
- Sleep issues and sundowning
- Repetition
- Wandering

Alzheimer’s considerations

- As the condition progresses, the susceptibility to dental disease increases.
- Patients may be taking multiple medications that can cause xerostomia, vomiting, gingival overgrowth or tardive dyskinesia.
- Medications prescribed for dementia and its symptoms have the potential to cause adverse reactions when combined with drugs used in the dental clinic or prescribed by the dentist including some anesthetic and anti-microbial agents.

Alzheimer’s Treatment Suggestions

“Patients with dementia often suffer from a variety of untreated diseases before they’re admitted to a long-term care facility, because early detection depends on communication, which is one of the greatest barriers health care providers face in providing treatment.

Even when admitted to long-term care facilities, patients’ limited capacity to communicate can still be a major barrier to their receiving care, so it’s especially important that dentists develop a rapport with dementia patients.”

Expert advice about Alzheimer’s – Dr. Judith Jones, Boston Univ

“Patients with dementia can misinterpret your actions, so you have to establish a good relationship with your non-verbal communication. Often it’s more important than your verbal communication with the patient.

It is also important to ask patients with dementia to follow one instruction at a time.

With most patients, you can ask them to sit down, lean back, and open their mouths, but dementia patients cannot process all three commands quickly.”

Expert advice about Alzheimer’s – Dr. Judith Jones, Boston Univ

“When treating patients with dementia, you want to get in and get out, providing care efficiently to prevent trouble with the experience. Preventive dental care from the time of diagnosis is the best care of all.”
Autism spectrum disorders (ASDs) are a group of developmental disabilities that are caused by unusual brain development. People with ASDs tend to have problems with social and communication skills. Many people with ASDs also have unusual ways of learning, paying attention, or reacting to different sensations. ASDs begin during childhood and last throughout a person's life.

1 in 59 children under the age of 21 has been identified with an autism spectrum disorder (ASD). This equates to 1 in 37 boys and 1 in 151 girls.

As many as 1 in 59 children today have some form of an ASD*

As compared with:
- Cerebral palsy (1 in 357)
- Juvenile diabetes (1 in 450)
- Down's syndrome (1 in 800)
- Hearing loss (1 in 909)
- Vision impairment (1 in 1,111)

Autism is a developmental delay that includes symptoms such as speech difficulties, lack of eye contact, isolation and no fear of danger.
What is Autism?

Autism is a complex brain disorder that inhibits a person’s ability to communicate and develop social relationships and is often accompanied by extreme behavioral challenges.

The Autism “Spectrum”

• Broad range of developmental functioning
  – Cognitive/Intellectual Ability
    • Profound impairments to superior IQ
  – Speech and Language Functioning
    • Functionally mute to very sophisticated language
  – Adaptive Functioning
    • Totally dependent to relatively self-sufficient
  – Temperament
    • Intense and highly reactive to calm and passive

CONDITIONS ASSOCIATED WITH AUTISM

<table>
<thead>
<tr>
<th>Condition</th>
<th>Description</th>
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<tbody>
<tr>
<td>Increased risk in girls and persons with intellectual disability.</td>
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<tr>
<td>Gastrointestinal</td>
<td>Primary diarrhea and constipation, associated with daytime behavioral problems.</td>
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<tr>
<td>Sleep Disorders</td>
<td>Insomnia very common, associated with daytime behavioral problems; includes circadian rhythm disturbance and periodic limb movements of sleep.</td>
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<tr>
<td>Intellectual disability</td>
<td>Prevalence of 41 percent; 30% normal/near normal IQ.</td>
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<tr>
<td>Motor impairments</td>
<td>Includes hypotonia, apraxia (motor planning), clumsiness, toe-walking, gross motor delay.</td>
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<td>Psychiatric conditions</td>
<td>High prevalence of anxiety, attention-deficit/hyperactivity disorder, depression.</td>
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<tr>
<td>Sensory processing disorder</td>
<td>Differences in the perceptions of sights, sounds, textures, smells, and pain.</td>
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A DAY IN THE LIFE OF ASD....

A NEW DECade FOR AUTISM

CHANGING THE FUTURE TOGETHER

Homecare Caregiver Instructions
**Putting it in perspective**  
*What causes Autism? – Yikes!!*

**Speculations are as follows:**
- Psychiatric Disorder
- Opioid excess theories
- Glutamatin/cortisone theories and relation to Celiac Disease
- Gamma Interferon Theory
- Free Sulphate Theory
- Autoimmune Theory
- Viral Infection Theory
- Action of Secretin Theories
- Intestinal Permeability Theories

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- Psychotic Disorder
- Opioid excess theories
- Glutamatin/cortisone theories and relation to Celiac Disease
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- Intestinal Permeability Theories

**Bottom line:** There is no answer yet………….

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**Putting it in perspective**  
*What cures Autism? – Yikes!!*

**Treatment options are as follows:**
- Educational / Behavioral Interventions
  - ABA (Applied Behavioral Analysis)
  - Discrete Trials
- Speech / Language Therapy
- Occupational Therapy
- Physical Therapy
- Music therapy
- Social skills training
- Hippotherapy
- Music therapy

**Medications**
- Antidepressants – treat symptoms of anxiety, depression, or obsessive-compulsive disorder
- Antipsychotics – for treatment of severe behavioral problems
- Stimulants – may help decrease impulsivity and hyperactivity
- Other therapies: There are a number of controversial therapies or interventions. Few, if any, are supported scientifically.
  - Diet, Hyperbaric Chambers, Chelation, Acupuncture, Stem cells

**Bottom line:** There is no answer yet………..

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**“Person First” Language**

- Consider the dehumanizing aspects of calling people by their disability, condition or organ first.
- Labeling a person as a disability, condition or organ system implies all persons with the condition are the same and is disrespectful, can be distracting, and may not have anything to do with the active concern at hand.

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**Autism is something I have, it is not WHO I am.**

Tell me exactly what you mean.

I want friends, I just don’t know how.

Senses are easily overloaded.

My meltdowns are hard for everyone, especially me.

Love,

Any child with autism
Love me and help me understand your world.
I have different abilities, not a disability.
Focus on what I can do, not on what I can’t do.
Explore my world and I will make you smile.

Love,
Any child with autism

Putting it in perspective

In order to avoid CRISIS MANAGEMENT for these patients, our mantra should be…………

PREVENTION!!
PREVENTION!!
PREVENTION!!

Individuals with Alzheimer’s Risk

• Study conducted at Univ of Kansas (2012) found subjects who were eventually diagnosed with AD tested positive for periodontal pathogens years before their diagnosis
• If we could prevent perio disease in these patients, would it be safe to say that we might be able to slow down the progression of AD or at least improve health outcomes and quality of life?

Comfort Zones

Comfort Zones – Families & Caregivers

For the parent/caregiver: It’s important to note…
They will be concerned about both the child having an unpleasant experience and about their own embarrassment in the event the child is non-compliant or has a behavioral outburst.

BEST SOLUTION: Meet or talk with the dentist &/or hygienist to develop a plan BEFORE THE ACTUAL VISIT

• “Families” may be caregivers unrelated by blood
• Families are typically under significant daily emotional, physical, mental, and/or financial strain
• Offer admiration/support/reinforcement for any positive care they are able to provide to the patient, even when not ideal
• Ask if there are areas in which they wish to have additional intervention—do not assume
• Offer additional support services/referral when available, even if previously declined; people may change their minds
Comfort Zones

For the parent/caregiver: Effects of stress on the body
- Impaired by stress
  - Glucose regulation
  - Immune function
  - Mental Activity
- Research shows hormone levels of parents are similar to soldiers in combat
- Err on side of patience and kindness

Comfort Zones

For the patient
- These details can be learned through documentation and interviews
- They are most often learned through experience with each individual patient

Comfort Zones

For the practitioner
You will need:
- an open mind and open heart
- more emotional skills than intellectual or clinical skills
- to get close to your patient both physically and emotionally
- to leave behind your reasoning skills; most times they will not work

Treatment Modifications & Considerations
Autism Considerations

Welcome Packet sent to caregiver could include:
- Home care tips to practice for the first visit
- “My personal dental box”
- Office brochure and/or Social Story
- Patient information form

Patient Information Form

- Describe the nature of the condition
  - Medical
  - Dental experience
  - Physical functioning
  - Sensation
  - Communication
  - Vision
  - Hearing
  - Behavior / Emotions
- Oral habits (include eating, chewing, PICA)

Practice/Trust Building

- Keep appointments brief (15 - 20 mins.)
- Primary goal is to establish trust
- Help parent/caregiver and patient know that you care about them

Interview

Medical Information
- Medications
- Seizure Activity
- Allergies and/or Sensitivities
- Bladder / Bowel Adaptations

Dental Experience
- Previous experiences
- Daily experiences
- Tolerance level
- Home care likes and dislikes
- What are the dental health expectations?
Interview

Oral Habits
- Overall diet
  - Autism may be limited by patient's choices
  - Alzheimer's may be limited:
    - Not recognizing food
    - Poor fitting dentures
    - Medications
    - Not enough exercise
    - Decreased sense of smell and taste

Overall diet

Food sensitivities / aversions
- Glutein / Casein free diet
- Food textures - aversions
- Sensory stimulation foods

Interview

Oral Habits
- Overall diet
- Snacking frequency (ABA rewards)

Interview

Oral Habits
- Overall diet
- Snacking frequency (ABA rewards)
- Sensory chewing

Sensory chewing

ORAL SENSORY DEVICES
Chew tubes – Alternative for those who need extra oral-motor stimulation, or need extra practice with biting and chewing skills

PQ

Chewy P & Q – Solid rather then hollow for those who seek oral-sensory input

www.especialneeds.com

Interview

Oral Habits
- Overall diet
- Snacking frequency (ABA rewards)
- Sensory chewing
- Clenching / Grinding
- Non-edibles / Licking objects
Interview

Oral Habits – Pica

- Comes from the Latin word for magpie, a bird known for its large and indiscriminate appetite
- Most common in people with developmental disabilities, including autism and intellectual disabilities
- Commonly ingested foods include: dirt, clay, paint chips, plaster, chalk, cornstarch, laundry starch, baking soda, coffee grounds, cigarette ashes, burnt match heads, cigarette butts, feces, ice, glue, hair, buttons, paper, sand, toothpaste, soap

www.kidshealth.org/parent/emotions/behavior/pica.html

Physical Functioning

- Stamina
- Breathing difficulties
- Range of motion
- Upper body strength
- Self care strengths and weaknesses

Interview

Sensation

(Sight, sound, smell, taste, touch)

- Positive stimulations
- Negative stimulations
- Pain perception level
- Temperature perception level

Interview

NOISE AVERSION

Hearing protector – Lowers noise level by 30 decibals

Favorite music – Research shows that success of music intervention is directly related to the patient’s preference for the music used. PLAY WHAT THEY LIKE

Dual sound screen – White noise machine, helps tune out annoying distractions

Interview

Power of music - Alzheimer’s

- Ask caregiver to help select a genre familiar to the patient
- Can have a positive effect on
  - Depression
  - Cognition
  - Difficult behaviors
  - Stress
  - Agitation
  - Reducing pain
  - Quality of life
  - Social interactions
  - Memory recall
  - Physical health

Positive stimulations

AROMATHERAPY

Delivers the relaxing benefits of fragrance and provides many other health benefits that are unique to each specific essential oil.

By definition... The practice of using aromatic and volatile liquids that are extracted from plants, shrubs, flowers, trees, bushes and seeds as therapy to treat the sensory seeking in an individual who has a strong tendency to smell objects.
Communication

- Hearing difficulties
- Receptive language skills
  - Following directions
  - Learning new things
- Expressive language skills
  - Make needs known
  - Ability to speak so others understand
  - Echolalia
  - Verbal and non-verbal cues
- Useful words and phrases
- Communication device(s)

Communication & Alzheimer’s

- Dependent on the stage of progression
- Adjustments will be needed as communication skills change
- Work closely with caregivers to understand patient’s abilities over time
- If the same question is asked repeatedly, write down the answer and allow the patient to hold it as a reminder

Visual Cues

- Gives the patient more control over their environment
  - Break or Stop picture cards

Visual Schedule

- Visual representation of what will happen
  - Used to provide structure, ease transitions, make expectations clear, and reduce anxiety
  - Pictures and text representing each step in a way the person understands
    - E.g., Change clothes; Check my body; Listening game; Blood draw; Change clothes; Go home
  - Reviewed prior to starting and throughout the experience
    - “Follow the schedule”

First/Then

- Visual representation of what is happening now and later
  - Used to ease transitions, make expectations clear, and reduce anxiety. Helps them deal with an activity that is non-preferred.
  - Reviewed prior to starting and throughout the experience.
  - Can be made with pictures, photos or print

Communication – Autism & Alzheimer’s

- Avoid the patient & speak to caregivers instead.
- Speak louder or use an exaggerated tone.
- Ignore signs of confusion, fear, & anxiety.
- Use the term ‘mental retardation.’
- Use medical language or jargon.
- Ask “Do you understand?” (Use open-ended questions instead.)
Behavior / Emotions

- Actions speak louder than words!!

Questions to ask regarding possible dental pain….

- Any changes in behavior or prolonged episodes of behavioral abnormalities?

Treatment Modifications

Behavior = Communication
- Individuals with autism & alzheimer's act out for a reason
- It is not about defiance, it is about coping with some type of anxiety
- They often cannot communicate dental pain
  - More aggressive
  - Reduction in eating habits

Interview

Behavior / Emotions

- Impulsiveness
- Stimming

Behavior / Emotions

- Impulsiveness
- Stimming

Interview

Behavior / Emotions

- Stimming
- Frustration level
  - Verbal or physical cues
- Verbally lose control
- Physically lose control
  - Pinching self and/or others
  - Head banging
  - Biting self and/or others
  - Self forced vomiting

CHALLENGE: Determine what is any abusive behavior by caregivers.

- Population of mentally challenged patients
  - More than 70% of women and 30% of men are sexually assaulted in their lifetime
  - Are 50% more likely to be victims of violent crimes
- Offenders are often caregivers!

Population of mentally challenged patients
- More than 70% of women and 30% of men are sexually assaulted in their lifetime
- Are 50% more likely to be victims of violent crimes
- Offenders are often caregivers!
Top Five Tips:
1) Try not to take behaviors personally.
2) Remain patient and calm.
3) Explore pain as a trigger.
4) Don’t argue or try to convince.
5) Accept behaviors as a reality of the disease and try to work through it.

Treatment Modifications

“PRACTICE / TRUST BUILDING APPOINTMENT”
- Limit wait times
- Ask caregiver to choose a location (waiting area, operatory, office, staff lunchroom?)
- Orientation – Tell / Show / Do
  - Don’t ask if it’s “OK”
- Brief exam (no instruments) – Let the patient decide where they would like to sit
- Reward, Reward, Reward

Treatment Modifications

Basic Rules
- Keep the appt. short and sweet
- Perform treatment a little bit at a time
- Speak the patient’s language
  - Only do what you say
  - Allow time to process what you’ve said
  - Keep requests concise and consistent (don’t say open up, then open big, then open/open/open)
- Understand the patient’s developmental age
  - Treat the person, not the disability
- Allow choices for the patient when appropriate
- Exceptional memories
  - Good experience = more cooperation next visit
  - Poor experience = difficult future visits

PRACTICE / TRUST BUILDING APPOINTMENT
- Do not stand over the patient
  - Come in, sit down, roll over
- Positive reinforcement – Be sincere, consistent praise, high fives
- Extinction (ignore)
- Consistency (operatory, personnel)
- Counting (slow if doing well, really fast if you need to, but stick with the number you said you would use)
- Singing
- Calm demeanor, using gentle tone of voice
- Easy requests first, build to more difficult requests

Pharmacological vs. Behavioral Supports
- Conscious sedation
- Inhalation sedation
- Intravenous sedation
- General Anesthesia
- Tell-Show-Do
- Rest breaks
- Distractions
- Breathing exercises
- Hypnosis
- Aromatherapy
- Modeling

Behavioral supports are PREFERRED to provide patients with a means of control... should apply same standard for ALL PATIENTS
Treatment Modifications
Specific to Patients with Dental Anxiety

- Cautious that sentiments do not belittle the patient
- Goal is to make the patient feel welcome
- Plan a face-to-face interview in an office area prior to treatment
- Find ways to help the patient relax
- Allow the patient as much control over the appointment as possible (ie Time out signal)
- Avoid wait times

Treatment Modifications
Specific to Patients with Dental Anxiety

- If patient has habit of canceling, ask them to at least come in and then allow them to choose whether to have treatment
- Incrementally recline the chair while asking for feedback
- Pharmacological approaches should be last resort because they can contribute to patient feeling vulnerable
- Consider a sleep aid for night prior to help avoid insomnia before treatment because it lowers patient’s ability to cooperate

Treatment Modifications

Billing:
- 3 appts. 15 min each = 1 appt 45 mins
  - No more than 2 weeks between appts.
  - Caregiver should be working on specific skills between visits
- Choose which of the 3 appts. to charge for exam and prophy
- ADA Code for Behavior Management 09920

“If you change the way you look at things, the things you look at change.”

~ Wayne Dyer – American self-help author and motivational speaker

Home Care Therapy & Alzheimer’s

- As Alzheimer’s progresses, the person with dementia may forget how to brush his or her teeth or forget why it’s important.
- Caregivers may have to assist or take a more hands-on approach.

Home Care Therapy
Fluoride Application Considerations

- Begin thinking of toothpastes and mouthwashes as medications and of the toothbrush as the device used to deliver the medication.
- Consider the use of terms such as debridement and medication instead of "brushing.
- These thoughts can be captured in conversation and in a letter provided for caregivers.

Elliott-Smith, S., "Special Products for Patients with Special Needs" Access, January 2006

Home Care Therapy

- Crucial that care-giver be provided with hands-on training
- Issues of accountability should be discussed (Might simply ask and document, "Who will be accountable for success or failure of this patient’s oral health?")

Caries Risk Reduction Regime

- Patients with disabilities that necessitate the help of a caregiver to provide daily oral home care will benefit tremendously
- If a hospital visit is the only way to accomplish restorative care for a patient with special needs, prevention takes on a whole new level of importance

Home Care Therapy

- Care-givers and parents know the patient so well, use their insights to help make this decision.
- Help educate them about the alternatives:
  - Educational setting
  - Hospital setting
  - Pediatric dental office
  - Other resources in your area

With Special Needs" Access, January 2006

When is it time to refer?

- Care-givers and parents know the patient so well, use their insights to help make this decision.
- Help educate them about the alternatives:
  - Educational setting
  - Hospital setting
  - Pediatric dental office
  - Other resources in your area

Home Care Therapy

- Crucial that care-giver be provided with hands-on training
- Issues of accountability should be discussed (Might simply ask and document, “Who will be accountable for success or failure of this patient’s oral health?”)

Caries Risk Reduction Regime

- Patients with disabilities that necessitate the help of a caregiver to provide daily oral home care will benefit tremendously
- If a hospital visit is the only way to accomplish restorative care for a patient with special needs, prevention takes on a whole new level of importance

Home Care Therapy

- Care-givers and parents know the patient so well, use their insights to help make this decision.
- Help educate them about the alternatives:
  - Educational setting
  - Hospital setting
  - Pediatric dental office
  - Other resources in your area

When is it time to refer?

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When is it time to refer?
How you love someone with anxiety.....

- The phrase “It’s OK” can never be used enough
- Sometimes you just have to listen
- Don’t tell them, “you’re overreacting”
- Know they will have trouble sleeping
- Remember it’s not that they don’t trust you. They’re scared
- Sometimes they just won’t be up for the challenge
- Accept their apologies, even if you don’t understand
- Help when you can, but know when you can’t
- Once trust is gained, they’ll love you unbelievably

Written anonymously by someone with severe anxiety

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For the patient ....
- Life long dental health
- Another person they know who cares about them
- One less event to get anxious about
- Feeling of empowerment that can lead to overall self-esteem & confidence

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For the patient’s family....
- The feeling of acceptance
  - Many families do not even bring their children with autism to church
- An incredible trust that they will consistently tell others about

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For the practice....
- Referrals from family and friends
- Reputation of staff: caring, thoughtful, patient, kind
- Opportunity to meet and help some wonderful families

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For you....
- Reap the rewards of your success

Folse: Describes the rewards of treating patients with special needs in terms of a
DIVINE REWARD.

“It’s hard to describe the elation one can feel when a patient who doesn’t speak to anyone speaks to you.”

“To the world you might just be one person, but to one person you just might be the world.”

Heather Cortez

Long term impact

Enjoy an experience of a lifetime!! We come this way once... How often do we get a chance to impact a life in a major way?
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HOW TO PREVIEW KAREN’S BOOK
https://www.amazon.com/Treating-Dental-Patient-Developmental-Disorder/dp/0813823935