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SPECIAL ARTICLE

Access of persons with special health care needs to quality dental services in Greece

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The individuals with special medical needs hardly seek for dental care and their access to the dental health services is compromised. The obstacles that they meet in the use of dental services can be divided in three categories: Barriers from the users themselves and the carers. Barriers from the professionals that offer the services. Barriers from the shortage of government programs and services for the oral health of people with special needs.

An absence is observed in dental services with complete functional status, program and strategy in Greece for the protection and the promotion of oral health of people with special needs. For this reason it is essential that a Central Specialised Dental Service for the oral health care of the disabled to be founded with peripheral Dental Health Services in local or perhaps in Prefectoral level under the Ministry of Health.

Aim and objective of these Dental Services are: Recording of the number of persons with special needs. Organising of education and training programs in dental prevention for parents or carers.

Program of prevention

A mobile dental unit and Units of dental care in Hospitals.

Thus is determined the form, which we can apply in our country in order to activate us in offering to individuals with special medical needs comfortable and free access to quality dental services.

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The confrontation of persons with special health care needs from the modern society is based on three principles:

A. Decentralization. It concerns the transportation of the special individual from the asylum to specially organised installations that simulate with the domicile environment, with the ideal of home living.

B. Normalization. The goal is to provide all possibilities for a normal life to the special needs group with a stress on education. No person with special needs should be educated separately from the general population and especially the physically handicapped individuals should without fail study in regular schools.

C. Integration. It refers to the offering of equal opportunities for the development of intellectual and natural dexterities through an advanced social and educational system with a tendency to give more independence proportional to the intelligence coefficient.

Essential Condition for the application of these principles is the guarantee of access. With the term access it is meant the whole of infrastructures and operations that aim to raise the obstacles that persons with special needs face in consequence of their physical or mental infirmity. In this way the special individuals ensure the unhindered use of health services, education, work and participation in social activities.

The problems related to the access of these populations to the health services have been discussed many times under the perspective of the physical, social and financial difficulties encountered by the populations with some short of mental delay or physical infirmity[1]. The difficulties, however, presented to accessing oral health care are unawared to a large extent in our country.

Individuals with special health care needs due to physical or cognitive impairment can be at increased risk for dental disease. Their oral health can be negatively influenced by drugs, treatments and required diets or by the difficulty in adequate dental hygiene on a daily basis. Moreover, a lot of diseases are related to various dental problems. For example, individuals with developmental disabilities frequently display enamel abnormalities, tooth eruption delays, malocclusion of mediocre or serious degree and oral infections[2]. In addition, clinical studies have demonstrated increased prevalence of enamel defects, decay and periodontal disease in individuals with Down syndrome, cerebral palsy, mental retardation and hearing disturbances[2,4].

Persons with cerebral damage often display tongue and lip position reflexes that render the brushing of teeth difficult and the examination of the oral cavity impossible. Inadequate oral hygiene leads to decay and periodontal diseases. The need for dental care in these individuals is greater but the given approach is not effective. Many treatments and side effects of drugs also,

may lead to sudden and very rapidly evolving dental disease. Drugs that cause xerostomia are bound to decrease the tissue resilience to the usual dental problems[3].

Diseases and treatments that suppress the immune system require better oral health care, provided that chemotherapy or radiation treatment in patients with cancer causes suppression of the immune system and as immunity drops the probability of dental problems increases.

Modern medicine is impressive: however, simple side effects may cause a lot of problems to dental health[3].

From all of the above it is estimated that the oral health status of special needs persons is worse in comparison to that of the general population and likely will remain so due to obstacles in obtaining dental services[4].

After research[2,4,5] it was concluded that only a small number of persons with special needs regularly receive dental care and particularly the ones with mental or multiple infirmity. The initial impression after examination is the total absence of dental hygiene and the insufficient treatment. Very often decay is found which is two times more possible to be resolved with extraction and even more under general anaesthesia.

In the previous years, at the Dental Department of HIPPOKRATIO General Hospital of Thessaloniki a large number of special needs persons was checked in presenting painful or advanced dental problem and therefore multiple extractions or extended dental treatment under general anaesthesia were often the only choice. Usually there was a delay in the seek for dental treatment, since the dental problems and the hygiene may have low priority concerning the disease, the infirmity, the social–economic state and the factors that affect the daily life of the individuals and their families[5].

Individuals with special medical needs hardly seek for dental care and their access to the dental health services is less frequent than their access to other medical services because of a combination of many factors that vary depending on the age and the level of parental and social support they accept[5].

The nature of these obstacles and the influence of these factors in the utilization of dental services can be divided in three categories[4,5]:

1) Barriers from the users themselves and the carers, which means obstacles for which responsible are the persons with special needs or their parents or the persons that attend them.

2) Barriers from the professionals that offer the services.

3) Barriers from the shortage of government programs and services for the oral health of people with special needs.

1. Barriers from the users themselves and the carers. The factors that considerably influence the access of this vulnerable population to dental services are the perception of need, fear, cost, accessibility, location, acceptability and sufficiency[4,5].

The physical and mental condition and the ability of perception of these individuals in order for them to carry out effective oral hygiene, make choices for healthy diet, seek dental services or cooperate with treatment are factors that influence oral health. Barriers to accessing and using dental services, due to the above reasons, include lack of perceived need, inability to express need and lack of ability for self-care[5].

In the majority, persons with special needs display learning disabilities and they have poor talking aptitude, which deprives them of the ability to complain of dental pain or to describe pain in general. The ability to express their needs is limited only to the indication of discomfort or pain through changes in their behaviour[5].

The know-how and the skills of carers, whether that is family members or professionals, have an impact on the oral health of these special individuals and their perception of need may influence the frequency of contact with the dental services. Their knowledge and practice of oral health care has been proved inadequate and it is for this reason that carers need to be trained in basic oral healthcare[5].

Fear and anxiety are two age-old responses to dentistry, perhaps more than in any other health profession. Fear is defined as an emotional and physical response to a perceived threat or danger, while anxiety constitutes a similar reaction. These terms are frequently used interchangeably. Fear/anxiety is recognised as a significant barrier to the utilization of oral health services and a lot of approaches have been addressed to alleviating them for the general population. Little has been written, however, for the dealing of fear in persons with special needs despite the complexity of managing this population. For example, cognitively impaired persons will rarely benefit from the frequently suggested behavioural approaches, while the medically compromised present a greater challenge in pharmacological management[4].

Inability to cooperate with dental treatment leads to a greater need, in comparison to the general population[3], for behaviour management techniques, conscious sedation and general anaesthesia[4,5].

As research depicts, special needs persons report the same inhibitory factors for their access to dental services as the general population, yet in larger proportions[4].

A study[4] refers that the three more common reasons for not seeking dental care were cost (40,9%), fear/anxiety (17,2%) and no perceived need (12,5%). Medical problems (3,4%) and unavailability of adjunctive anaesthesia (3,4%) were less–cited reasons. A 6,8% reported as a reason for infrequent dental visits difficulties in transportation. Regarding fear/anxiety, 55,2% of the sample reported some degree of anxiety about dental visits, while half of them were from nervous to terrified. Elevated dental fear/anxiety and the perceived oral health status were two significant factors that influenced the frequency of dental visits. All

measures for fear/anxiety relative to dental care declined with the increase of age.

Data of the same study[4] demonstrate an inverse relationship between fear/anxiety and dental utilization or fear/anxiety and age and a direct relationship between positively rated oral health status and increased frequency of dental visits. Persons with special needs considered that drugs for sedation or general anaesthesia were not administered as often as they could and a substantial proportion indicated that they would utilize oral health care services more frequently if general anaesthesia and sedation services were offered[4].

Another research from the Dental School of North Carolina[6], USA, performed on persons with special needs, reports that the three more frequent reasons for the small number of visits to the dentist were cost 30%, lack of perceived need 13% and fear 19%. A 65% of the individuals that took part in the same study[6] did not have any contact with a dentist for the last three years.

Results from other studies support that persons with special needs have smaller access to dental services and that this could improve with the use of pharmacological modalities for anxiety control. These modalities include oral or parenteral sedation as well as providing of general anaesthesia[4].

Other studies also reveal the existence of an important cost in terms of emotional effort, physical effort and financial outlay to gain access to oral care. Moreover, a big percentage reports need of assistance in daily activities, presence of mobility problems or medical problems as reasons for not visiting the dentist[7].

2. Barriers from the professionals that offer the services. The lack of professionals trained in the management of behavioural or medical conditions of special needs patients also constitutes a particularly important difficulty factor that influences their access to dental services.

In a survey in the USA[8] among parents of persons with special needs, 1/6 of the inquiries answered that they face difficulties in the seek of qualified professionals that have the suitable infrastructure for the treatment of their children and that difficulties occur at the course of the dental visit[7].

The lack of specialised professionals for the care of this population is due to various reasons:

Programs in dental schools do not as yet include training or experience in the confrontation of this special group. There is a lack in lecture time and clinical practice for the treatment of these patients' problems[2].

New dental school graduates demonstrate low self-confidence in the management of patients with severe or complex disabilities, declare inadequacies in professional training and point out the following problems in their treatment: dental office restrictions, difficulty in patient cooperation, behaviour problems, insufficient pay and consensus matters[5].

Therefore, dentists are often reluctant to undertake care of patients with special needs. Towards these people they sense fear, sympathy, pity and sometimes even repulsion and they prefer not to see patients who run a high risk of troubling incidents.

Of course specialists in paediatric dentistry and oral surgery are trained in the medical management of these individuals, but the limited population they serve (paediatric dental patients) or the limited scope of services provided (oral surgery) is obviously inadequate for covering the needs of the whole vulnerable population[2]. Thus, there is a need for a larger number of trained dentists with special skills and experience to obtain care to the continuously increasing number of people with special medical needs.

These individuals, have the right of equal access in qualitative dental care and the difficulty in the seek of a dentist willing to undertake them constitutes refusal to provide health services and less favourable treatment in the standard of service or the manner in which it is provided compared to the general population[5].

Today certain dental departments of Hospitals in our country are equipped and are able to provide dental care for persons with special needs, persons with mobility problems and patients with chronic diseases, though this is not enough for improving access of these individuals to oral health care.

Previous experience of treating members of these groups tends to create more positive attitude and various proposals have been made for the improvement of the situation. These proposals include further and better under- and post-graduate dental training. The need for specialisation and experience in the care of patients with disabilities is large. Training in the care of these individuals should be available for all members of the dental team, given the fact that cooperation and appropriate behaviour of both personnel and carers is essential[5].

Until today specialist training for the care of persons with special needs is not included in dentistry, thus a Joint Advisory Committee[5] in Special Care Dentistry should be established to develop training and career pathways encompassing the management of children and adults with disabilities.

3. Barriers from the shortage of government programs and services for the oral health of people with special needs. As mentioned before, the absence of programs and of public or local health services for providing oral care to persons with special needs constitutes a major factor of difficulty for dental attendance. In our country, since the establishment of the National Health System 15 years ago, a supporting legislation was created based on models and regulations for the protection and the promotion of all citizens' oral health. Public Health Clinics applied certain programs of preventive dentistry, as a consequence of this legislation, to the regional general population. These programs were or are applied occasionally and are based on the improvisation of dentists of the Health Clinics, without government planning, guidance and control. In

addition, Dental Associations with their own initiative make efforts in the direction of prevention for all students in schools of big urban centres.

However, for the oral health care of the special needs group no program was ever made and no initiative was ever observed on the part of Federation or Dental Associations, while the right infrastructure was also never developed on part of the State. The existing legislation for the function of Hospital Dental Clinics refers to the treatment of persons with special needs under general anaesthesia, though this is not applied by all hospitals in the country. The dental units for special needs patients in public hospitals provide care for all special individuals that request such services although it is usually too late for their oral health to begin with since well-scheduled programs of prevention are not being applied.

Hence, an absence is observed of dental services with complete functional status, program and strategy in National level for the protection and promotion of oral health of people with special medical needs.

Local institutions, associations and the local government have never undertaken initiatives in creating an organism for disability and oral health. Indeed it should be reported that there was never made any recording of these individuals in local level and at extension in the entire country.

Existing special schools and institutions do not include in their stuff specialised professionals for providing dental prevention and care in the initial stages.

As concluded, the access of persons with special needs to dental services meets barriers since the state does not offer equal opportunities to these individuals to ameliorate their oral health.

Proposals and initiatives

Policy, planning, organisation, strategy and all the initiatives in the sector of dental health should include financing of infrastructures as their basic characteristic. Even though financing for dental programs is limited, coordinated efforts among public services, local government, dental associations and social institutions can decrease the cost of community dental services[9]. This collaboration and co-ordination of doctors – dentists, researchers, political and social authorities will result to a more responsible regulation for dental services, greater accessing, better comprehension of problems and feasible solutions to them.

For start, it is essential that a Central Specialised Dental Association for the oral health care of the disabled be created under the Ministry of Health whose role will include planning, application strategies, control and evaluation of the program in National level.

Based on the regulations made by the central dental committee and on the supporting legislation for providing dental services to special needs persons, it is important that various authorities become activated and collaborate so that dental health services are created, in local or perhaps prefectoral level.

Aim and objective of these dental services are:

1. Recording of the number of persons with special needs and of the problems they face, whether they live in institutions or at home.

2. Organising of education and training programs[5] in dental prevention for parents or carers. Provided that the dental health status of persons with special needs is very low in all ages, parents and carers obviously need education. The problems in oral health and the decay in persons with special needs could be faced by classifying the **help of parents** and carers who will be trained, **in instigated programs**[5] of decay and periodontal disease prevention.

3. Program of prevention[10]**.** This program can be applied in two levels.

First, visit at home of the family dentist or professional hygienist once a year aiming at the control, examination and evaluation of the oral health status of the person with special needs. Recording of this status and of the problems will take place and advice will be given to the persons that attend them regarding the maintenance and the improvement of their oral health. Those individuals who need hospital treatment will be referred to the special units of Hospitals.

In the second program of prevention, professionals could visit persons with special needs at school each week for giving directions in the brushing of their teeth and the rest of the preventive measures. This will result to a relative improvement in the oral health status since few individuals have the ability to brush their teeth adequately because of their mobility or intellectual problems. Another important advantage of the program is that bonds are created between medical professionals and these individuals. Persons that were previously negative to any dental intervention, progressively will accept the process. This weekly presence will strengthen the knowledge in oral health care, while the school stuff participating in the program will make sure that the oral hygiene is maintained on a daily base.

4. A mobile dental unit[10] will provide regular examination and basic health care at school. This mobile dental unit, based on models of other countries that apply same programs, will be designed in a way that facilitates the care of individuals with physical infirmities. The unit will visit all special schools so that persons with special needs can be examined annually and all findings will be recorded. Provided that parents will be informed and will give their consent, further treatment if judged necessary will take place. The mobile unit shall provide all the spectrum of dental treatment under local anaesthesia so there should be no need for the treatment of all problems in a single visit.

Many individuals that are generally cooperative and friendly at school and at home become particularly uneasy in a foreign environment. The transport of the care unit at school familiarizes the children with the dental profession, which they accept as part of school life and their fears are removed.

Certain individuals though with complex problems, mainly mental, cannot be treated as a whole in the mobile dental unit and these individuals must be referred to the Hospital.

5. Units of dental care in Hospitals[10]. In the dental departments of Hospitals persons with special needs, either as exterior patients or as hospital patients, will be treated under general anaesthesia. Professional dental and orthodontic care will be provided, urgent incidents will be faced and students referred to by the mobile unit will be managed. When treatment is provided under general anaesthesia, post-operative examination and health condition evaluation will follow either at school or at home.

With these programs, a follow-up from the preschool age to the adulthood is achieved and it appears that with simple means dental care can be applied to more individuals with special medical needs, while more severe problems can be treated in Hospital units.

To conclude, the proposals and initiatives described above provide a simple model for the development of dental services for special needs patients and do not propose policy of dental health. With the appropriate organising, infrastructure and with the help of programs from other countries, that have borne in time and attribute positively, a form can be determined and applied in our country in order to activate us in offering to individuals with special medical needs comfortable and free access to quality dental services.

Περίληψη

Π. Θανούλης και Ι. Μπασλή. **Η πρόσβαση των ατόμων με ειδικές ανάγκες στις οδοντιατρικές υπηρεσίες ποιότητας στην Ελλάδα.** ***Ιπποκράτεια 2004, 8 (2) 57-61.***

Τα άτομα με ειδικές ιατρικές ανάγκες ζητούν δύσκολα οδοντιατρική περίθαλψη και η πρόσβαση τους σε υπηρεσίες στοματικής υγείας είναι μικρή.

Τα εμπόδια (φραγμοί) που συναντούν στη χρήση οδοντιατρικών υπηρεσιών, είναι δυνατόν να διακριθούν σε τρεις κατηγορίες:

Φραγμοί από τους ίδιους τους χρήστες και τους φροντιστές.

Φραγμοί από τους επαγγελματίες παροχής υπηρεσιών

Φραγμοί από την έλλειψη κρατικών προγραμμάτων και υπηρεσιών οδοντιατρικής υγείας για ανθρώπους με ειδικές ανάγκες.

Στην Ελλάδα παρατηρείται απουσία οδοντιατρικής υπηρεσίας με ολοκληρωμένο σχέδιο λειτουργίας, πρόγραμμα και στρατηγική για την προστασία και τη προαγωγή της στοματικής υγείας των ατόμων με ειδικές ανάγκες. Για το λόγο αυτό είναι απαραίτητο να δημιουργηθεί κεντρική εξειδικευμένη οδοντιατρική υπηρεσία στα πλαίσια του Υπουργείου Υγείας για τη στοματική υγεία των ειδικών ατόμων και τη δημιουργία υπηρεσιών οδοντιατρικής φροντίδας σε τοπικό ή ίσως σε Νομαρχιακό επίπεδο.

Οι οδοντιατρικές αυτές υπηρεσίες σκοπό και στόχο θα έχουν:

Τη καταγραφή του αριθμού των ατόμων με ειδικές ανάγκες.

Την οργάνωση προγραμμάτων εκπαίδευσης και επιμόρφωσης των γονέων ή των φροντιστών στην οδοντιατρική πρόληψη.

Προληπτικό πρόγραμμα. Κινητή οδοντιατρική μονάδα και Μονάδες οδοντιατρικής πείθαλψης στα Νοσοκομεία.

΄Ετσι καθορίζεται το πλαίσιο, το οποίο μπορούμε να εφαρμόσουμε στη χώρα μας για να προσφέρουμε άνετη και ελεύθερη πρόσβαση στα άτομα με ειδικές ιατρικές ανάγκες προς τις οδοντιατρικές υπηρεσίες ποιότητας.

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