Making a difference in the oral health of a person with autism may go slowly at first, but determination can bring positive results—and invaluable rewards. By adopting the strategies discussed in this booklet, you can have a significant impact not only on your patients’ oral health, but on their quality of life as well.

Additional Readings

This booklet is one in a series on providing oral care for people with mild or moderate developmental disabilities. The issues and care strategies listed are intended to provide general guidance on how to manage various oral health challenges common in people with autism.

Other booklets in the series:
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Practical Oral Care for People With Cerebral Palsy
Practical Oral Care for People With Down Syndrome
Practical Oral Care for People With Intellectual Disability
Wheelchair Transfer: A Health Care Provider’s Guide
Dental Care Every Day: A Caregiver’s Guide

The National Institute of Dental and Craniofacial Research thanks the oral health professionals and caregivers who contributed their time and expertise to reviewing and pretesting the Practical Oral Care series.

For more information about autism, contact
National Institute of Child Health and Human Development Information Resource Center (NICHD)
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Autism varies widely in symptoms and severity, and some people have coexisting conditions such as intellectual disability or epilepsy. They can be among the most challenging of patients, but following the suggestions in this booklet can help make their dental treatment successful.

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Content
1. Communication problems and motoric capabilities
2. Behavior problems
3. Unusual responses to stimuli
4. Oral and special body movements
5. Speech and language
6. Dental care
7. Trauma and injury

Looking forward to a better future

Tooth eruption
Periodontal disease
Swallowing problems
Autism and craniofacial anomalies

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Autism varies widely in symptoms and severity, and some people have coexisting conditions such as intellectual disability or epilepsy. They can be among the most challenging of patients, but following the suggestions in this booklet can help make their dental treatment successful.
People with autism need consistency and can be especially sensitive to changes in their environment.

Health Challenges in Autism and Strategies for Care

Before the appointment, obtain and review the patient’s medical history. Consultation with physicians, family, and caregivers is essential to assessing a patient’s medical history. Also, determine who can legally provide informed consent for treatment.

COMMUNICATION PROBLEMS and MENTAL CAPABILITIES are central concerns when treating people with autism.

- Talk with the parent or caregiver to determine your patient’s intellectual and functional abilities, and their communication with the patient at a level he or she can understand.
- Use a “full-dishwash” approach in providing care. Start by explaining each procedure before it occurs. Take the time to show what you have explained, such as the instruments you will use and how they work. Demonstrations can encourage some patients to take some control.

BEHAVIOR PROBLEMS—which may include hyperactivity and quick frustration—can complicate oral health care for patients with autism. The innate nature of oral care may trigger violent and self-injurious behavior such as temper tantrums or head banging.

- Have a demonstration appointment to help the patient become familiar with the office, staff, and equipment through a step-by-step process. These steps may take several visits to complete.
- Have the patient sit alone in the dental chair to become familiar with the treatment setting. Some patients may refuse to sit in the chair and choose instead to sit on the operator’s stool.

- Once your patient is seated, begin a carryover task such as using your fingers.
- Next, use a toothbrush to brush the teeth and gain additional access to the patient’s mouth. The familiarity of a toothbrush will help your patient feel comfortable and provide you with an opportunity to further examine the mouth.
- When the patient is prepared for treatment, make the appointment short and positive.
- Pay special attention to the treatment setting. Keep dental instruments out of sight and light out of your patient’s eyes.
- Praise and reinforce good behavior after each step of a procedure. Ignore inappropriate behavior as much as you can.
- Try to gain cooperation in the least intrusive manner. Some patients’ behavior may improve if they bring comfort items such as a stuffed animal or a blanket. Asking the caregiver to sit nearby or hold the patient’s hand may be helpful as well.
- Use immobilization techniques only when absolutely necessary to protect your patient and staff during dental treatment—not as a convenience. There are no universal guidelines on immobilization that apply to all treatment settings. Before employing any kind of immobilization, it may help to consult available guidelines on behavior management published by the American Academy of Pediatric Dentistry (www.aapd.org) or other references. Be sure that the technique is comfortable for the patient.

- Before the appointment, obtain and review the patient’s medical history. Then, determine who can legally provide informed consent for treatment.
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- Ask your patient’s caregiver whether there is any history of a controlled seizure or an unusual response to medication. Keep any medications used to control seizures with you and know how to administer them if needed. Medications used to control seizures can easily be used in the general dental office.
- Consult your patient’s physician. Record information in the chart about the frequency of seizures and the medications used to control them. You may want to talk to the patient’s caregiver before the appointment to determine whether medications have been taken as directed. Know and avoid any factors that trigger your patient’s seizures.

- Allow time for your patient to adjust and become accustomed to the noise of a dental setting. Some patients may be hypersensitive to the sound of dental instruments.
- Talk to the caregiver to get a sense of the patient’s level of tolerance. People with autism differ in how they accept physical contact. Some are defensive and refuse any contact or around the mouth, or clinging of the head or face.
- Observe your patient’s level of tolerance. Some patients may refuse to sit in the dental chair. Arming dental floats to rubber dam clamps and mask when pediatric treatment begins can help you remove any instruments from the mouth area before the area around the dental chair.
- Be prepared to manage a seizure. If one occurs, turn your patient so that he or she has no hard surface or sharp edges. Stop treatment—not as a convenience. People with autism need treatment—whether medications have been taken as directed. Know and avoid any factors that trigger your patient’s seizures.
- Stay with your patient, turn him or her on one side, and monitor the airway to reduce the risk of aspiration.

- Provide patients with familiar, predictable, and functional abilities, and then use them to guide your interaction with the patient.
- Try to gain cooperation in the least intrusive manner. Some patients’ behavior may improve if they bring comfort items such as a stuffed animal or a blanket. Asking the caregiver to sit nearby or hold the patient’s hand may be helpful as well.

Allow your patient to provide care safely. Noninvasive methods should be utilized in the early stages of dental treatment. In severe cases of self-injury, behavioral, or pharmacological options are useful in managing some patients. Often not to be treated unconditioned general anesthesia. However, caution is necessary because some patients with developmental disabilities can have unpredictable reactions to medications.

People with autism often engage in perseveration, a continuous, meaningless repetition of words, phrases, or movements. Your patient may mimic the sound of the suction, for example, or repeat an instruction over and over again. Avoid demonstrating dental equipment if it triggers perseveration, and note this in the patient’s record.

UNUSUAL RESPONSES TO STIMULI can create distractions and interfere with treatment. People with autism need consistency and can be especially sensitive to changes in their environment. They may exhibit unusual sensitivity to sensory stimuli such as sound, bright colors, and touch. Reactions vary: Some may have autism or move away to noise and touch, while others to pain and heat may not provoke much reaction at all.

- Use the same name, dental operator, and appointment time to sustain familiarity. These details can help make dental treatment seems less threatening.
- Minimize the number of details. Try to reduce unnecessary sights, sounds, colors, or other stimuli that might be disruptive. Use an operatory that is somewhat secluded instead of one in the middle of a busy office. Also, consider lowering ambient light and asking the patient’s caregiver whether soft music would help.

- The frequency of seizures can easily be used in the general dental office.
- Consult your patient’s physician. Record information in the chart about the frequency of seizures and the medications used to control them. You may want to talk to the patient’s caregiver before the appointment to determine whether medications have been taken as directed. Know and avoid any factors that trigger your patient’s seizures.

- Be prepared to manage a seizure. If one occurs, turn your patient so that he or she has no hard surface or sharp edges. Stop treatment—not as a convenience. People with autism need treatment—whether medications have been taken as directed. Know and avoid any factors that trigger your patient’s seizures.
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Before the appointment, obtain and review the patient’s medical history. Consultation with physicians, family, and caregivers is essential to ascertaining an accurate medical history. Also, determine who can legally provide informed consent for treatment.

COMMUNICATION PROBLEMS and MOTOR CAPABILITIES are concerned when treating people with autism. Talk with the parent or caregiver to determine the patient’s intellectual and functional abilities, and their communication with the patient. Be at ease or they can understand.

• Talk with the parent or caregiver to determine the patient’s intellectual and functional abilities, and their communication with the patient. Be at ease or they can understand.

• Use a “talk-down” approach in providing care. Start by explaining each procedure before it occurs. The time to show what you have explained, such as the instruments you will use and how they will be used. Demonstrations can encourage some individuals to be more cooperative.

• Demonstrate behavior problems— which may include hyperactivity and quick frustration—can complicate oral health care for patients with autism. The innate nature of oral care may trigger violent or head-banging behaviors. People with autism with this in the patient’s record.

• Be prepared to manage a seizure. If one occurs, call for help immediately.

• Encourage independence in daily oral hygiene and daily living skills. People with autism are comparable to those in the general population. Concerns and behavioral problems need to be solved in providing oral care.

DAMAGE ORAL HABITS are encouraged in people with autism. These habits could make oral hygiene easier. Remember the presence of teeth, gums, and saliva as your ability to deliver oral health care.

• Consult your patient’s physician. Record in the chart about the frequency of medication and why the medication is needed. People with autism may overreact to noise and touch, and some may exhibit unusual sensitivity to sensory stimuli.

• Try to reduce unnecessary sights, sounds, odors, or other stimuli that might be disturbing. Try to anticipate the movements, either blending your own movements with those of your patient or working around them.

• SEQUELAE may accompany autism but can usually be controlled with nonprescription medications. The mouth is always at risk during a seizure. Patients may chip teeth or bite the tongue or cheeks. People with autism may refuse any contact in or around the mouth, or be fearful of the local or the fear of aspiration.

• Be prepared to manage a seizure. If one occurs, call for help immediately.

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People with autism need caregivers who can be especially sensitive to their needs and can be especially sensitive to changes in their environment.

**BEHAVIOR PROBLEMS**—which may include hyperactivity and quick frustration—can complicate oral health care for patients with autism. The unique nature of oral care may trigger violent and self-injurious behavior such as temper tantrums or head banging. These behaviors can have unpredictable reactions to medical interventions such as the sound of the suction, for example, or repeat an instruction over and again. Avoid demonstrating dental procedures if it triggers perseveration, and note this in the patient’s record.

**UNUSUAL RESPONSES TO STIMULI** can create difficulties during diagnostic and treatment appointments. People with autism need extra time and patience and can be especially sensitive to changes in their environment. They may exhibit unusual anxiety to sensory stimuli such as sound, bright colors, and touch. Reactions vary: Some patients with autism may overreact to noise and touch, while exposure to pain and heat may not provoke much reaction at all. Use the same staff, dental operatory, and apparatus room to maintain familiarity. These details can help create a more comfortable treatment setup and lessen these reactions.

Unusual responses to stimuli may only be accurately noticed when the patient and staff during dental treatment—part of the treatment. There are no universal guidelines on immobilization, it help to consider available guidelines on sedation, your state’s department of mental health and behavioral, and your State Dental Practice Act. Consult your patient’s physician. Record information in the chart about the frequency of use and the medications used to control them. This chart should be updated before the appointment begins. Some medications have been ranked as dangerous. Know and avoid any factors that trigger your patient’s behaviors.

**TIPS FOR CAREGIVERS ARE AVAILABLE IN THE DENTAL CARE EVERY DAY GUIDE.**
Stress the importance of conscientious oral hygiene and frequent prophylaxis.

TOOTH ERUPTION may be delayed due to phenytoin-induced gingival hyperplasia. Phenytoin is commonly prescribed for people with autism.

TRAUMA and INJURY to the mouth from falls or accidents occur in people with seizure disorders. Suggest a tooth-saving kit for group homes. Emphasize to caregivers that traumas require immediate professional attention and explain the procedures to follow if a permanent tooth is knocked out. Also, instruct caregivers to locate any missing pieces of a fractured tooth, and explain that radiographs of the patient’s chest may be necessary to determine whether any fragments have been aspirated.

Physical abuse often presents as oral trauma. Abuse is reported more frequently in people with developmental disabilities than in the general population. If you suspect that a child is being abused or neglected, State laws require that you call your Child Protective Services agency. Assistance is also available from the Childhelp® National Child Abuse Hotline at (800) 422–4453 or the Child Welfare Information Gateway (http://www.childwelfare.gov).

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Practical Oral Care for People With Developmental Disabilities

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