

Oral Health Fact Sheet for Medical Professionals

Children with Attention Deficit Hyperactivity Disorder

Attention deficit hyperactivity disorder is a behavior disorder with developmentally inappropriate inattention, impulsivity, and hyperactivity. (ICD 9 code 314.01)

Oral Manifestations and Considerations

Oral

- Decreased attention span → poor oral hygiene raises potential for increased caries
- Bruxism
- High risk for dental/oral trauma

Other Potential Disorders/Concerns

- Oppositional defiant
- Obsessive-compulsive
- Anxiety
- Conduct
- Tic
- Mood (anxiety, depression, bipolar)

Oral Side Effects of Commonly Prescribed Medications

Medication:

- Prescribed based on symptoms for their intended purpose or used off label for associated conditions.
- Some children will go on medication “holidays” during times when they are not in school. Ask if a child has taken medication, and avoid treatment during periods when child is off normal meds.

SYMPTOM	MEDICATION	SIDE EFFECTS
Generalized	<i>Stimulants</i> (Ritalin, Adderall) <i>Atomoxetine</i> (Strattera)	Xerostomia, dysgeusia, bruxism Xerostomia
Repetitive Behaviors	<i>Antidepressants</i> (Wellbutrin, Tofranil)	Xerostomia, dysgeusia, stomatitis, gingivitis, glossitis, sialadenitis, bruxism, dysphagia, discolored tongue, and oral edema
Hyperactivity	<i>Antihypertensive</i> (Clonidine, Tenex)	Xerostomia, dysphagia, sialadenitis, dysgeusia

Children with Attention Deficit Hyperactivity Disorder continued

Parent/Caregiver Support and Guidance

- Discourage consumption of cariogenic foods and beverages.
- Prescribe sugar-free medications if available.
- Recommend preventive measures such as topical fluoride and sealants.
- Advise the use of fluoridated toothpaste twice daily and support the family in following dental care instructions
- Instruct caregiver on appropriate protocol following dental trauma (locate/preserve missing tooth and put in cold milk; seek immediate professional care).
- Recommend rinsing the mouth with water after each dose, especially after taking medications that cause xerostomia.
- Review safety issues appropriate to the age of the child, such as mouth guards to prevent oral-facial trauma.
- Refer to dentist any oral developmental abnormalities.

Additional information: [Special Needs Fact Sheets for Providers and Caregivers](#)

References

- Bimstein, E., Wilson, J., Guelmann, M., Primosch, R. (2008) Oral characteristics of children with attention-deficit hyperactivity disorder. *Special Care Dentistry*, 28(3): 107-110
- Blomqvist, M., Holmberg, K., Fernell, E., Ek, U., Dahllof, G. (2006) Oral health, dental anxiety, and behavior management problems in children with attention deficit hyperactivity disorder. *European Journal of Oral Sciences*, 114: 385-390

Additional Resources

- [NIH Institute for Attention Deficit Hyperactivity Disorder](#)
- [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](#)
- [American Academy of Pediatric Dentistry: 2011–2012 Definitions, Oral Health Policies and Clinical Guidelines](#)
- [MCH Resource Center](#)
- [ASTDD-Special Needs](#)
- [Block Oral Disease, MA](#)
- [NOHIC-NIDCR publications](#)