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

*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 (locate/preserve missing tooth and put in cold milk; seek immediate professional care).
- Review safety issues appropriate to the age of the child, such as mouth guards to prevent oral-facial trauma.
- Recommend rinsing with water thoroughly after taking each dose of sugar containing medication and suggest frequent water intake for children taking xerostomic medications.
- 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.

Additional information: Special Needs Fact Sheets for Providers and Caregivers

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