

## RESEARCH ARTICLE

# Awareness and Attitude of General and Specialist Dentists in Providing Oral Health-related Quality of Life for Children with Special Healthcare Needs

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### ABSTRACT

Special healthcare needs children (SHCNC) requires specialized knowledge acquired by additional training, as well as increased awareness and accommodative measures on part of general practitioners and specialist dentists beyond what is considered routine. Most dentists face challenges in treating these children, due to lack of awareness and insufficient training regarding the management of such children in a dental operatory.

**Aim and objective:** This study was undertaken to investigate the awareness, practices, and hurdles faced by general dentists and dentists of various specialties in providing oral healthcare to children with special healthcare needs.

**Materials and methods:** The study was conducted in dental colleges and private dental clinics in and around Hyderabad. General dentists and dentists of various specialties were assessed through a structured questionnaire.

**Statistical analysis:** The data obtained were analyzed with a Chi-square test (SPSS Version - 20).

**Results:** The study showed that 80% of the dentists were willing to treat these children, but lack of sufficient training has been the major hurdle in the management of these children.

**Conclusion:** The training of dentists in taking care of children with special healthcare needs should be enhanced to provide comprehensive dental care to these children, thereby enabling them to realize their normal level of functioning and lengthening their life span.

**Keywords:** General dentists, Special healthcare children, Specialist dentist.

*International Journal of Clinical Pediatric Dentistry* (2021): 10.5005/jp-journals-10005-1968

### INTRODUCTION

Oral healthcare for disabled children remains a challenge for a dentist. Most disabled children cannot find a professional resource to provide appropriate dental care. Healthcare for children with special needs requires specialized knowledge, increased awareness, attention, adaptation, and accommodative measures.<sup>1-4</sup> Those most in need are still least able to respond, reflecting the "Inverse Care Law" of Hart.<sup>5</sup> This study is carried out to assess the awareness and attitude of general dentists and specialty dentists in providing oral health-related quality of life for children with special healthcare needs.

### MATERIALS AND METHODS

The survey was conducted with a 30-item questionnaire answered by 317 registered dentists in Hyderabad. The validity of the questionnaire was confirmed with similar articles and with the help of our investigators. Most of the general and specialty dentists present in Hyderabad city during the time of the study were included in the study. The questions were formulated in such a way that, they help in assessing "the awareness regarding guidelines of the clinical setup for children with special healthcare needs among dentists, practices followed and hurdles faced by them in providing oral healthcare to such children, their specialization and years of experience in practising dentistry". The data obtained were analyzed with a Chi-square test (SPSS Version-20).

### RESULTS

Out of 350 survey forms distributed among general and specialty dentists, 317 were returned. Out of the 317 respondents, 59%

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**How to cite this article:** Suhasini K, Rajashekhar R, Reddy JS, *et al.* Awareness and Attitude of General and Specialist Dentists in Providing Oral Health-related Quality of Life for Children with Special Healthcare Needs. *Int J Clin Pediatr Dent* 2021;14(5):601-603.

**Source of support:** Nil

**Conflict of interest:** None

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were females and 41% were males. Among all the practitioners, general dentists constitute 35% and specialty dentists constitute 65% (Fig. 1), out of which pedodontists were as high as 18% and prosthodontists were only 3% (Fig. 2). The data revealed that 60% of dentists encountered <3 number of special needs patients every month in their practice and 80% of dentists were willing to treat such patients. When the dentists were asked about the facilities provided at their clinics for special children, it was found that 60% of dentists clinics were located other than the ground floor and without ramps, 90% of dentists were not having any lift facility, and 95% of them are neither having any special dental chair for restraining the special children nor a wheelchair for shifting the patients to the general hospital in emergencies (Fig. 3). The various barriers encountered by the dentists in managing special children were level of disability and difficulty in communicating

were scored as high as 92 and 90%, respectively. Whereas lack of training in managing special children and attending a special course in managing special child constitutes for about 85 and 80%, respectively (Fig. 4).

### DISCUSSION

According to this study, 35% of general dentists and 65% of specialty dentists treated patients with special care needs. Out of 65% of specialty dentists, pedodontists constituted about 10% and the remaining individual specialties constituted about 3–8% only. This may be due to increased awareness of pedodontists in managing special children as they are trained during their post-graduate course regarding management, special equipment/instruments required to overcome the difficulties in treating these children. Moreover, the majority of general dentists (78%) are referring the special needs patients to pedodontists rather than treating them because of the requirement of more chairside time to manage and treat these patients. The time limitation is also a barrier agreed by 83% of the dentists in this study. A similar study had been reported by Nunn and Murray.<sup>6</sup>

The data of our survey also revealed that 60–95% of the dentists are not having facilities (ground floor, lift, wheelchair, special dental

chair) that are essential for access to and to accommodate children with special needs in their clinic. These data were found similar to a study done by Baird et al.<sup>7</sup> The data revealed that the highest percentage of special healthcare needs children (SHCNC) patients in need of dental treatment repeated to their clinics with mental disabilities and least were those with systemic diseases. Whereas in a study done by Priyadarshini, patients with physical disabilities were more.<sup>8</sup>

The barriers for practitioners in providing oral health to SHCNC in this study were found to be a time constraint, anxious children, lack of knowledge regarding management techniques, level of disability, difficulty in communicating, and lack of training. These findings are partly similar to studies done by Rao et al.<sup>9</sup> and Dao et al.<sup>10</sup> who stated that lack of clinical training was the most difficult barrier in managing disabled children. Partly, the results are not in accordance with studies of Milano and Seybold who reported insufficient financial reimbursement as a major reason.<sup>11</sup> The overall inference of the present study suggests that adequate facilities with an infrastructure request, proper academic programs like continuing dental education programs on SHCNC management, and hands-on training on management protocol could be carried out to overcome the barriers faced by dentists in treating these patients. The limitation of this study was that the data collected in

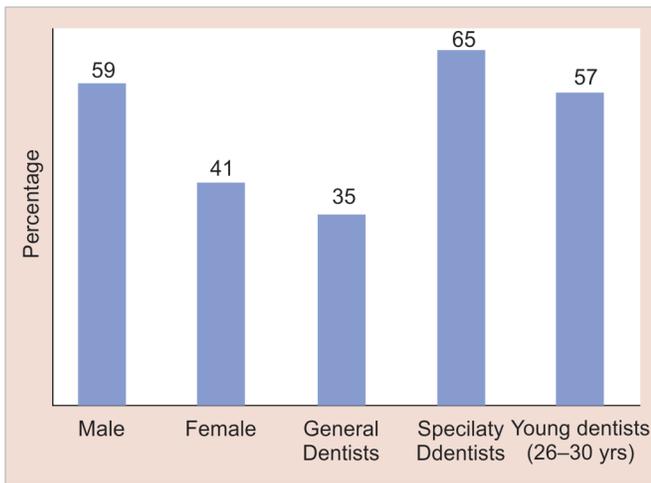


Fig. 1: Demographic data of study population

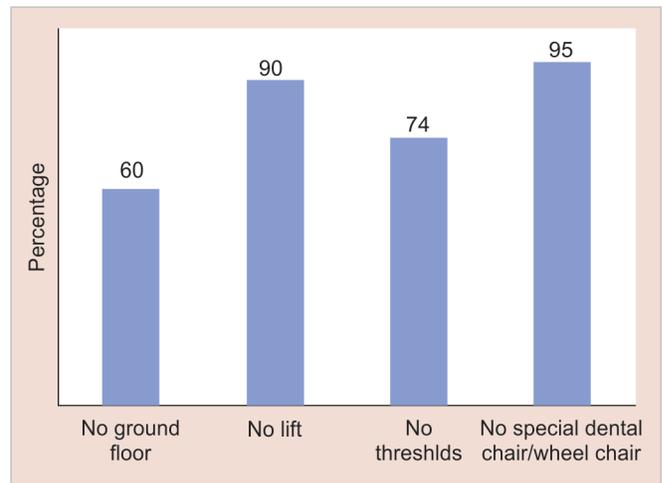


Fig. 3: Facilities at dental clinic for special children

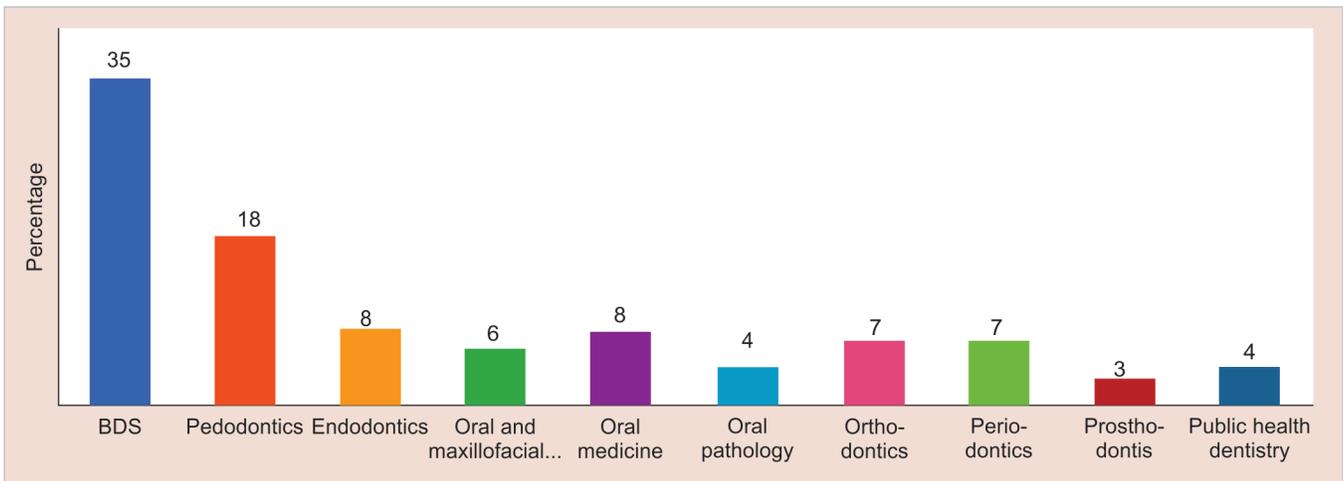


Fig. 2: Distribution of general and specialty dentists

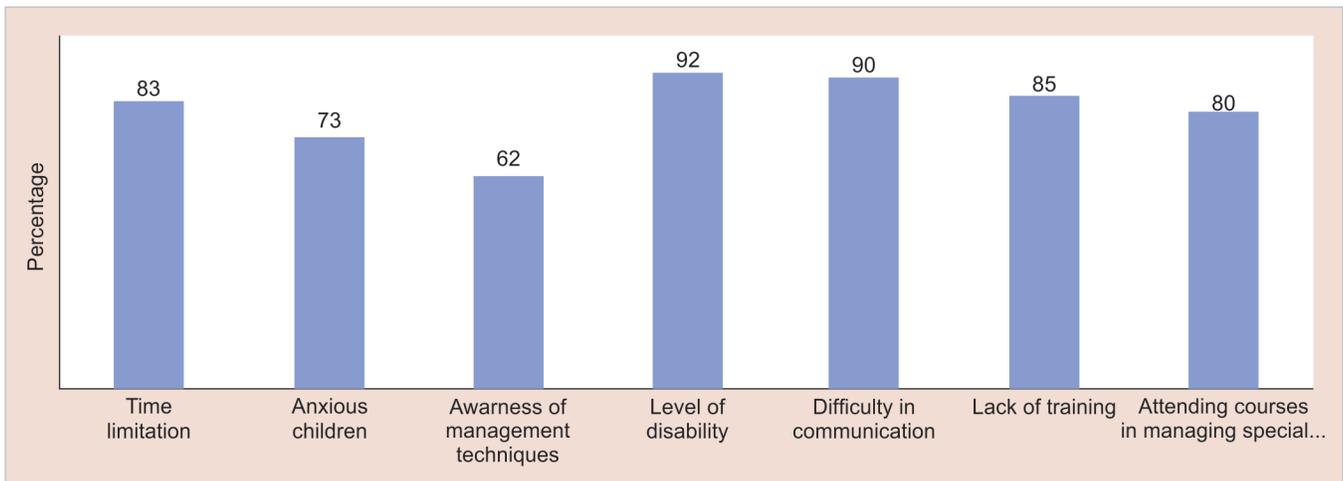


Fig. 4: Barriers to practitioners in providing oral healthcare for special children

this study were subjected to response bias and recall bias, also the variation in the specialty and years of experience of the participants.

## CONCLUSION

Based on the findings of this study, few potential strategies like the incorporation of evidence-based education, continuing dental education programs, and hands-on training programs for the management of special needs patients from the undergraduate level can be proposed to combat the barriers and help the professionals meet the requirements of SHCNC. However, it is the individual preference of a general dentist or specialist dentist that determines the final treatment outcome for an SHCN child. There is an increasing need to develop and integrate interventions that are designed for children with special healthcare needs based on the recommendations by AAPD—sponsored symposium “Lifetime Oral Healthcare for Patients with Special Needs”.

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