



# Oral Health Fact Sheet for Parents of Children with Down Syndrome

Excerpts from publications from the University of Washington School Of Dentistry and the National Institute of Dental and Craniofacial Research

Thank you for entrusting us with the oral health care of your most amazing buddy! So much of their oral experience will be similar to that of their siblings, parents, cousins and friends; however, there are a few things you might observe that could be a bit different. Our goal here at Visalia Pediatric Dentistry is to help all kiddos (and their parents) to succeed with their at home efforts in oral hygiene, a success that will increase their confidence at each successive visit to our dental office.

Note: Not all of the following will necessarily apply to your child at their current age (or ever).

## **Modifications that might help your child to have a special and successful dental office experience:**

- Make sure to let your child's dental provider know the most current cardiac status and need for premedication
- The recommendation is to schedule dental appointments early, as pediatric patients tend to do better in the morning (however; if there is another time of the day where your child tends to do very well, we will do what we can to accommodate)
- Take extra time to explain each procedure to your child based on his/her interest level and to an appropriate level of understanding
- Use short, clear instructions and speak directly to your child
  - **If it is your preference to do so, we will schedule appointment such that your child can work with the same staff members at each appointment; we can also plan to see your child in the same chair each time**

## **Oral Considerations:**

- Early onset severe **periodontal disease** is usually the most significant oral health problem in individuals with Down syndrome. Periodontal disease is a problem of the hard and soft tissue surrounding the teeth (i.e. gums and bone). This early onset of periodontal disease can result in losing adult teeth early in life.
- You might also see an increased occurrence of **aphthous ulcers** (canker sores) and **oral Candida** (fungal) **infections**. If we see any combination of these conditions affecting your child, we might recommend a daily antimicrobial mouthwash called Chlorhexidine (which can be applied with a toothbrush for those that are not able to rinse/swish and spit). Brushing and flossing at least twice per day while using proper technique are imperative in preventing periodontal disease.
- **Lower prevalence of dental Caries** (typically will have fewer cavities than the general population)
- Delayed eruption of primary and permanent teeth – baby teeth might not appear until age 2 with complete primary dentition finalizing around age 4 or 5
- Increased incidence of malocclusion
- Congenitally missing, malformed, roots might be smaller and cone shaped, and/or smaller-than-usual teeth
- Severe illness or prolonged fevers, early and frequent exposure to antibiotics at a very young age might increase the risk of teeth forming with compromised enamel (hypocalcification/hypoplasia/MIH)
- Larger, protruding tongue, teeth grinding or clenching and mouth breathing can lead to dry mouth and thick, dry lips, bad breath, and an increase in certain types of opportunistic infections

## **Other Potential Related Oral Disorders/Concerns:**

- **Epilepsy** – if taking medications to treat epilepsy, some of them can cause the gums to overgrow, possibly complicating/exacerbating a periodontal condition
- **Cardiac Defects** – there are certain congenital defects that will require premedication prior to dental treatment (including a routine cleaning)
- **Atlantoaxial Instability** (fragility of the cervical vertebrae/spinal cord) – this could require modification in sitting position should we have to perform any lengthy procedure
- **Sleep apnea** – if suspected, please follow up with your child's primary care provider for evaluation