

Tooth grinding

Sometimes parents are concerned about their child's tooth grinding. A small research study has shown that grinding is no more common in children with Down syndrome than in other children. Grinding also reduces with age, as the mouth gets closer to having all adult teeth.

Research also shows that children with Mosaic Down Syndrome are more likely to be grinders than children with standard trisomy or translocation forms. Grinding, drooling and dysphagia benefit from the advice of other health professionals e.g. speech and language or occupational therapists.

Diet advice

Sensible eating habits are good for your child's general health and not just for their teeth. By encouraging healthy eating your child's dental treatment can be kept simple thus avoiding the possibility of a general anaesthetic and hospital visits.

Brush as soon as you see a tooth

Start brushing your child's teeth as soon as the first tooth appears in the mouth. Use a normal baby brush with soft bristles and a small head. Fingertip toothbrushes are also handy. Introduce your child to a pea-sized amount of fluoride toothpaste from the age of two unless your dentist advises to start using toothpaste from an earlier age.

Medical Problems and Dental Care

It is important that the dental team are made aware of any medical conditions your child may have e.g. a heart condition.

Bring any letters you may have from your child's medical specialist, as this will assist in your child's treatment.

If your child experiences seizures please advise the dental team of any factors that may trigger a seizure.

If your child has any hearing problems inform the dental team beforehand to support good communication.

We hope this leaflet will help to make dental visits a pleasant experience for your child.

For information on HSE Dental Services contact your local HSE Dental Clinic.

www.hse.ie/eng/Find_a_Service

www.dsi.ie www.isdh.ie

www.dentalhealth.ie/download/pdf/LookingAfterYourChildsTeeth_booklet.pdf

Produced by the Oral Health Promotion Committee, HSE Dental Services (Kildare West Wicklow, Dublin South West, Dublin South City, Dublin West) 2009.



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Oral Health

and

Down Syndrome



People with Down syndrome have no unique oral health problems, but the problems, if they do occur, tend to be more severe and can affect general health. Daily oral care at home and early dental visits can prevent or reduce the severity of these problems and allow people with Down syndrome to enjoy the benefits of a healthy mouth.

Tooth Development

Usually baby teeth start to appear between 6 and 12 months with all baby teeth present by age 3. However many children with Down syndrome may be delayed in getting their baby teeth until they are 2 years old with all their baby teeth present at the later age of 4 or 5 years.

Commonly children start to lose baby teeth at age 6 with all teeth lost by age 13 years. Children with Down syndrome may not lose all baby teeth until they are 14 or 15 years old and may even keep some baby teeth if adult teeth are absent. This occurs more commonly in children with Down syndrome. The most commonly missing teeth are the lateral incisors (front teeth), lower second premolars (side teeth) and wisdom teeth.

Teeth and roots may be smaller and shorter and front teeth can sometimes be cone-shaped. Enamel defects and/or white spots can be present on your child's teeth especially if he or she has had severe illness or prolonged fevers as an infant.

Tooth Decay

Children and young adults with Down syndrome have less dental decay than people without Down syndrome. Sometimes adult teeth can be missing or delayed in coming into the mouth so it is really important to prevent tooth decay and any early loss of teeth. Good brushing twice a day with a pea-sized amount of fluoride toothpaste and limiting sugary foods and drinks will help to keep teeth healthy.

If your child has hypotonia (reduced muscle tone) this can lead to problems with swallowing, drooling and chewing. Tooth decay can occur if food remains on the teeth or inside the cheeks. Ask your dentist and/or speech and language therapist for help to address these concerns.

Figure 1: Superbrush



Gum Disease

Gum disease is the most significant dental problem seen in people with Down syndrome. The gum disease experienced can be aggressive, where permanent front teeth can be lost while the young person is in their teenage years.

As a result the dental team stresses the importance of good thorough brushing and flossing with supervision or assistance and early dental intervention. Usually normal toothbrushes are fine but the dentist may recommend specialist brushes if brushing is a problem e.g. Superbrush, Collis Curve.

Figure 2: Collis Curve



Braces

Children with Down syndrome often have a small upper jaw so their top teeth can become crowded and may benefit from braces. During dental check-ups, don't be afraid to ask your dentist about how your child's teeth are coming into place. All children are assessed using the same HSE orthodontic guidelines.

The most important factor in having braces is the ability of the patient or caregiver to keep the teeth clean.