

Assessing Patients' Dental Needs within the Inclusive Care Clinic

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ISSUE

Dental treatment for patients with disabilities is often influenced by fear, myths, and discrimination. The establishment of inclusive dental clinics allows dental care to be provided based on the specific demands of disabilities and individual dental needs. This study aims to detail the dental demand at the Inclusive Care Clinic (ICC) of the University of Illinois at Chicago during its first month of operation.

POSITIONS OR FINDINGS

A retrospective study analyzed electronic medical records from ICC (March–April 2024), collecting data on age, gender, last dental visit, dental insurance type, and relevant medical history.

The study evaluated clinical exams, treatments, radiological exams, and extractions. It also analyzed referrals for general anesthesia and postgraduate clinics, wheelchair-accessibility needs, desensitization room use, and protective stabilization.

Data were compiled and organized in a spreadsheet using Microsoft Office Excel for tabulation. Results were described using descriptive statistics for quantitative variables, as well as absolute and relative frequencies for categorical variables.

Legal guardians signed an informed consent form for dental treatment and research purposes, ensuring anonymity and permitting use of collected data for educational and scientific purposes.

In the first month, ICC treated a total of 122. Of these patients, 68 (55.73%) were male, and 90 (80.35%) had cognitive disabilities.

On average, each patient took 2.21 medications, with average age of 30.7 years.

All dental treatment was covered by insurance, and average time since last dental visit was 2 years.

192 initial visits were completed, including medical history reviews, intraoral clinical exams, and treatment planning.

Additionally, 177 preventive dental treatments, 104 periodontal treatment, 70 imaging exams, 7 extractions, and 6 restorations were completed.

Due to difficulties with treatment in dental setting, 8 patients were referred for general anesthesia, and 48 (39.34%) patients were referred to postgraduate clinics for specific dental needs.

For Inclusive care, 20 (16.39%) patients utilized the wheelchair-accessible room, 7 (5.73%) patients used desensitization room, and 2 (1.6%) patients received treatment with a papoose board.

Medical Conditions	n (%)
Developmental Disabilities	45 (36.89%)
Developmental Disabilities and Systemic Diseases	23 (18.85%)
Syndromes	12 (9.83%)
Syndromes and Systemic Diseases	10 (8.19%)
Systemic Diseases	8 (6.55%)
Psychiatric Conditions and Systemic Diseases	7 (5.73%)
Movement Disorders	3 (2.45%)
Movement Disorders and Systemic Diseases	3 (2.45%)
Psychiatric Conditions	3 (2.45%)
Neurodegenerative Diseases	2 (1.63%)
Neurodegenerative Diseases and Systemic Diseases	2 (1.63%)
Oncology and Developmental Disabilities	1 (0.81%)
Bone Mineralization Disorders	1 (0.81%)
Oncology and Systemic Diseases	1 (0.81%)
Oncology and Developmental Disabilities and Systemic Diseases	1 (0.81%)

Accessibility/ Conditioning/ Stabilization	n (%)
Wheelchair-accessible room	20 (16.39%)
Desensitization room	7 (5.73%)
Papoose board	2 (1.6%)

Procedures	n
Screening and Treatment plan	192
X-rays - Pano, FMX, bite-wings and PA's	70
Caries Risk Assessment	24
Preventive Treatments (OHI, FV, SDF, PROPHY, SEAL)	177
Restorative Treatment (Composites and GIC)	6
Periodontal Treatment (Full mouth debridement and SRP)	104
Extractions	7

Referral to Another Department	n (%)
Oral Surgery	35 (28.68%)
Orthodontics	2 (1.63%)
Endodontics	2 (1.63%)
Prosthodontics	2 (1.63%)
Periodontics	1 (0.81%)
General Anesthesia	6 (4.91%)



Wheelchair-accessible room - ICC



De-sensory room - ICC

CONCLUSION

This study underscores importance of dental treatment for patients with disabilities, emphasizing education and prevention. Understanding patient demands is crucial for effective treatment planning, and maintaining oral health. Comprehensive assessment and treatment provided, along with full coverage by health insurance, demonstrate feasibility and effectiveness of inclusive dental care models, promoting dignity and inclusion for patients with disabilities.

