dealing people with special needs in dentistry

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Special Care Dentistry (SCD) is actively involved in the provision and enablement of proper oral care for vulnerable groups in society. The vulnerable, in this case, include the disabled and the elderly. This review deals patiently with special needs dentistry, in reference to three different articles, each basing their factual arguments and ideas about people with special needs in dentistry. One cites how the age of an individual predisposes one to be affected by dental diseases such as bad breath, gingivitis, loose teeth, and ill-fitting dentures. This may lead to a reduced ability to eat.

The second coverage of analysis is the majority of people with disabilities involving dental cases and in the context of normalization in that they are not in chronic stages that cannot be reversed to attain the stage of normalcy, despite the fact that there are medical improvements. People who are seen as awkward often have bad oral health (Razak, Richard, Thankachan, Hafiz, Kumar, & Sameer, 2014). This condition involving individuals with social problems, such as those who have less income and thus cannot access proper medical care, raises the alarm on how to improve. Over the past ten years, there has been an improvement in oral health for both adults and children. This trend has a bearing on the total average health status of the entire population, showing a trend of better oral health.

According to the World Health Organization, the world population gradually grows at 1.7% every year, whereby the demography of those above 65 years of age is growing at a rate of 2.5%. With such a population increase, both the developed and third-world countries' projections are to have significant shifts in age demography in the near future (Salamone, Yacoub, Mahoney, & Edward, 2013). levels of adults from 50-70 years with poor care support is increasing. In my opinion, this is brought about by factors such as low-level income and ignorance being the number one factor. Poverty levels, few hospitals with incompetent and others with few dentists to watch the medication of individuals (Razak, Richard, Thankachan, Hafiz, Kumar, & Sameer, 2014).

Teeth Variation While Aging

There is a gradual change in the teeth of an individual as they become older, and this gradual change is known as age change. Most of these teeth show changes, but other parts, such as the enamel, do not show variation. Abrasion and wear cause changes in the form of the tooth. In older individuals, there is a change in the surface, and this pattern on the tooth surface gives a certain reflection, which can be responsible for the color observed. Changes in the dentin are two age-dependent changes, which include continual growth, also known as the physiological secondary dentin formation, and secondly, the steady obturation of the dentinal tubules, also known as dentin sclerosis. These changes reduce the quantity (thickness) and quality of the enamel, hence resulting in a steady

reduction in transparency. Pigmentation defects that are observed in the anatomist and lack of sufficient oral care can lead to the browning of the color of the tooth. As an individual becomes older, the permeability decreases, and the brittleness becomes more and more (Pradhan et al., 2016).

The adult or older person's dental pulp is very different from that of the younger person in that the first has less fiber and fewer cells, and this, therefore, results in a lower volume of the teeth. There is also a reduction in the supply of blood in places such as the capillary loops in the sub-odontogenic region receiving a lower supply. The pulp does not have the same reparative capacity in old adults as in younger individuals, and this is why these processes are very important. The lab study of their teeth has shown a reduced healing capacity of the pulp as a consequence of the same processes. With the increase in age, a trend of narrowing and, at the same time, calcification is observed in the root canal. With different ages, there are different morphology in the teeth. This morphology is important as it has vital clinical implications that have a bearing on how the tooth responds to treatment and affects the reparative response. In regards to the reports that have been done concerning people with disabilities, there has been an interesting statistic that a quarter of adults will be affected by an infirmity in their lifetime. The statistics from people reporting health problems/disabilities have been increasing significantly in the past ten years in reference to the world's population. Society has been impacted in a way that cannot be ignored since a large percentage hits the working class age bracket of 16 to 64 years for men and 16 to 59 years for women.

Cases that have come up of oral cancer, which is an old age disease, have been a great pandemic to the world since most aged people are affected by oral cancer after they tend to get older. This has been influenced by factors I touched on at the introduction of ignorance as a key factor and other minors such as poverty. What has raised eyebrows is the chance that it might not just be one case but a systematic case of oral disease. These are concerning since they will affect a patient's ability to become hygienic orally and improve their oral health. The effects of these diseases are not life-threatening, but they have a critical impact on the continued quality of life of the individual. Therefore, when a dentist is going to prepare a system of treatment, he or she must look into the daily lives of the patients and the changes they face and understand chronic diseases.

In categorizing the health of the aged, we group them into the following calibers.

1. Those people aged between 65 and 74 years are the young or otherwise considered as new elderly, and they have a tendency to be more active and yet much more healthy.
2. Those whose ages are between 75-84 years vary from those being active to those who are ailing from different chronic diseases.
3. Individuals who are above 85 years and above are very old and tend to be physically frail. Despite their frail nature, they appear to be the fastest-growing group of the older population.

Skills Mix And Facilities

For a long time, there has been a belief that consultants should focus on hospitals and be there actively, but it is now clear that there is a need for a change, and if they have to be present, they have to place their specialist skills in the provision of certain care in the clinics. SCD can be prided on the basis of a community, and this may remove the walls of inequality in two ways:

1. Directly – this is by the provision of their services to the people directly other than the traditional hospital setup.
2. Indirectly- they may provide access to health services by supporting another generalist who will participate in providing dental care.

In their normal setting, the community should work together with hospitals to ensure that a specialist is available and that there is a provision for immediate treatment for any cases of complications that may arise. In an ideal situation, there should be a dental team, well-qualified professionals like the dental hygienist and the dental therapist, and may ask for collaboration with promoters who will be able to take care of the preventive side of the healthcare services for better support of people with disabilities that will require this services the most. This way of approaching the problem will go a long way in preventing it, which is always better than a cure. This reduces dental disease by a substantial fraction and further reduces any future incurred costs. Such an approach allows a proactive move to reduce and prevent dental disease rather than the currently common reactive approach to the treatment of disease.

In my opinion, in regards to the skills mix and facilities, the government should stretch their hand in influencing the development of infrastructures such as hospitals, roads relaying to those hospitals,[provision of ambulances for immediate attention required, also engage adequate capital that will fund procedures, specifically objected to subsidizing cost thus relieving cost to the people of the country. This will improve people’s lives and enhance better living standards among community members (Salamone, Yacoub, Mahoney, & Edward, 2013).

Improving Access To Dental Care

There should be a more efficient way to increase the number of people who can get the dental care needed. In the care of older adults, they may opt for linking them to a process of linking them together to provide the necessary dental care at a local level. The approach can not only benefit the old but can also be extended to adults who have disabilities, enabling them to have access to dental care much more conveniently. It is true that most old people live in their homes and do not take part in many activities actively, and the same goes for people with disabilities. The ages who require delicate and extensive care are in care homes (Razak, Richard, Thankachan, Hafiz, Kumar, & Sameer, 2014).

Promoting Primary Dental Care

There should be a mechanism that allows all people who have disabilities to access the national health service (NHS), especially dental care. Because, more often than not, the voices of these people go without being listened to, there should be a more proactive way that these services are provided. Regular check-ups with the dentist and assessment and backing of the required specialist, when asked for, will be the right option for most people with this special dental care. When they have decided to create a treatment plan for the patients, they should be cognizant of the fact that some of the patients will require lifelong attention from the specialist because their current state is very critical and will continue to be so. Other complexities that accompany these conditions are collaboration with other professionals, challenges in getting permission to do procedures, and the multifaceted need for the process of sedation or the broader scope of other anesthesia services. The resultant requirement for liaison with other health and voluntary sector professionals, difficulties in obtaining consent, and the multifaceted requirements for sedation or general anesthesia services (Pradhan et al., 2016).

This review has been looking for ways to give a view on the basic roles of primary dental care and the services of the specialist in providing all the services for special needs dentistry.

The biggest challenge in providing oral health care to the elderly and special needs patients would be the disregard for the need for oral health care by the same people. The service that they will attend is emergency care. Rarely do they come forth looking for ways to retain their teeth. The way forward for them would be to seek home dentistry where the dentist would visit the patient rather than vice versa. It is, however, a new practice that is not being applied in many nations. There should be a study done in this specific sector every so often so as to find out who the people in need of special dental care.

Evaluation And Validity Of Articles

Purpose

Article 1. Pradhan et al. (2016) state the purpose of the article clearly, as the abstract explains the article is written to address the dentistry needs of geriatric patients. The abstract precisely explains the need for specialized dental treatment because it involves challenges of systematic and oral problems. The article attempts to inform the challenges faced by elderly people during dental treatments. The article persuades the elderly and disabled people to take special care during oral and systematic examinations.

Article 2. Razak et al. (2014) present the purpose of the article in the abstract. The abstract provides information about the reasons and matters of concern. The article states the complexities of dental

care in the case of older people needing special assistance.

Article 3. Salamone et al. (2013) clearly state the purpose of health risk problems associated with the oral treatment of older people.

Type of journal

Article 1. The article is published in a scholarly journal involving high-quality research conducted by experts engaged in the field of dentistry. The credentials of the authors reflect the validity and authenticity of the article.

Article 2. It is published in 'The Journal of International Oral Health' recognized as one of the renowned journals in the field of medicine.

Article 3. The article was published in Nursing Research and Practice and is highly recognized in medicine.

Organization and content

Article 1. The article is presented in a well-organized manner, starting with a concise abstract and identifying the argument at the beginning. The presentation makes the argument understandable, emphasizing the seriousness of dental care for elderly people. The article also considered previous researchers on the topic.

Article 2. Effective organization of the content makes the article more valid as it includes separate sections such as abstract, introduction, oral health status in the aged, challenges, and conclusion. Constructing different sections adds more validity.

Article 3. A clear abstract, introduction, literature, and conclusion make the article more credible.

Bias

Article1. The article lacks inherent bias as the researchers are practicing dentistry. The results of the study rely on the responses obtained from the sample. The article presented solutions in light of existing research.

Article 2. The authors managed to minimize the bias by comparing the results with previous studies available on the topic. The inclusion of statistics and facts from various sources adds more credibility.

Article 3. It includes an analysis of different articles obtained from meta-analyses, thus minimizing the chances of personal influence.

Bibliography

Article 1. It contains a comprehensive bibliography, including 14 sources. The article includes a short list of references, but all references are authentic and have been taken from well-known publications. The bibliography includes scholarly journals and books thus adding more validity.

Article 2. The article includes a detailed bibliographical list comprising books on dentistry and scholarly articles. Most of the articles are obtained from PMC and PubMed, highly acceptable in the field of medicine and dentistry.

Article 3. It contains a long list of 42 articles retrieved from PubMed and PMC, thus adding more credibility.

Usefulness

Article 1. The article is useful for understanding the significance of taking adequate measures for eliminating risks involved in dental treatments. It relies on the findings of other studies obtained from data analysis. However, the use is limited as the article does not include a graphical depiction and survey.

Article 2. The usefulness of the article is apparent in the inclusion of facts and evidence. Different figures on the number of aged people undergoing dentistry issues result in more validity.

Article 3. The usefulness of the article is apparent as it identifies the complications faced by elderly people in oral examination and dental care.

Authority

Article 1. The authors of the article have affiliations with the VSPM Dental College and Research Centre adding credibility to the article. The authors are themselves associated with a dental professional which adds more validity.

Article 2. The authors of the article are associated with the dental profession. Razak and Richard are specialists in dental periodontics. Direct affiliations of authors with dental professionals make the source more credible.

Article 3. The affiliation of authors with the dental profession makes the article more valid. Authors have completed medical degrees.

Scope/ Coverage

Article 1. The article has an extensive scope as it provides a brief overview of the conditions related to dental treatment and examination. It provides future scope for researchers to assess the significance of hygiene and other preventive measures for enhanced dental health.

Article 2. It has extended scope as it provides analysis of different issues faced by aged people such as poor hygiene, lack of visits, and the impact of diseases. It allows researchers to conduct further research on the enhancement of dental care for the elderly.

Article 3. The article has substantial scope for future researchers as it provides an in-depth view of the complications associated with the dental treatment of the elderly.

Audience

The authors of all articles address the researchers and students associated with the field of dentistry. The articles provide information related to the risks involved in dental treatment and what measures can be taken in the case of elder and disabled people.

References

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