

AUTISM SPECTRUM DISORDERS, Barriers to care, Wendy Bellis.

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Specialist in Pediatric Dentistry, Wendy Bellis, held an interesting and informative seminar about children with Autism Spectrum Disorders (ASD). Bellis talked about the barriers associated with ASD when it comes to dental examinations and coping mechanisms that can be helpful for the practitioner, the parents and the child when we wish to establish positive experiences in the dental chair.

Generally there is a delayed diagnosis of ASD and a lot of children with autism already have had their first contact with a dentist before their diagnosis is known. For many children with autism it often leads to harder work for the dentist to gain the child's trust and acceptance, especially if there already has been a bad experience associated with the dental environment. Studies show early contact with the dentist is crucial for adaptation to dental examinations and caries prevention. Today there is a higher number of children with ASD because we are better at diagnosing through interdisciplinary collaboration and more uniform diagnostic criterias. The diagnosis is a relief for many families because it explains *why the child sees the world so differently and enables early access to interventions and appropriate information for the planning of future needs*¹. Some of the diagnostic criteria are addressed as limited language and learning ability, difficulties in expressing one's own feelings and difficulties with social communication and interaction. Children with ASD cope badly with unfamiliar situations. They can have sensory processing issues which means they may receive sensory information more or less intensely than normal. A dentist clinic is a very stressful environment with busy people running around and a lot of unknown smells and sounds. Bellis called it the perfect storm for stressing a child with ASD and it could be a real anxiety trigger. Therefore it is important to try to limit the stressful trigger points when having a scheduled appointment with an ASD child. Bellis recommended having a "Hello" visit with the parents to learn about the child's strengths and problems before their first visit and thereby giving the child better premises for a successful dental visit. Handing out leaflets and questionnaires specific for ASD children can be helpful for the dental staff to learn about the child's sensory profile (for example noise/light sensitivity? Do they like deep pressure therapy? How do they express pain?). How the child has coped with toilet learning can give a clue about how easy it will be adjusting to the dental environment. Tell the parents to bring things that make the child calm and safe and if possible adapt the environment to the child's sensory profile: e.g. darken the room, put a 'do not disturb' sign outside the clinic room, have earplugs ready, don't speak through your facemask, use plastic dental mirrors, etc. And best not to let the child wait too long in the waiting room. In the chair, use countdown methods so the child knows when the instrumentation ends. Use pictograms and hand out small packages with cotton rolls and rubber gloves so the child gets used to the smell and sensation of the elements we use during treatment.

It is time consuming having a patient with autism but we have to remember the importance of early contact with dentistry because it limits the caries risk. Adjustment to all our drilling and noise tools is difficult so therefore general anesthesia is often the solution for treating cavities in a child with ASD. The time we use on 'Hello visits', questionnaires and

¹ quote from Wendy Bellis' seminar slides

sensory profile adjustments gives back positively in the end if the child is comfortable in a dental environment.

For more information about Wendy Bellis's work see websites: www.autism.org.uk, www.bspd.co.uk (for leaflets and questionnaire), www.widgit-health.com.