

RESEARCH SUMMARY

Dental care in the community for patients with learning disability

Oral healthcare of clients with learning disability: changes following relocation from hospital to community

M. Stanfield, C. Scully, M. F. Davison and S. Porter *Br Dent J* 2003; 194: 271–277

Objective

To investigate changes in the oral healthcare of adults with learning disability after transference from long stay hospital care to community-based care.

Subjects

Adults with learning disability who were former residents of a single long stay hospital and who had been resettled into the community during the period April 1995 to April 1998.

Design

Structured questionnaire with a covering letter sent to community-based carers. Hospital notes were reviewed to assess oral healthcare received as in-patients.

Results

There was a 68% response rate to the questionnaire from community-based carers with details obtained from 106 out of a possible 157 subjects. As residents in the hospital, all subjects were examined regularly by a dentist – yearly for edentulous and six-monthly for dentate individuals. However, attendance patterns were less regular as residents in the community. In the community, individuals were also less likely to receive operative dental treatment. Although oral hygiene regimes were generally on a daily basis only 37% of the subjects and/or their carers had received oral health education from dental professionals in the community.

Conclusion

Changes from institutional living to community-based housing for adults with learning disability may be associated with changes in dental attendance and treatment patterns.

IN BRIEF

- The study revealed substantial problems in oral healthcare of people with mild learning disability after their resettlement into the community.
- Change from institutional living to community-based housing for such a group of adults with learning disability may be associated with changes in dental attendance and treatment patterns.
- In the community, people with such disability were less likely to receive regular dental examinations and operative dental treatment.
- Daily oral hygiene regimes were generally of a satisfactory frequency but only 37% of the clients and/or their carers had received any oral health education from dental professionals while living in the community.

COMMENT

This paper provides evidence supporting what has been perceived for many years; that patients with learning disabilities have poorer access to dental services in the community than when resident in long-stay hospitals.

People with learning disabilities in a long-stay hospital were a captive population. Dental surgeries were often present on site for a visiting dentist to carry out dental screening and treatment as required. The community-based care means that the learning disabled are reliant more upon their carers to be educated in the needs of good oral hygiene and health. This paper clearly presents evidence supporting these concepts.

It was interesting to see the range of dental services accessed by this group of patients, with only 26% accessing the community dental service, although 29% were seen at home. It is interesting to see from this study, that 60% of the most recent dental visits were at the request of the carers, whilst only 15% of patients attended because of problems. This suggests that patients were not given routine check up appointments every six months, as they were when in a long stay hospital.

All data presented is from a questionnaire sent to the relevant lead of the community residential home. It would have been interesting to actually clinically assess the 106 patients to objectively score for the presence of oral disease. Clinical examination would also provide some validation to the returned questionnaires. This point is raised within the discussion as a limitation of the study.

One of the most useful points which this study has highlighted, is the lack of oral health education of carers within these community homes, access to dental services for the learning disabled within the community and the need to include oral health in the individual's healthcare plan.

This paper should be of interest to all dentists working within the community as a whole, and to those responsible for training carers who work in the community. Those now responsible for funding of such care should also find it a useful paper.

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