Summary of: The oral health status of adults with a visual impairment, their dental care and oral health information needs

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FULL PAPER DETAILS

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Aim There is little information available concerning the impact of visual impairment upon oral health. The present study sought to identify the oral health and experiences of adults with a visual impairment together with the nature, source and access to oral health information. In addition the study evaluated the oral health status of a group of individuals with a visual impairment with respect to oral health markers, treatment choice and attendance patterns in comparison to a reference group from the general population in the United Kingdom. **Method** One hundred adults with a visual impairment were examined and completed a questionnaire concerning their experience of oral health care and available information sources. The information collected was directly compared with data from the Adult Dental Health Survey 1998 for the south region of England. **Results** The present group of individuals with a visual impairment had better oral hygiene practices, and similar levels of oral hygiene and hard tissue disease to those of a comparable group of the Adult Dental Health Survey 1998 (ADHS 1998). However 24% of those with a visual impairment were not registered with a dentist and 26% of the patients wished for appropriate information concerning oral health care. **Conclusions** There is a need to develop oral health promotion that ensures patients with a visual impairment have appropriate information regarding oral health care and its provision.

EDITOR'S SUMMARY

Communication is a crucial aspect of dental care and, because it is so integral to daily practice, one that is easy to take for granted in the day-to-day whirl of appointments being made and cancelled, histories taken and treatments explained. To give a personal example, at each of three recent dental appointments I have been provided with at least one explanatory leaflet. When one considers these processes more closely, it becomes easy to envisage the potential barriers to dental treatment that could exist for individuals for whom communication is difficult in some way.

The authors of this study set out to investigate the oral health and dental experiences of adults with visual impairments – a group for which there is little oral health data – and compare this to data from the 1998 Adult Dental Health Survey (ADHS). Some of the

results are encouraging: for example the study group had better oral hygiene practices and similar levels of decay to the ADHS group. However there were also some causes for concern, among them the finding that half of the study group believed there was inadequate dental care information available in an appropriate format for people with visual impairments.

This study is relatively small and the authors point out in the paper and their responses to our questions (right) that further studies are required in order to draw definitive conclusions on the oral health status and needs of individuals with visual impairments. What stands out, however, is the participants' belief that there is a lack of oral healthcare information available in appropriate formats. This is an issue of communication, and therefore fundamental to dental treatment; it is also relatively simple

to remedy. Dougall and Fiske outlined some general principles to aid communication with the visually impaired in a dental setting as part of their *BDJ* series on special care dentistry.¹ This article highlights that it is worth taking the time, at some point in the daily whirl of communicating, to consider how effective and accessible our communications really are.

The full paper can be accessed from the *BDJ* website (www.bdj.co.uk), under 'Research' in the table of contents for Volume 208 issue 8.

1. Dougall A, Fiske J. Access to special care dentistry, part 2. Communication. *Br Dent J* 2008; 205: 11–21.

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IN BRIEF

- The proportion of the population who have a visual impairment is increasing.
- This study highlights specific dental health issues and information needs of this vulnerable group.
- While the study group had better oral hygiene practices than the Adult Dental Health Survey group, their oral health was no better.
- There were issues with the provision of dental information in an accessible format.

COMMENT

As the new speciality of special care dentistry finds its feet and firmly establishes itself, there will be a number of papers such as this, bringing to the attention of dental professionals the additional barriers that individuals with disabilities may face when attempting to access high quality oral health care.

This paper looks at the experiences of people with visual impairment as compared to the general population. It is, nevertheless, important to bear in mind that many individuals with visual impairment will have multiple disabilities and other associated systemic disease, all of which may complicate access to and maintenance of good oral health. Eighty-five percent of the visually impaired group under study were taking medication and we should therefore also consider the oral side effects and potential drug interactions of such medication.

A high proportion of people with disabilities do not register their disability and so do not receive the additional community and health support they may be entitled to. There also appears to be a lower employment rate. This may explain why, in the visually impaired group, there were significantly fewer individuals accessing private dental services than in the general population and in addition they were more likely to attend only when faced with an acute dental problem rather than for regular dental checkups.

We live in an age dominated by information; however there would seem to

be a need to ensure information about oral healthcare is available in formats that do not disadvantage those with a disability. Fifty-one percent of the study group with visual impairment believed the formats available concerning dental care were not appropriate to their disability. Braille was only used by 3% of participants, but 86% said they could read large print and this would seem a good place to start when considering practice literature for those with a visual impairment. Certainly, the group under study showed a standard of oral hygiene practices at least on a par with the general population, indicating a keenness to maintain a good level of oral health.

We must look forward to more, similar studies that focus on inequalities in accessibility to oral healthcare and, more importantly, to studies that indicate ways these inequalities can be addressed.

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AUTHOR QUESTIONS AND ANSWERS**1. Why did you undertake this research?**

The population of the UK is increasing in age and longevity and so is the proportion of adults with a visual impairment, which has implications for the provision of dental care. This study was undertaken due to a paucity of information available on the oral health status and needs of adults with a visual impairment, and the data that was available was up to 30 years old and often conflicting in its outcomes. The authors had a wish to highlight any specific oral health or information needs of this group when compared to the general population to help direct future dental care provision.

2. What would you like to do next in this area to follow on from this work?

To follow on from this study to be able to make more definitive conclusions about differences in oral health status, a multicentre study of adults with a visual impairment should be carried out. It would be advisable that the study group be sub-divided into those with a congenital and those with an acquired impairment. This should be carried out with a control group from the general population matched for age/socio-economic status/education and gender. This would provide more definitive conclusions regarding the oral health status of those with a visual impairment and allow distinction between those with acquired/congenital impairments.