

Facilitators to oral health behaviours and access for Applied/Clinical Neurodiverse adults

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Background



Neurodiversity (ND) is a concept that describes the variations in the way the human brain functions. The term 'neurodiversity' is an attempt to move away from disability models that regards differences as deficit. Applied forms include dyslexia, dyscalculia, and dyspraxia where there are variations in language processing, planning, execution and understanding language and numbers. The clinical forms include autism, Attention-deficit/ Hyperactivity Disorder (ADHD) where there are differences in social interaction and impulsivity. Within oral health care these differences can mean individuals may face challenges with self-care oral health behaviours and lack positive dental care experiences. Most of the dental literature focuses on the higher occurrence of negative experiences as well as barriers and deficits. This is antithetical to the concept of neurodiversity that tries to shift perspectives to reveal the richness of what neurodiversity has to offer. The concept of neurodiversity seeks to highlight the strengths and assets of people who are not neurotypical.

Objectives

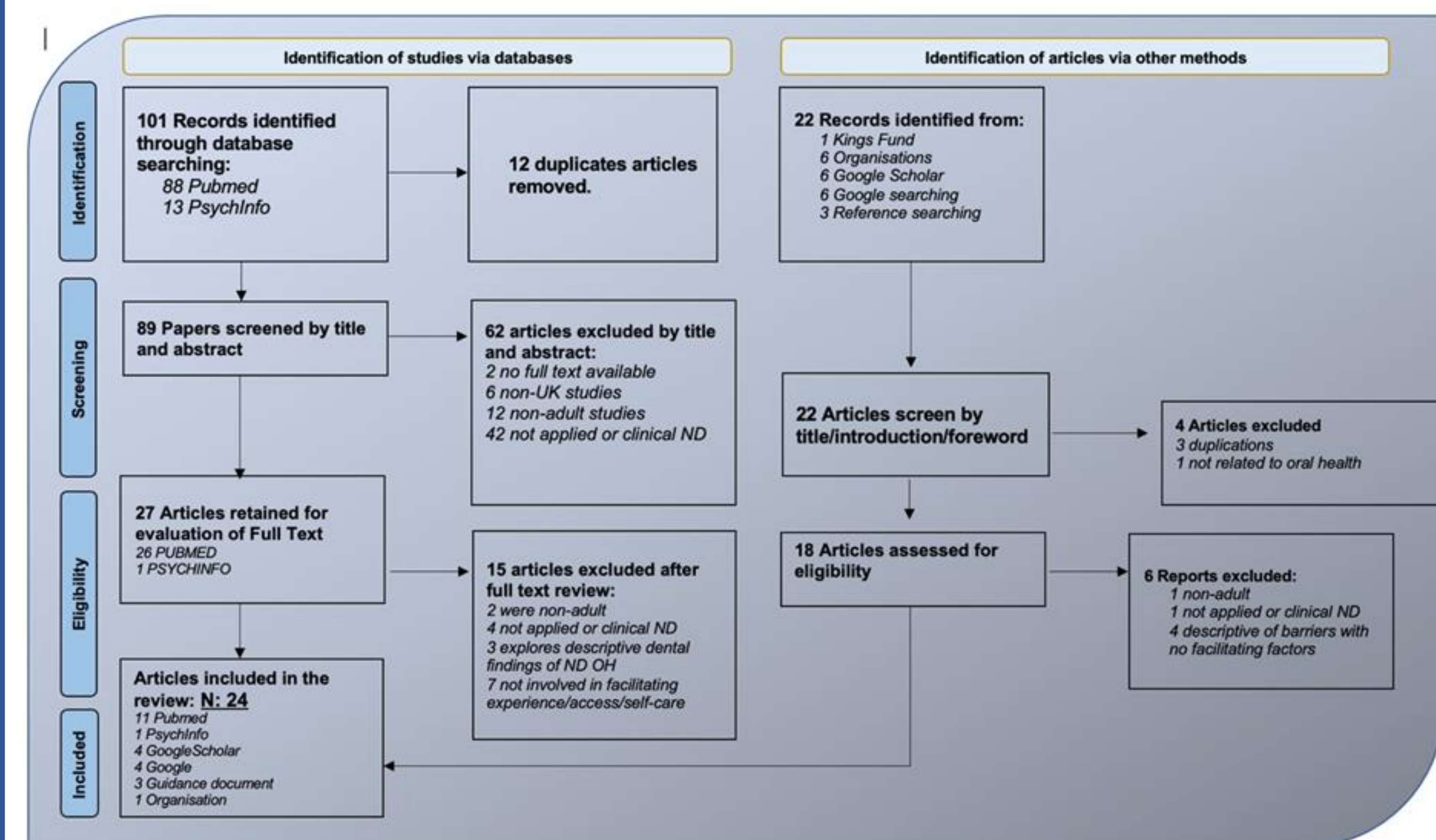
To explore the evidence on oral health behaviours and dental care experiences of adults with these neurodiverse profiles, providing an evidence synthesis of the existing research on the facilitators improving their self-care behaviours and dental care experiences, and to develop recommended actions.

Methods

This review uses Integrative Review Methodology, following a systematic approach, critical appraisal, evidence synthesis of diverse literature and conclusion drawing. The search included both published papers and grey literature with no restrictions placed on study design. The Mixed Methods Appraisal Tool was used for critical appraisal.

Results

This review focused on adults because of the unique challenges that adults with neurodiverse profiles experience across their life course, their history of dental experiences, and sustaining self-behaviours and access to care. Twenty-four articles were used, PRISMA:



Facilitators

Facilitators that enabled good self-care oral health behaviours and positive dental care experiences for UK adult patients with autism, ID, dyspraxia, and dyslexia were either the same or similar allowing for synthesis of the results. Through an inductive process four themes were identified.



Discussion

Several themes emerged from the included studies that represent facilitators to good self-care oral health behaviours and positive dental care experiences, which act on or accommodate one or more executive dysfunction(s) and/or associated sensory feature(s). This review recognised the possibility of co-occurrence of profiles and co-morbidity with anxiety, emphasising it is not appropriate to assume a homogenous approach for every adult patient with ND. This review draws the findings from UK based articles to allow for recommendations to be presented for patients and oral health services based within the UK.

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Pattern	Advances	Gaps	Evidence for practice	Research recommendations
Individual	There is evidence that co-developed self-care behaviours and dental care services promotes self-esteem and value, facilitating self-care and positive experiences for several adults with ND profiles.	There is a scarcity of research in the UK about the range of self-care oral health behaviours and dental care experiences of adults experiencing all the different types of ND.	There is a need to reach wider groups of UK adults with ND to establish further facilitators and preferences to self-care and care experiences.	To carry out further qualitative research exploring the needs and experiences of UK adult dental patients with ND.
Dental team and services	There is evidence that improved awareness of ND from the dental teams can improve dental care experiences, along with communication-based behavioural support, accommodations, and flexibility in the practice arrangements.	Awareness training options for dental teams are lacking. Out with SCD, accommodation and behavioural support training is also lacking.	Access may be improved by ND awareness training through increasing empathy for this patient group potentially motivating professionals to improve care experiences.	(i) To explore options for ND awareness training that relates to all roles of the dental team, and at all levels of care. Co-developed with patients, carers, and dental professionals. (ii) Creation of adult specific communication-based support techniques and training options. (iii) Create champion committee
Wider systems	There is some evidence that shared care between UK primary and secondary levels can improve dental care experiences for adults with ND. Technology can provide alternative means of communication and assessment.	Integration of dental care services varies across the UK. The use of and ability to utilise different technology services varies across the UK.	Dentists with less experience of treating adults with ND may be able to learn from those formally trained through shared care.	To explore best practice examples of shared care between primary and secondary dental services, and technology, and then to disseminate this information.
Prevention	Prevention of oral disease through effective self-care and further professional interventions facilitates positive care experiences. Independent oral hygiene is most effective for adults with ND if supported by a support team or carer.	Oral health awareness can be lacking by patient, and support team/carers.	It is important to explore whether improved oral health awareness in patients, and support teams/carers can relate to improved oral health outcomes.	To carry out research linking oral health interventions with oral health outcomes.

Conclusion

This review identified that approaches that engaged adult patients with ND to inform and co-develop self-care oral health behaviour interventions and dental services could be key facilitators of both good self-care oral health behaviour, and positive dental care experiences. Dental care professionals should consider using heterogenous approaches that move away from a disability model. This review makes recommendations for research, increasing ND awareness, and training for staff and support teams/carers.

References

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