

Making a Big Difference with

L I T T L E

Patients



What You Should Know about
Treating Children in Your Practice

By Erik J. Martin

Through the prevalence of dental caries in the primary teeth of children ages 2–11 has decreased from the 1970s until the mid-1990s, according to the National Institute of Dental and Craniofacial Research, caries is still a major health concern for children across the United States. While tooth decay is one of the most common chronic conditions affecting U.S. children, it is also largely preventable, and this presents an opportunity for general dentists — yet some may be reluctant to treat pediatric patients.

Consider the results of a 2001 American Dental Association (ADA) survey of 4,970 general practitioners. Nine percent of respondents didn't see pediatric patients up to age 14. Some of the reasons cited included: their practice was not geared toward children, they did not enjoy treating children, they refer to a pediatric dentist or have a pediatric dentist associate, their practice was limited to specific procedures, etc.

The results of a 2017 study published in the *International Journal of Pedodontic Rehabilitation* echoes the ADA survey: Of the dentists evaluated, 46 percent were apprehensive in providing treatment to children.

Academy of General Dentistry (AGD) member Rocky L. Napier, DMD, of Aiken, South Carolina, says while reluctance may exist among some general dentists to treat pediatric patients, it's possible for them to care for young people. "You've probably already done extremely well with your own children, and there is no reason you can't do the same with all the families in your practice."

With the right approach, education and tactics, any general dentist can effectively treat and manage children. This requires carefully understanding how pediatric treatment has evolved, being honest about the challenges involved, appreciating the benefits and employing appropriate techniques for better success.

The Evolution of Pediatric Dentistry

If you want to have more patients who are children, then it's important to contemplate how treatment for this younger demographic has evolved over the years. The most common pediatric conditions general dentists treat these days include caries; trauma-related injuries to the teeth, lips, cheeks or tongue; malocclusion; and congenital missing teeth.

"Nowadays, there's a greater focus on preventive dentistry. The entire scientific field is gearing more toward conservative treatment," says Gajanan Kulkarni, BDS, LLB, MSc, DDS, DipPaed, Ph.D., FRCD(C), associate professor, Faculty of Dentistry, at University of Toronto in Ontario.

The reason may be obvious: combating caries. And these efforts appear to be working. Consider that about three in four children had cavities in adult teeth by age 11 in the 1960s, while in 2011-12, about one in four children had cavities in adult teeth by age 11, according to Centers for Disease Control and Prevention. However, caries is still a prevalent condition among children in the United States: More than 19 percent

of children ages 2–19 have untreated cavities, and the prevalence is even higher for those who are socioeconomically disadvantaged.

Children's dentistry has also become more focused on esthetics.

"In the past, stainless-steel crowns were used more, but today's parents are seeking esthetic, tooth-colored restorations," says AGD member Merlin P. Ohmer, DDS, MAGD, a St. Augustine, Florida, dentist.

Guidelines and recommendations have been updated, too. Dietary Guidelines for Americans 2015-2020 now recommends limiting total daily consumption of added sugars to less than 10 percent of calories per day. In addition, the American Academy of Pediatrics has issued new recommendations that advise parents to limit fruit juices of all kinds for children of all ages. The recommendations include the following:

- Infants should not drink juice before age 1, unless it is clinically indicated. Intake of juice should be limited to, at most, 4 ounces daily for toddlers ages 1–3. For children ages 4–6, fruit juice should be restricted to 4–6 ounces daily; and for children ages 7 and older, juice intake should be limited to 8 ounces per day.
- Toddlers should not be given juice from bottles or easily transportable "sippy cups" that allow them to consume juice easily throughout the day. The excessive exposure of the teeth to carbohydrates can lead to tooth decay, as well. Toddlers should not be given juice at bedtime.

Potential Challenges and Benefits of Treating Children

When it comes to treating pediatric patients, the most common challenge is getting their cooperation, says Jack Ringer, DDS, of Anaheim Hills, California.

“The general dentist needs to be confident that the child won’t become resistant to therapy; otherwise, the atmosphere becomes strained and uncomfortable for both the dentist and patient,” he explains. “This can cause tension and stress within the practice.”

AGD member Roger P. Levin, DDS, founder and CEO of Levin Group Inc., in Owings Mills, Maryland, echoes this, adding that the biggest factors involved with treating pediatric patients are the time involved and case complexity. “Some kids have more complicated treatment needs that can be time-consuming and clinically challenging.”

Another potential challenge when dealing with patients who are children is lack of daily oral hygiene at home.

Over 19 percent of children ages 2–19 have untreated cavities; a child’s complete preventive dental program should include fluoride, brushing twice a day, wise food choices and regular dental care.

— Centers for Disease Control and Prevention

“Too many times, across all socioeconomic sectors, the parents want all this to be the child’s responsibility,” Napier says. “Proper home care, feeding habits and diet are most essential, but all of this is ultimately the parent’s responsibility.”

When dealing with a young patient’s parents, it’s also important to understand their perceptions of “going to the dentist.”

“You sometimes have to deal with the parent’s behavioral and parenting issues as well as their own dental phobias that are being placed on the child,” says AGD

member Edward A. Alvarez, DDS, of New York. “You hear threats from them like, ‘If you don’t behave, the dentist is going to pull out your teeth or give you a big needle.’”

Because a child’s first experience at the dental office can create impressions that last a lifetime, a dentist has a great opportunity to develop a healthy attitude in and relationship with the child, says Ringer, warning, “If the dentist creates an atmosphere of fear and distrust, that child can carry that perception for the rest of their life.”

Jotkowitz agrees. “When a good dental experience affects a child such that they have a positive attitude for life toward their oral health, this is an incredibly rewarding experience for the dentist.”

In addition to fostering a feeling of positivity and confidence in pediatric patients, seeing patients of all ages, including kids, can provide other perks.

Ohmer says, “I enjoy treating children because it keeps me sharp and on my toes.”

Wren says incorporating pediatric care into your general dentistry practice is also rewarding from an emotional and financial standpoint. “Plus, once you earn the child’s trust, I consider treating them to be much easier than treating adults.” What’s more, happy child patients lead to happy parents, who could possibly turn to you for treatment, too.

Mindset Matters

Kulkarni says it’s important to develop a special approach when treating children, and understanding their physical, mental and emotional development is a

Referring Your Pediatric Patients

How will you know where to refer your pediatric patients? Alvarez recommends asking other colleagues such as your orthodontist or oral surgeon, as they typically work with many pedodontists.

Kulkarni agrees. “General dentists should develop a rapport with specialists so they can each refer patients to one another.”

For Kulkarni, the criteria for determining when to refer a pediatric patient elsewhere is simple: If the quality of care is going to be compromised, or you are incapable of providing any care to the child, you should refer to someone who can in a timely manner, he says. Similarly, if you’re concerned that continuing to treat a difficult patient may traumatize and have a negative

psychological effect on the child, it’s time to refer, says Anna Jotkowitz, BDS, of Ra’anana, Israel, a faculty member at Harvard School of Dental Medicine.

Joshua Wren, DMD, a Brandon, Mississippi-based dentist says, “Some general dentists just are not comfortable treating pediatric patients. If a dentist is in a rural area where no specialists are nearby, I would urge them to treat children; however, the right approach and treatment modalities should dictate this decision.

“Dentists do have a responsibility to treat any emergency, if other suitable care is not available,” he says. “If not, we should provide care to handle the emergency and stabilize the patient until they can see a specialist.”

10 Steps toward Successful Pediatric Dentistry Appointments

Being positive, friendly and accommodating will only get you so far with a child. You'll also need strategies to manage stressed, uncooperative or difficult young clientele. Try these recommendations, provided by the American Academy of Pediatric Dentistry and interviewed general dentists:

1. Make the first visit a non-treatment visit. "The most successful way to gain trust is to have the parent bring the child to my office when the parent needs to have their teeth cleaned and let them watch, take a ride in the chair and meet the staff," says Ringer. "That way, they feel secure, safe and happy, so when it is their turn to come in, there is already a level of trust established."
2. Tell the child precisely what is needed to be cooperative and employ self-disclosing techniques of assertiveness. Use clear statements such as, "Please open your mouth wide so I can see your teeth."
3. Apply the "tell-show-do" method. Verbally explain treatment in words appropriate for the patient's age, as well as demonstrate the visual, auditory, olfactory and tactile components of the procedure in a non-threatening environment, and then complete the procedure.
4. Alter the volume, tone or pace of your voice to influence and direct the child's behavior.
5. Use positive reinforcement to reward desirable behavior via verbal praise, positive voice modulation, appropriate physical expressions of affection and toys/prizes.
6. Distract the child's attention using technology (videos or handheld electronics) and brief breaks during a stressful appointment.
7. Don't practice pediatric dentistry solo. "Always have at least two adults, preferably a dental assistant, in the room with you so there's no chance of accusations or misrepresentations," Levin advises.
8. Consider parents in the operatory carefully. The presence of a mom or dad near the child receiving treatment can either calm them or make them more anxious, depending on the patient.
9. Consider administering nitrous oxide/oxygen inhalation as a safe and effective means of diminishing fear and improving communication.
10. Communicate carefully with parents/caregivers.
 - Convey oral home hygiene and dietary recommendations to the child and parent. "Stress the importance of daily toothbrushing and the proper amount of fluoride tailored to the individual child's caries risk," Kulkarni says. "Model and demonstrate to parents how to properly brush and floss their children's teeth at home. And provide dietary counseling on what snacks, foods and drinks are OK and are not OK."
 - Don't assign blame for the child's oral health issues. "Gently educate parents on new types of habits they should adopt without judging the parents on their previous behavior," Jotkowitz says.
 - Try to make parent(s) feel as comfortable as possible. "Remember — if the parent is relaxed, the child is going to be relaxed, and vice versa," Kulkarni says.



critical requirement. “If you don’t have patience or can’t set aside enough time to properly deal with a child, you’re not going to be successful,” Kulkarni says. “Children have to develop trust in you as a practitioner before they can cooperate with you, and that takes time.”

Ringer says, “[Compassion and patience] are essential when treating all patients but are especially necessary with children, as they are more emotional, irrational, mistrusting and vulnerable.”

Napier agrees. “When dental care is initiated before the teeth are even present in the mouth, I certainly think you have a much better chance at success for a lifetime free from decay and other significant oral diseases. Every stakeholder has a greater chance of winning — the child grows up disease-free, parents avoid the high costs of dental care, and the dental staff [will be prepared] every time the child and his family come in for an appointment.”

To continue preventing caries and other oral health problems, AGD recommends that a child’s first dental examination should occur at the time of the first tooth’s eruption and no later than 12 months old.

When communicating with pediatric patients, it’s best to be clear, in an effort to alleviate their anxiety. “You have to kindly and gently explain to a child everything that you are about to do,” Jotkowitz says. “No distractions, no lies — just telling them exactly what is about to happen in a level of language that is clear and that they can relate to.”

Honesty is the best policy, Alvarez agrees. “Children are very literal, unlike adults. If you tell a child, ‘We’ll be done in 10 seconds,’ they truly expect you to

take 10 seconds. Go back to when you were a child and think about how you would feel in that chair.”

Furthermore, it’s essential to convey the message that children and families are welcome, desired and comfortable in your practice.

“General dentists need to make it clear to parents that they will make dentistry fun for their child, in addition to providing the highest level of care,” says Levin.

When general dentists manage pediatric patients effectively, the appointment should go smoothly. If they don’t, it’s likely going to be hard work, Levin says. “The good news is that most kids have great dental experiences today, and they like their dentists.”

Putting the effort into treating tiny patients is worth it, Jotkowitz says. “Children are a rewarding and necessary lifeline in the diverse makeup of a general practice. A happy child patient will likely be the longest standing patient you will ever have, and they will refer all their family to become patients for life.”

Ringer agrees. “One of the greatest benefits of treating a child successfully is the enormous satisfaction of helping an innocent person who put their trust in you. Their happiness will also permeate to their family and friends [as they grow older], which can only come back to benefit your practice [in the long run].” ♦

Reporting Child Abuse and Neglect

Dentists are required by law to document and report (not prove) suspected cases of child abuse and neglect in all states (and dental hygienists are similarly obligated in some states). Every state has different requirements for mandatory reporting for health care professionals that dentists should be familiar with.

Jotkowitz says abuse and neglect can manifest in two forms detectable to the general dentist:

1. Physical signs (e.g., bruises, welts, burns, major cuts, broken teeth and visible signs of neglect)
2. Severe, ongoing untreated dental disease in the mouth

“When a child comes to see us with advanced untreated disease, such as recurring abscesses that are not being attended to, and the parent does not fulfill his or her responsibility to properly have their child treated, despite repeated explanation as to the severity on the condition, this can be regarded as abuse and neglect,” Jotkowitz says.

If you suspect abuse or neglect, first detail your findings thoroughly with written, recorded and photographed documentation, Ringer says.

“Next, contact your local dental society for them to direct you to the proper authorities to investigate,” he advises. “By no means should you accuse or confront whomever you suspect. Let those trained in this area handle the situation.”



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