

Abstracts of Literature

The difficulty of managing cerebral palsy patients, including their oral hygiene

The purpose of this article was to show how difficult it is to manage cerebral palsy (CP) patients and how this difficulty relates to their oral health status. The study was approved by the Ethics Committee of the Cruzeiro so Sul University, Brazil, and written consent was given by caregivers for all the participants in the study. This cross-sectional study included out-patients from the Rehabilitation Center of Lar Escola Sao Francisco in 2008. There were 65 subjects of 34 females and 31 males 4- 17 years of age, all with a diagnosis of CP and not living in an institution in Sao Paulo, Brazil. Their caregivers were 22 to 59 years of age. In the control group non-CP subjects were patients at the Dental Clinic of the Dental Clinic at Cruzeiro so Sul University, Brazil. Classification of CP was done using medical records and the Gross Motor Function Classification System (GMFCS) levels I - IV. The caregivers were examined using the Caregiver Burden Scale (CBS) with categories for general strain, isolation, disappointment, emotional involvement, and environment. Each was scored from 1- not at all, 2- seldom, 3- sometimes, and 4- often. All subjects received an oral evaluation visually with an intraoral mirror and digitally with a rounded end explorer; no radiographs were taken. DMF index scores were used to record caries prevalence. Appropriate statistical analyses were applied depending on the sample measured, and a significance level of $P < .05$ was set. In the study no significant difference ($P = .45$) resulted for caries prevalence in the primary dentition. However, CP subjects in mixed and permanent dentitions scored significantly higher DMF index scores than their controls, ($P = .001$, $P = .033$ respectively). CP primary caregivers' scores from the CBS on general strain ($P < .001$), isolation ($P < .009$), disappointment ($P < .001$), and environment ($P < .001$) were statistically significantly higher than their counterparts. There was also a significant correlation for general strain, disappointment, and DMF scores for the CP group. There was more caries in the CP group as they aged, and caring for them became more of a burden for their caregivers.

Comment: If dentists who routinely treat CP patients were evaluated as these caregivers were, I daresay the results would be similar. It is a true challenge to work with CP patients and assist their caregivers in an effort to control caries as these patients age. **JGJ**

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Santos MT, Biancardi M, Guare RO, Jardim JR. Caries prevalence in patients with cerebral palsy and the burden of caring for them. Spec Care Dentist 2010;30:206-10.

21 references

Association between orthodontic treatment need and caries experience

This study investigated whether there was any association between orthodontic treatment need and caries experience. Seven hundred and forty eight Iranian adolescents, mean age 15 ± 2.23 years were examined. The DMFT, orthodontic treatment need, which was assessed using the Dental Aesthetic Index, as well as factors influencing socioeconomic status were recorded. The study found that there was no overall significant association between caries experience and orthodontic treatment need. However, a subgroup of children with a household size >6 persons showed orthodontic treatment need associated with higher caries experience ($DMFT \leq 8$) compared with children without orthodontic treatment need. The study conclusions suggested that the relationship between caries experience and orthodontic treatment need should be further studied within the context of a child's social-economic environment.

Comment: The oral health benefits of orthodontic treatment in terms of reducing caries experience in children is not supported by any longitudinal studies. Therefore, a reduced susceptibility to caries as a result of correcting crowding should not be presented as a benefit of treatment to parents and children considering orthodontic care. **KMM**

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Borzabadi-Farahani A, Eslamipour F, Asgari I. Association between orthodontic treatment need and caries experience. Acta Odontologica Scandinavica 2011;69:2-11.

34 references

Community-based project to address dental caries in American Indian children

The aim of this study was to report on the effects of a community-based demonstration project to prevent caries and overweight among young preschool children. The Toddler Overweight and Tooth Decay Prevention Study (TOTS) targeted American Indian infants from birth with the goals to increase breastfeeding practices and reduce the consumption of sweetened beverages. The study had received approval from the tribal councils and the Portland Area Indian Health Service Institutional Review Board. Four interested tribal communities participated. Communities A-C each had a cohort receiving the intervention along with a control cohort, while community D served as the longitudinal control site. Comparison cohorts were children who were 18-to-30 months of age at the start of the TOTS study. Interventions targeted the parent, family networks, and the broader community. The prevention strategies were shaped by focus groups and interviews with community members and included raising awareness, delivery of health education, facilitating individual behavior change, and changing public health practice. Most interventions were media-based and included printed literature, articles, and videos. Home visits by community health workers were also part of TOTS. Caries was scored at the incipient and cavitated level. At the end of the study period all three intervention communities showed a significant downward intervention effect for incipient lesions in primary teeth. A similar trend was observed for cavitated caries lesions. Overall, the study appeared to have a positive impact on young American Indian children's oral health as it resulted in reductions in caries.

Comment: American Indian children have some of the highest rates of ECC and Severe ECC in North America. This paper reports on the dental outcomes of a study to increase breastfeeding rates and reduce the consumption of sweetened drinks. Involving communities in the development of research interventions can result in culturally appropriate strategies that can have a positive impact on children's oral health. *RJS*

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Maupomé G, Karanja N, Ritenbaugh C, Lutz T, Aickin M, Becker T. Dental caries in American Indian toddlers after a community-based beverage intervention. *Ethn Dis* 2010;20(4):444-50.

35 references



Senior Vice President / Research and Policy Center Director



The American Academy of Pediatric Dentistry (AAPD) is seeking an individual with extensive policy analysis and health services research experience to direct the new AAPD Pediatric Oral Health Research and Policy Center. The Director is responsible for directing the center's research and analytical activities related to public policy issues impacting children's oral health care. The Director will report directly to the AAPD's Chief Executive Officer and COO and General Counsel. The center will be housed at the headquarters office of the AAPD in Chicago.

The Director will oversee, conduct and promote health policy research that advances children's oral health issues and supports AAPD public policy and public awareness initiatives at the national, state, local, and international levels with legislatures, government agencies, professional associations, and other non-governmental organizations. The Director will actively pursue grant and contract opportunities from various sources such as government agencies, charitable foundations, and other appropriate project underwriters. The Director will be responsible for monitoring state, national and international data concerning the oral health status of children, and will provide technical assistance to governmental agencies, associations, state dental organizations and other organizations preparing reports concerning children's oral health.

Supervision and Guidance

The Director will supervise the Health Policy Center Assistant Director, and work under the supervision and guidance of the Chief Executive Officer and COO/General Counsel.

Qualifications

The ideal candidate will have a minimum of ten years experience in an association, governmental, or university position related to children's oral health policy and health services research. A dental degree and/or a doctoral level degree, ideally in children's oral health policy, or in the health sciences or related areas is required.

The AAPD offers competitive salaries, excellent benefits, and is an equal opportunity employer. E-mail cover letter, C.V., salary requirements, and references to: slitch@aapd.org.

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