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The annual conference of the French Association for Disability and Oral Health (Santé Orale et Soins Spécifiques – SOSS) will be organised locally by the Rhapsod’if network for the coordination of special care dentistry in the Parisian region. This event will be held in French under the title Sense and Sensorality.

Following the welcome ceremony and elocutions, the theme for the morning will be oral function and dysfunction in persons with disability. Aspects of oral health relating to chewing, swallowing, speech and facial expression, will be touched upon in relation to nutrition, maintenance of oral hygiene, ability to tolerate dental treatment and functional re-education.

The afternoon will be split into two streams. The first theme is aimed at those stakeholders who are involved in coordinating, designing, financing, commissioning or otherwise supporting access to care and prevention for persons with special needs, including patient advocate groups. Examples will be given of good practice from around France and a discussion held on how different stakeholders can network and work together to improve the effectiveness of their actions.

The second stream is aimed at dentists, general healthcare and medico-social professionals. It will examine how professionals make sense of their work with vulnerable populations. Discussion will be held regarding the professional barriers to oral health in persons with disability, the roles of non-professional carers, the benefits of multidisciplinary settings, and much more.

All French speaking participants at iADH 2022 are welcome to register for this event.

More about the Colloque SOSS
Restorative and prosthetic treatment planning in Special Care Dentistry – ensuring equitable outcomes and maintaining a functioning dentition over the life course.

Equality in oral healthcare implies that vulnerable populations should receive the same quantity and quality of healthcare as the general population. Yet the literature shows that these groups present more untreated dental disease and more extracted teeth than the general population. The aim of this pre-conference day is to present, illustrate and justify treatment planning options that aim to preserve a functional dentition for as long as possible and to restore a functional dentition where extractions are historic or inevitable.

Dr Ariane Camoin, Marseille, France

The ethical issues behind clinical decision making and addressing conscious and unconscious bias will be discussed. In the context of special care, practitioners may lack benchmarks to make therapeutic choices due to resistance to care or to medical complexity, for example. The fact remains that our vulnerable patients have a right to full functional and aesthetic rehabilitation. But is it always possible to offer equal treatment options?

Prof Gustavo Molina, Cordoba, Argentina and University of Hong Kong

People with disability have an equal to lower caries prevalence compared to the general population. However, they present a higher prevalence of untreated cavities and of periodontal disease, reflecting unmet treatment needs due to a mixture of reasons. Barriers to caries treatment in ordinary clinical situations push dentists to search for less invasive approaches, avoiding intervention under sedation or general anaesthesia when unsuitable or unavailable. Discussion will revolve around the use of ART, SDF, SMART, the Hall-technique and other non-invasive therapies in order to define whether these may be considered quality treatment options.

Dr Pierre-Yves Cousson and Dr Natacha Linas, Clermont-Ferrand, France

People with special needs have higher rates of dental extraction than the general population, whether treated under general anaesthesia or in the chair. However, prosthetic replacement following the extraction of teeth is often difficult in these patients, if not impossible. Oral dysfunction is the likely result of tooth loss if prosthetic rehabilitation cannot be achieved, particularly in patients with pre-existing neuromotor or neurosensory deficiency. The extreme importance of conserving functional teeth is increasingly recognized in terms of preventing dysphagia and maintaining masticatory capacity. It is recognized that patients with equal needs should have equal access, equal quality of treatment and equal treatment outcomes, regardless of whether a facilitatory procedure is used to achieve treatment. Thus, there is a need to encourage the provision of restorative and endodontic treatment, to standardize treatment procedures, and to evaluate the outcomes of such treatment approaches. The evidence base for endodontic procedures (therapeutic pulpotomy and root canal treatment) in both adults and children will be presented and clinical examples of procedures and outcomes given. The appropriateness and effectiveness of endodontic treatment will be discussed through the description of indicators that can be used to evaluate one’s own practice.
Dr Marie-Laure Munoz, Clermont-Ferrand, France
Endodontic treatment has a higher success rate when definitive coronal restoration is performed in the same treatment session. This presentation will demonstrate clinical techniques for immediate restoration of broken down teeth and look at the effectiveness of these techniques with respect to the literature and ongoing research. Preformed stainless steel crown (SSC) restorations may represent a viable treatment choice for severely carious or fractured posterior permanent teeth. In addition, the development of chairside CAD/CAM (Computer Aided Design and Manufacturing) technology has made it possible to carry out indirect restoration of endodontically treated teeth in a single session. Both these techniques will be presented and discussed.

Dr Manuel Bratos, Washington, USA
Use of CAD CAM technology during interdisciplinary treatment development. Interdisciplinary dental treatment has been an ongoing goal for patients with disabilities. Complexity arises with untreated dental pathology, skeletal discrepancies, duration of each of the procedures and the cumulative errors during impression and delivery of dental prosthesis. In the past decades, with the development of digital technology there has been a great improvement in the fields of diagnosis, data acquisition, delivery and maintenance of our patients with disabilities. This has allowed practitioners to treat more complex cases reducing time and improving long term outcome. Discussion will revolve around the use of digital technology, CAD CAM solutions that are used in our daily practice demonstrating the possibilities and outcomes available.

Dr Cindy Batisse-Lance, Clermont-Ferrand, France
It is the duty of the dental practitioner to discuss options for replacing missing teeth for all patients presenting with pre-existing tooth loss or that require extractions – regardless of disability or social status. It is even more important that this issue be addressed if the patient also presents pre-existing neuromotor or neurosensory deficiency which affects masticatory and swallowing ability. Clinical examples of rehabilitation with fixed and removable prosthetics in patients with special needs will be given and discussed, and a frank discussion of the effectiveness, limits and challenges will be engaged.

Dr Marie-Sophie Bogner, Clermont-Ferrand, France & Guy’s and St. Thomas’ NHS Foundation Trust, UK
Dr Bogner will discuss the place of implantology in special care dentistry. Oral dysfunction is the likely result of tooth loss if prosthetic rehabilitation cannot be achieved. It leads to numerous consequences for general health, including digestive problems, weight loss, and pneumonia due to food aspiration. The solution of choice for replacing missing teeth is implant therapy. Compared to removable prostheses, comfort and oral function are significantly improved using this technique. Traditionally, implant therapy has been contraindicated for patients with learning disability because of unsatisfactory hygiene, history of advanced periodontal disease and bruxism, amongst other reasons. The purpose of the presentation will be to present the growing literature in favour of implant therapy in persons with disability and to discuss existing barriers and limits in patients with learning disabilities. An evaluation of the effectiveness of implant treatment in a cohort of patients with Down Syndrome will be presented.
Conscious sedation in Special Care Dentistry: facilitating access to quality dental care. Within special care dentistry, social and behavioural barriers may hinder or prevent access to high-quality dental treatment. Conscious sedation techniques facilitate the provision of technical dental treatment in serene, safe and confidence-building conditions.

This preconference day will aim to provide participants with an overview of conscious sedation techniques, indications for their use and appropriate case selection, including considerations for the medically complex patient. Conscious sedation with midazolam is used as an operator-sedationist technique in the UK and greater detail will be provided on how it is used safely and effectively in special care dentistry. Pathways of care for patients and the effectiveness of a multi-disciplinary team approach will be highlighted. This will include reflecting on the benefits of dedicated dental psychology services and cognitive behavioural therapy (CBT). Clinical case scenarios will encourage participants to engage with facilitators and discuss best practice and experiences. It is acknowledged that access to conscious sedation varies worldwide, therefore discussion of UK guidelines in a wider context and potential barriers will be explored. It is hoped this preconference day will enthuse, as well as enhance participants’ knowledge and understanding of the opportunities conscious sedation provides for our patients to access quality dental care.

Confirmed speakers from Guy’s and St. Thomas’ NHS Foundation Trust, London, UK:

Dr David Craig
History of Conscious Sedation for Dentistry in the UK
David will describe the development of UK conscious sedation services and training, including their relationship to general anaesthesia.
Learning Objectives:
To understand how dental conscious sedation services and teaching have developed in the UK
To be aware of the relationship between the principles and practice of conscious sedation and general anaesthesia

Dr David Craig
What is Conscious Sedation?
David will describe the range of ‘Basic’ and ‘Advanced’ dental conscious sedation techniques currently available in primary and secondary care in the UK.
Learning Objectives:
To understand the principles of safe and effective conscious sedation using ‘Basic’ techniques (nitrous oxide / oxygen and midazolam)
To be aware of the indications for ‘Advanced’ conscious sedation (e.g. fentanyl + midazolam, propofol) and the additional requirements for services offering these techniques

Dr Najla Nizarali
Conscious sedation for the adult patient with midazolam
Najla will discuss the use of midazolam for conscious sedation in adults undergoing dental care.
Learning Objectives:
To explore the use of midazolam in conscious sedation for adults
To gain an understanding on how to assess, consent and administer midazolam for conscious sedation
To appropriately recover and discharge an adult patient following conscious sedation
Dr Ellie Heidari
A holistic care pathway for people with dental anxiety
Ellie will discuss the enhancement of patient management for people with dental anxiety, using the minimum intervention oral healthcare (MIOC) principles.
Learning outcomes:
To explain the impact of dental anxiety on oral health
To have an understanding of non-pharmacological and pharmacological options for care management and proposed patient management using minimum intervention oral healthcare (MIOC)
To have an understanding of MIOC’s domains
To have an overview of the overarching care pathway for people with dental anxiety

Dr Jennifer Hare
Cognitive Behavioural Therapy and the role of the dental psychology team in conscious sedation provision in SCD
Jen will provide an overview of how Cognitive Behavioural Therapy (CBT) can be used to support patients within a conscious sedation pathway in Special Care Dentistry. The integration of CBT and CBT-informed techniques will demonstrate the complimentary roles between non-pharmacological and pharmacological techniques.
Learning objectives:
To increase basic knowledge of CBT and its role within dental anxiety management
To raise awareness of how CBT and CBT-techniques can be incorporated into conscious sedation provision, with consideration of the role of a dedicated dental psychology service
To provide guidance on some CBT-techniques which may be used to support the patient in accessing dental care with conscious sedation

Dr Manisha Mistry
Intranasal Sedation and Special Care Dentistry
Manisha will describe the clinical use of intranasal sedation to aid cooperation and the delivery of intravenous sedation for the provision of dental care.
Learning Objectives:
To understand the clinical indications for intranasal sedation
To demonstrate techniques and administration of intranasal sedation
To discuss the benefits of intranasal sedation for conscious sedation provision in special care dentistry

Dr Bryan Kerr
Advanced conscious sedation techniques
Bryan will describe the clinical use of advanced sedation techniques used in a UK hospital setting as well as give an overview of current research into new sedatives and techniques.
Learning Objectives:
To understand the clinical indications and techniques used for advanced sedation techniques (including propofol infusion).
To be aware of new evidence for drugs and techniques for dental conscious sedation (e.g. Remimazolam / Dexmedetomidine)
Dr Shazia Kaka  
**Conscious sedation and the medically complex patient**  
Shazia will describe risk assessment and considerations for care when providing conscious sedation to the medically complex patient.  
Learning Objectives:  
To understand when conscious sedation techniques may be beneficial for medically complex patients  
To understand how to risk assess the suitability of conscious sedation techniques for the medically complex patient  
To provide practical tips on treating medically complex patients requiring conscious sedation

Dr Yvonne M. Rooney  
**Barriers to conscious sedation provision**  
Yvonne will discuss potential barriers to the use of conscious sedation techniques and how we may address them.  
Learning Objectives:  
To understand the patient, dental team and service related barriers to the use of conscious sedation  
To discuss challenges and recommendations to address barriers to conscious sedation provision

**Special Care Dentistry Case discussions**  
The Guy’s and St. Thomas’ team will facilitate case discussions relevant to the use of conscious sedation techniques for patients requiring special care dentistry.  
Learning Objectives:  
To practice application of conscious sedation knowledge in the treatment planning of patients requiring special care dentistry

Dr David Craig  
**Good practice in Conscious Sedation and SCD guidelines in the UK**  
David will outline the current UK National Standards (IACSD, 2020) relating to conscious sedation for dentistry. He will also describe likely upcoming changes.  
Learning Objectives:  
To understand the importance of following National guidance on conscious sedation  
To be aware that guidance is always evolving and that it is important to keep in step with developments

The French Rare Disorders network O-Rares is delighted to propose a one-day symposium prior to the main iADH conference. The premise is to present new research and advances in the domain of rare disorders involving orodental features, with participation of renowned speakers from various countries. A round table will discuss the importance and the implementation of multidisciplinary collaboration.

The following persons will present:

**Dr Johanna Norderyd, Jonköping Sweden**
The role of the dentist in diagnosing and treating patients with rare disorders

Sometimes it seems that it is a surprise that the oral cavity is part of the body, but we know different, don’t we? Teeth, mucosa, saliva and orofacial functions are often affected in both acquired and congenital conditions, secondarily if not primarily. This is a major reason why we need special dental health care. In addition, the dental professional can play an important role in the diagnostic process and for rare disorders, the dental contribution can sometimes be the last piece to complete the puzzle. Although there is rapid development of new methods for genetic analyses, the phenotype is still important. In this presentation, clinical examples will illustrate the significance of multidisciplinary collaboration in diagnosis of rare disorders. Dentists can make a difference.

**Dr Andreas Schulte, Witten Germany**
Interesting observations on patients with Fragile X-Syndrome

Fragile X-Syndrome belongs to the group of rare diseases and the incidence is one out of 3000 – 4000 births. Among these, the proportion of boys is about 90%. A gene change on the x chromosome, the Fragile X Mental Retardation 1Gene, is responsible for this syndrome. In all boys with Fragile X-Syndrome a learning disability of very different extent is present. In addition, different striking types of behaviour, e.g. hyperactivity, social timidity, echolalia and reduced body awareness are observed. Very often cranio-facial peculiarities can be seen, such as an elongated narrow face, big ear conches and mandibular prognathia.

In the frame of a scientific study members of the German patient organisation Fragile X-Syndrome were asked to complete a questionnaire on the provision of dental care for their family members with fragile X-Syndrome. Nearly 50% of the organisation’s members took part in the study and their family members with Fragile X-Syndrome were between one and 56 years old (mean age 21.0 years). The five main results of this study were: 1) In about one third of these families in more than one child Fragile X-Syndrome was diagnosed. 2) In 78% of the persons with Fragile X-Syndrome tooth cleaning takes places twice a day. 3) 59% of the caregivers reported that it had been difficult to find a dentist being familiar with the treatment of persons with learning disability. 4) In 50% of the persons with Fragile X-Syndrome the first visit at a dentist took place in the age between two and 5 years. 5) In 65% of the persons with Fragile X-Syndrome, so far, at once a dental treatment had to be carried out in general anaesthesia. As a consequence of these results, the number of dentists being able to provide a good dental care to persons with Fragile X-Syndrome has to be increased distinctly. Furthermore, it would be interesting to conduct the study mentioned above not only in Germany but also in other countries.

**Dr Stefan Axelsson, Oslo Norway**
New comprehensive European guidelines for persons with William’s syndrome of all ages.

It is essential to integrate oral health care into the comprehensive interdisciplinary follow-up of individuals with Williams Syndrome (Williams-Beuren Syndrome, WBS). Early oral health evaluation and regular recalls are important for the prevention of oral diseases and its complications, and for identifying dental abnormalities. A new comprehensive European guidelines for persons with WBS for all ages are under development. These guidelines are going to include different medical chapters as well as chapters about cognitive, social, and educational profile, adaptive behaviour and independence, improving outcomes and interdisciplinary cooperation. One chapter is dedicated to oral health and function. These guidelines on oral health and function are going to be presented at the seminar.
Dr Suzanne Krämer, Santiago Chile
External crown resorption in patients with syndromic amelogenesis imperfecta and rare diseases.
Failure of tooth eruption has been described in multiple reports of patients with syndromic amelogenesis imperfecta (AI). An example are patients with Junctional Epidermolysis Bullosa (JEB), a genodermatosis with skin fragility. In this presentation we will describe histological findings associated with this clinical picture, discuss different clinical cases, and present the prevalence of external crown resorption in a series of patients with hypoplastic AI and JEB due to laminin B3 mutations.

Dr Stefan Axelsson, Oslo Norway
Cardiovascular complications, craniofacial aberrations, impaired breathing during sleep, sleep disruption and fatigue in adults with verified Marfan syndrome.
Marfan syndrome (MFS) is a rare inherited disorder that affects connective tissue and affects several organs, such as the heart blood vessels, eyes and the skeleton. Sleep apnoea is more frequent in MFS than in the general population, and they have an increased risk of developing heart failure and aorta aneurysm and dissection. Obstructive sleep apnoea (OSAS) can aggravate cardiovascular disease and cause increased morbidity and mortality. Craniofacial aberrations is frequent in MFS, and this could contribute to OSAS. It is important with preventive medical treatment for OSAS in MFS. The participants in this study has gone through a comprehensive cardiac examination with echocardiography, an ENT examination including a sleepover polysomnography at the hospital, and a dental/craniofacial examination. In addition, the participants has done a MR examination of the aorta and a CT examination of the craniofacial sinuses. Questionnaires on sleep, oral health, and fatigue has been filled in at the 2-day visit at the hospital. Preliminary results from this study are going to be presented.

Dr Jacobo Limeres, Santiago de Compostela Spain
Wolf-Hirschhorn syndrome is a polymalformative chromosomal disorder caused by a deletion in the distal region of the short arm of chromosome 4. The disease is considered rare (1/50,000 births) and predominantly affects the female sex (2:1). In addition to the characteristic facial phenotype known as “Greek warrior helmet” facies, its clinical manifestations include epilepsy, developmental and psychomotor delay, intellectual disability, cardiac and respiratory complications, and eating problems. Based on our experience with patients belonging to the Spanish Wolf-Hirschhorn Syndrome Association and on the available literature, we describe the most prevalent oral findings and propose a number of recommendations to facilitate the dental management for these patients in the dental office. This practical approach can be useful in dealing with patients with other rare disorders.

Dr Elinor Bouvy-Berends, Netherlands; Dr Lisa Friedlander, France & Dr Clive Friedman, Canada
Ultra-Rare Bone Disorders - oral health implications and treatment approaches
A general introduction to the ultra-rare bone disorders will be given. A summary of the oral opening limitations in Fibrodysplasia ossificans progressiva (FOP) will be presented followed by clinical examples of patients with a limitation of mouth opening, the operative complications that result and possible solutions that may improve quality of life. Ongoing prevention throughout the lifecourse is the key to success for the oral care of these patients.

In partnership with:

Lisa Bengtsson and Anna Ödman Roussakis, Gothenburg, Sweden
Neuromuscular disorders and orofacial function from an interprofessional perspective
Eating difficulties, speech difficulties, reduced mouth opening, and malocclusions are common symptoms of several neuromuscular diseases, but how do they develop over time? Report from an ongoing follow-up study at the Mun-H-Center – national orofacial resource center.
Prof Agnès Bloch-Zupan, Strasbourg France

Personalized oral medicine: from the oral cavity to neurological disorders; the GenoDENT NGS panel experience.

Rare genetic neurological disorders are often challenging to diagnose. Anomalies of tooth number (hypodontia, oligodontia, anodontia), shape, size, mineralized tissue structure (i.e. enamel (amelogenesis imperfecta), dentine (dentinogenesis imperfecta, dentine dysplasia), cement, alveolar bone), eruption, and resorption may exist as isolated symptoms or diseases, but are often part of the clinical synopsis of syndromes including neurological features. Rare diseases per definition affect less than 1 in 2000 individuals. Due to the prevalence of neurological symptoms in rare diseases—the estimated 7,000 known rare diseases that lead to significant morbidity and mortality in 30 million people in Europe, a third are thought to include a neurological component and 900 presents with orodentofacial anomalies. Centers of expertise (CRMR O-RARES) or networks of centers of expertise (O-RARES, Filière TETECOU, ERN CRANIO..) are dedicated to the medical management and/or genetic counselling for one particular rare disease or a group of rare diseases. It is therefore important to recognize, appropriately name and integrate these oral dysmorphic clues into patient clinical dysmorphology analysis. Orodental phenotypes are being documented in the Dphenodent registry (7000 individuals for 215 diseases). We investigated patients' genotypes using next-generation sequencing (NGS) techniques such as targeted NGS assay “GenoDENT”, simultaneously interrogating 567 known and candidate genes in orodental diseases, and exome sequencing. We demonstrated the utility of these tools for the molecular and unexpected clinical diagnosis of a wide variety of syndromic neurological disorders, for example: neurodevelopmental disorder with spastic diplegia and visual defects (CTNNB1), Pitt-Hopkins (TCF4), Coffin-Siris (ARID1B), Kohlschutter-Tonz (ROGDI) syndromes presenting with orodental manifestations and therefore the ending of the family and patient diagnostic odyssey.

Dr Emmanuelle Noirrit Esclassan, Toulouse France

How do amelogenesis and dentinogenesis imperfecta psychosocially impact adolescents?

Dentinogenesis (DI) and amelogenesis imperfecta (AI) are rare genetic developmental abnormalities of the teeth that result in negative aesthetic and functional consequences. Their psycho-social impact has been little studied. We carried out a multicentric cross-sectional study to evaluate the impact of AI and DI on oral health - related quality of life (OHRQoL), exposure to bullying and dental anxiety in a population of youth aged 10 to 18 years followed in seven French national competence or reference centres in rare oral diseases. The « Filière de Santé Maladies Rares de la Tête, du Cou et des Dents (TETECOU) » supported this research. The study is based on a clinical examination assessing the severity of oral disability, an evaluation of socio-demographic characteristics and questionnaires to both adolescents (COHIP, Bullying and Cyberbullying Scale for Adolescents BCSA, CFSS-DS) and parents (MDAS, P-CPQ). The sample size of 76 subjects was calculated to evaluate the impact of bullying on OHRQoL. Descriptive statistics and multivariate analysis have been done with a significance level of 0.05. Our preliminary results suggest that adolescents are less anxious about dental care than their parents. Most of youth have a negative perception of their smile and suffer from tooth hypersensitivity. The COHIP score confirms their decreased OHRQoL. A small proportion reported school bullying and one was a perpetrator. Psychosocial impact of AI and DI should be explored by dental practitioners to develop psychological support in this specific paediatric population.

ROUNDTABLE
Multidisciplinary care and rare disorder networks
Dr Marie-Cécile Maniere & Prof Agnès Bloch-Zupan, France
Dr Hilde Nordgarden, Norway
Lisa Bengtsson, Sweden
Dr Elinor Bouvy-Berends, Netherlands
Von Willebrands Disease (VWD): what every dental team needs to know.

Up to 1% of the population suffer from von Willebrand Disease, making it the most common type of inherited bleeding disorder in the world. It affects both women and men, however, only a small number of people may be aware that they have the condition and diagnosis is often overlooked due to many reasons such as the lack of awareness of VWD by medical personnel and normalisation of symptoms by affected families. Since 2015, the EHC has made efforts throughout our various programmes and activities to address the gaps in the treatment and care of people with von Willebrand Disease who have often said that they feel isolated and that their disease, and its severity, can often times be overlooked or unrecognised: with adequate treatment, people with VWD can have a significantly better quality of life and improved health outcomes. However, there remains a gap in support, education, recognition, and the diagnosis of VWD. The dental team have a key role in identifying people with VWD though unexpected bleeding following dental surgery or periodontal treatment and aiding their pathway towards getting a diagnosis.

In this session:

Dr Alison Dougall,
From Ireland will describe the role of the dental team in identifying and supporting patients with VWD and providing safe dental care for patients living with a diagnosis of VWD from mild to the most severe phenotypes.

Manon Degenaar,
From the Netherlands will describe her families experience of living with severe type 3 VWD and describe contemporary pharmacological and psychosocial management of this complex disorder. She will also discuss the critical importance of maintaining a healthy mouth for people in her patient community, including addressing the oft held myths and beliefs around bleeding gums held by her peers and the teams that treat them.

Finally, Dr Lochana Nannyakkara,
From the UK will describe the challenges in managing periodontal challenges for patients who have VWD and will include case studies alongside tips and tricks for achieving haemostasis based on the best available evidence and protocols.
The haemoglobinopathies: what every dental team needs to know

This half-day session will give participants the opportunity to update their knowledge on the management of patients with haemoglobinopathies, notably Thalassaemia and Sickle Cell disease. It will be presented by: Dr Navdeep Kumar and Dr Hana Cho of the Eastman Dental Hospital, London UK. This will be an interactive session delivered through both didactic teaching to provide the background and groups sessions involving case studies and presentations.

The following learning objectives will be attained:
- To provide an overview and an update in relation to the medical management of haemoglobinopathies
- To enhance confidence in the management of haemoglobinopathies
- To undertake medical, social and dental risk assessments in relation to patients who have haemoglobinopathies
- To formulate treatment modifications in relation to patients who have haemoglobinopathies
Philippe Aubert, sociologist, consultant in disability matters, and patient representative
Quality matters- defining quality of care.

Philippe Aubert has a neuromotor disability, lives with athetotic cerebral palsy and communicates digitally. He holds a Masters degree in Sociology and is the founding member of the association “Rage d’exister”. He works as a consultant and a trainer in disability inclusive practices. He is a member of the French ministerial advisory committee for disability and is a militant defender of inclusion politics. And, along with the rest of the population, he is also a dental patient. He holds an incisive view of what dentistry should be doing for persons with disability and what “quality” means in terms of special care.

Work stream 2: Quality of care
Aiming for Equitable Oral Health Services around the world

Progress in terms of oral health policy and service structure is being made around the world in favour of vulnerable groups. The aim of this seminar is to look at different international examples where systems are in place that either provide high quality care for persons requiring special care or that have made recent advances or breakthroughs in terms of policy.

How have others managed to effect system-level change?

Work stream 1: Equitable outcomes

Dr Dympna Kavanagh, Chief Dental Officer, Ireland
Smile Agus Slainte; Oral health care for all : prioritising Special Care Dentistry within the Irish public dental healthcare system

The Irish National Oral Health Policy ‘Smile agus Slainte’ was published 2019 and is aligned with WHO strategy and ethos. It is the first Irish Oral Health Policy and requires a fundamental reform of the Irish Oral Health care system which has been in place since 1970. A central focus is the primary care model and the expansion of all services for the most vulnerable in Ireland and reducing inequalities.

Dr Siti Zaleha Hamsah, Kuala Lumpur Malaysia
The future of Special Care Dentistry (SCD) in Malaysia – Pillars of a 10 year projection.

Since the introduction of the SCD service in Malaysia within the Ministry of Health (MOH) facilities in 2011, the service has been expanding its unique approach positively and has shown significant impact in improving oral health care services for people with disabilities (PWD). The ten year projection of the SCD service focuses on strengthening and enhancing the discipline through service expansion, facility improvement, professional development and training, as well as increased manpower resources. This service expansion involves not only the dental disciplines but also collaborative efforts with other medical disciplines, such as geriatric and rehabilitative medicine, palliative care, physiotherapy, occupational therapy and anaesthesiology. The main pillar to the success of the SCD service in Malaysia is the continuous support of policy makers in the Oral Health Programme, MOH, which is the main oral health care services coordinator and provider in the country. It overlooks the needs of each dental specialty in relation to funding, facilities, postgraduate training sponsorship etc. It is further supported by enthusiasm and determination of the professionals within the SCD fraternity to achieve the common goal of reducing gaps and barriers for PWD to access the oral health services.

Dr Maureen Perry, Arizona USA
Career pathways in Special Care Dentistry in the US: Change is coming.

The United States has a complex history of caring for people with developmental disabilities. Deinstitutionalization, mainstreaming and other social movements that began in the 1970’s were not reflected in the dental curriculum. It was not until 2006 that the Commission on Dental Accreditation introduced a standard for predoctoral education requiring that graduates be competent to “assess” a person with special needs. The millennial generation grew up in an integrated society that included people with DD and fully expect to care for this part of their community. As this generation becomes politically powerful they are influencing change. In 2021, the American Dental Association approved a resolution that stated that “the Special Care Dentistry Association” should “…encourage the establishment of training programs in special needs dentistry”. This is a major step forward in the creation of training pathways for SCD dentists.
Communication in Special Care Dentistry

Communication is key to quality healthcare and to patient-dentist relationships. However, when verbal communication and/or comprehension are limited the dental team need to be able to use other techniques to prepare patients for treatment, to gain consent and to build a relationship. In the introduction to this conference the importance of equity, dignity and people centred approaches in the provision of quality healthcare will be highlighted. Communication is central to attaining these aims and in this seminar we explore communication in the widest sense, from the importance of terminology and language choices through to the provision of tailored, personalised written information through to non-oral/aural methods of communication.

Work stream 2: Quality of care

Dr Sasha Scambler, Kings College London, UK
Choosing words and making sure they are heard
In this presentation Sasha Scambler will talk about language choices and why these matter, exploring the underlying assumptions and biases behind the language that we uses on a day today basis in relation to disability.

Eleonore Brocart, CoActis, Paris France
Providing Personalised and Accessible Information
In this presentation CoActis will talk about the work that they are doing providing personalised, illustrated pamphlets to help prepare patients for medical or dental encounters and explain medical conditions. They will also talk about their work designing leaflets providing basic accessible information about certain pathologies or patient groups aimed predominantly at non-specialist professionals.

Maria Hall and Agneta Rubensson, Gothenburg, Sweden
Preparing children with neurodevelopmental disorders (NDD) for dental care – experiences from the interprofessional dental team at Mun-H-Center (a Swedish orofacial resource centre for rare diseases).
Many children with neurodevelopmental disorders have difficulties with participating in regular dental care. The use of pictorial support, both in the invitation letter and during the dental visit, and a structural program for familiarization to dental care with focus on a low arousal approach have been shown to be useful for many patients.
The significance of oral health in older age

Our world is ageing, and ageing fast. In response to the ageing global population, The United Nations General Assembly declared this decade (2021–2030) as the Decade of Healthy Ageing in December 2020, with the World Health Organisation asked to lead its implementation. In this symposium we provide an Evidence-Based overview of how Successful Ageing is conceptualised and operationalised in the oral health context. We will outline how caring for teeth and implants among older people presents a significant challenge, especially when patients become care-dependent. We will examine oral frailty of the mouth, and discuss how oral health influences nutritional status and how nutritional status influences oral health.

Prof Colman McGrath, Hong Kong
Successful ageing and oral health
The introduction to this seminar will present findings from a series of reviews (citation analyses, scoping and systematic reviews) relating to the concept of successful ageing: how it has emerged and how it is operationalised in the oral health context. To date, the focus has been largely unidimensional and primarily focusing on a biomedical model. The assessment of successful aging in the oral health context needs to be improved upon and how this can be achieved will be outlined – towards successful ageing and oral health.

Dr Gerry McKenna, Belfast, UK
The role of oral health in maintaining nutritional intake for older adults
As older adults lose natural teeth this impacts negatively on masticatory function and in turn, changes in food choices. Previous evidence has demonstrated that simply replacing missing teeth does not result in improvements in nutrition for this population group. Strategies for effecting positive behaviour change will be discussed including the results of a habit based dietary intervention coupled with oral rehabilitation for improving nutritional intake in partially dentate older adults.

Prof Frauke Müller, Geneva, Switzerland
Periodontitis and peri-implantitis in older dependent people
More and more older people are maintaining their natural teeth into old age, and the number of implants is also steadily increasing. Caring for these teeth and implants presents a significant challenge, especially when patients become dependent on care. Periodontal and peri-implant diseases occur more frequently in older people than in younger age cohorts. The reasons for the increase in periodontal infections may be related to poor oral hygiene due to loss of dexterity or vision, but also to immunosenescence. Infections such as chronic periodontitis can promote the development of chronic systemic diseases. In turn, treatment of periodontitis can improve overall health, as has been shown in diabetes. A second possible consequence of poor oral health is aspiration pneumonia, which is unfortunately not uncommon. Treatment options in old age should be evaluated in terms of general health and maintenance of teeth. Systematic periodontal maintenance therapy, as in younger age cohorts, should also be pursued in older people in need of care, even if this is difficult to implement due to logistics, barriers related to patients, caregivers or costs.

Prof Koichiro Matsuo, Tokyo, Japan
Oral frailty and oral hypofunction
This presentation will address the issues of deteriorating oral health with ageing that can lead to oral frailty. In turn, oral frailty has significant influence on systemic frailty and ability to function. It is suggested that an oral frailty prevention program could significantly contribute to successful ageing.
Orthodontics in Special Care Dentistry

In many countries, orthodontic treatment is still not systematically proposed to children with disability, either because the professionals lack experience with these patient groups or because the challenges seem just too great. The aim of this seminar is to show that orthodontic treatment is not only possible but can make a huge difference to special care patients.

Dr Stefan Axelsson, Oslo Norway
Challenges and barriers for orthodontic treatment, especially regarding children with mental and cognitive challenges.

To make orthodontic treatment more available to persons with disabilities, knowledge about the possibilities and limitations of orthodontic treatment must be included in the curriculum in the orthodontic speciality. The orthodontist should have a pragmatic view of orthodontic treatment and aims should be modified from the “ideal”, but still be an aesthetically acceptable and functional result. The complete knowledge about the prevalence of malocclusions in groups of persons with disabilities are not fully known, but reports suggest that the prevalence is much higher than in the general population. In addition, the severity of the malocclusions are higher and more complex. Thereby the orthodontic treatment needs are large. The most frequent aetiological factor is deviant orofacial function (breathing pattern, chewing, lip seal, tongue posture, and speech). These aetiological factors also has influences on the treatment goals, results and stability. It is therefore sensible for the orthodontist to seek collaboration with an oral motor function treatment team. The greatest challenges is patients with cognitive or learning disabilities. Use of different behaviour modification techniques, adjustments in the treatment setting, and sedation techniques must be included in the orthodontic treatment toolbox.

Prof Pedro Diz Dios, Santiago de Compostela Spain
Orthodontic treatment of patients with rare diseases: a single-center experience

A considerable number of rare disorders presents orofacial manifestations, which require dentists to assume a special responsibility in the diagnostic phase and in these patients’ clinical approach. Based on our experience at the Santiago de Compostela University (Spain), the first aim of this lecture is to report the most prevalent dental anomalies, oral function limitations and skeletal problems in patients with rare diseases. Moreover, the orthodontic diagnosis of the patients referred to our Department in recent years will be detailed and the most relevant aspects of the orthodontic treatment of a series of over 50 patients with rare disorders will be discussed. In summary, for selected patients with rare disorders, it is feasible to perform orthodontic treatment, although it has a number of peculiarities such as the need for prior desensitization sessions or the onset of oral and technical minor complications.

Dr Asa Mogren and Dr Christina Havner, Göteborg, Sweden
Orofacial dysfunction and malocclusion

Orofacial dysfunction and malocclusion often coexist. A relationship between them has been observed in several studies. This presentation will focus on which orofacial symptoms to recognize and how to assess and handle orofacial dysfunction and malocclusion in the multiprofessional team.

Dr Suzanne Krämer and Dr Sebastián Véliz, Santiago, Chile
Orthodontic treatment in patients with Epidermolysis Bullosa

Inherited Epidermolysis Bullosa (EB) is a heterogeneous group of genetic disorders with skin fragility, characterized by reduced resistance of skin and mucosa to mechanical trauma. Severe types of EB may present orofacial manifestations such as microstomia, ankyloglossia, severe obliteration of the labial and buccal vestibule, depapillated tongue, perioral granulation tissue and vesiculobullous lesions, transforming orthodontic treatment in a challenge. To date, orthodontic information is scarce with few publications about orthodontic interventions in this group of patients. The special care group of the University of Chile will share their experience developing orthodontic interventions in this patient group.

Disparity of care has always been a concern. The COVID pandemic drew attention to the gross oversight and under attention to health with those with Intellectual and Developmental Disabilities. We will look at some cases and concerns from the States that highlight some disparities and how we were able to advocate for change. We will talk about lessons learned from the past and what we can do for the future to ensure equity. I will share my experiences as a Special Olympics Global Clinical Advisor and President of the American Academy of Developmental Medicine and Dentistry on advocacy efforts. We will have time to discuss national and international concerns for those with IDD and work locally and globally to be heard.
Dr Benoit Varenne, Oral Health Lead, World Health Organisation, Geneva

WHO and Oral Health – how to ensure equitable health outcomes.

Dr Benoit Varenne will describe the recent giant steps forward for the global oral health agenda, including the new Resolution on Oral Health that was adopted in May during the 74th session of the World Health Assembly, the Global Oral Health Strategy which will go to the WHO executive board in January 2022 and which is to be translated into an action plan for public oral health by 2023. The implications of these advances in terms of reducing inequalities for vulnerable groups will be discussed and the opportunities for ensuring equitable oral health outcomes presented.

Work stream 1: Equitable outcomes

Darryl Barrett, Technical Lead for Disability, World Health Organisation, Geneva

WHO and Disability – how to ensure equitable health outcomes

Dr Darryl Barrett will describe the recent advances in the disability agenda at WHO. A Resolution calling for the “The highest attainable standard of health for persons with disabilities” was adopted by the World Health Assembly in April 2021, and a Global report is due for 2022. The implications of these advances in terms of reducing oral health inequalities for persons with disability will be discussed.

Work stream 1: Equitable outcomes

It is hoped that these two ‘sister’ presentations will open an animated discussion on how to integrate notions of disability into the non-communicable disease and oral health agendas and vice-versa.
DASCR (IADR) and Behaviour Support in Dentistry

The iADH has a memorandum of understanding with the Dental Anaesthesiology and Special Care Research group (DASCR) of the International Association of Dental Research (IADR). Both organisations aim to encourage and support research in special care dentistry. This seminar will present the DASCR group in order to promote participation of iADH members within IADR and vice-versa, and to improve the visibility of special care dentistry in research internationally. In addition, details will be given of the group’s current project BeSiDe (Behaviour Support in Dentistry) that aims to improve the science, education and practice of behaviour support in dentistry.

Dr Carilynne Yarascavitch, Toronto, Canada
IADR, DASCR and iADH
The IADR (International Association for Dental Research) hosts a specific group called DASCR (Dental Anaesthesiology and Special Care Research). This recent group presents a new direction within IADR and was formed to create a home on the highest stage for research from our discipline. iADH has a memorandum of understanding with DASCR to promote research in Special Care Dentistry. This seminar offers a great opportunity for synergy between members of both groups.

Dr Caomhin Mac Giolla Phadaig, Dublin, Ireland
Behaviour support in dentistry
DASCR have created the BeSiDe (Behaviour Support in Dentistry) research network. This project aims to explore the many aspects of behaviour support that we all take for granted and participants will be invited to help shape our future understanding of this field. The session is aimed at all colleagues with an interest in ways to support patients to receive dentistry.
Key concepts in Oral Health Promotion design

This seminar will provide comprehensive insight into existing oral hygiene interventions for people with intellectual disability and evidence to guide both practical and theoretical approaches for the design, implementation and evaluation of future oral hygiene interventions. Examples of best practice in the field will be discussed.

Dr Catherine Waldron, Dublin Ireland

What does the evidence tell us about what needs to change in relation to the development and evaluation of oral hygiene interventions for people with intellectual disabilities?

The removal of dental plaque by daily toothbrushing plays a major role in preventing tooth decay and gum disease, the two main causes of tooth loss. Toothbrushing is a skill, it needs to be done regularly and may require special tools; it can be difficult for some people to brush well enough to prevent these oral diseases. People with intellectual disabilities (ID) may require help with their toothbrushing and the people who care for them may need training to help them. In order to gain a greater understanding about the effectiveness of oral hygiene interventions targeting people with ID, and how, why, when and for whom they work, we undertook a Cochrane Review of oral hygiene interventions alongside a Realist Review, which had a particular focus on carer-led interventions. The presentation will outline the key findings of the two reviews, providing a comprehensive insight into existing oral hygiene interventions for people with ID and evidence to guide both practical and theoretical approaches for the design, implementation and evaluation of future oral hygiene interventions for people with ID.
Understanding oral health inequalities in special care dentistry

Populations requiring special care dentistry are not only underserved but often also have increased risk factors for poor oral health. Health professionals need to realise that these risk factors are not a matter of personal choice, but that they are related to the social determinants of health i.e. the conditions in which people live, learn, work and age. This seminar aims to resume current knowledge with relation to the social determinants of oral health and their interaction with disability. The results of a qualitative study involving adults with disability and complex medical conditions will serve as a base to describe the social and environmental factors affecting the oral health of these individuals. Finally, examples of good practice in co-design and co-production of health initiatives will be described that can help to break down the barriers created by social context.

Prof Georgios Tsakos, London, UK
Social determinants and vulnerable groups: the cliff-edge of oral health inequalities
The focus on health inequalities has brought forward the role of the social determinants theoretical model. The relevant research documents oral health inequalities across age groups, populations and settings, but relatively little is known about the pathways that can help understand inequalities and even less about the policies and interventions to address them. Vulnerable groups in society have much worse oral health, representing the cliff-edge of inequalities; however, they are not equally “visible” in either the research or the policy agenda. The role of the different aspects of the social determinants model is essential to address this gap.

Dr Denise Faulks, Clermont-Ferrand, France
An exploration of the social and environmental context of adults with disability and complex medical conditions
Persons with disability and/or with complex health conditions are disproportionately impacted by the social, societal and environmental determinants of health. Whether affected by acquired illness, developmental disability or trauma, the majority have ongoing issues with education, employment, relationships, financial independence, medical care and societal attitudes, amongst other risk factors for poor oral health. The influence of these determinants will be unpicked using data from a recent qualitative study in which adults participated in in-depth interviews relating to their perceptions of the mouth and factors influencing oral health.

Prof Paul Brocklehurst, Bangor, Wales
The use of co-design when developing oral health interventions or services
Understanding the challenges of both service providers and the users of these services is critical if we are to successfully implement practices to improve oral health. Co-design adopts an inductive paradigm of partnership working, positioning research as a creative enterprise that has human experience at its core. Engagement is key and helps address the challenges related to the translation and implementation of interventions in complex organisational settings. By identifying and understanding how different stakeholders' subjective experiences are shaped as they engage with the health service, it is possible to better design these services. A number of examples will be provided of how to engage and work with stakeholders using this inductive paradigm.
The airway, disability and dentistry

Neuromuscular and neurosensory disorders, whether acquired or developmental, can affect a person's capacity to protect the airway when swallowing. Dysphagia, aspiration and silent aspiration are all factors to be taken into account when providing dental treatment and oral hygiene measures. This seminar will address the problems faced and the techniques that can be used to minimise the risk of aspiration. In addition, the assessment of anaesthetic risk will be discussed for patients requiring dental treatment under general anaesthesia. The impact of sleep apnoea will be discussed and the role of the dentist in the prevention and treatment of this condition presented.

Dr Ria Prasad, London UK
The impact of neuro-disability on oral health, the delivery of oral care and dental treatment

Providing oral care and dental treatment for individuals with a neuro-disability can be complicated for a number of reasons. Many patients with a neuro-disability have very limited mouth opening, reduced oral access, oral hypersensitivity, dysphagia and strong bite reflexes. Individuals may also have involuntary movements, cognitive impairment and reduced tolerance to care. This presentation looks at the challenges we face when delivering oral and dental care for individuals at the Royal Hospital for Neuro-disability in London, and how we manage those challenges.

Dr Avanti Karve and Dr Clare Farrell, Sydney Australia
Airway and Anaesthetic Risk Assessment in persons with intellectual disability

Airway and Anaesthetic risk assessment in persons with intellectual disability is often complicated by known and more importantly undiagnosed underlying health conditions. This joint presentation explores the discussion between the medical and dental teams in stratifying anaesthetic and dental disease risk in planning the optimal care pathway for dental management under general anaesthesia. We hope to share our experiences by presenting data from our long-standing multi-disciplinary clinic at Westmead hospital—a large quaternary care hospital in Western Sydney and exploring the concept of changing anaesthetic risk with case based examples.

Dr Delphine Wagner, Strasbourg, France
Sleep apnoea hypopnea syndrome in children with disabilities

Sleep apnoea syndrome (SAS) in children is defined by interruptions in ventilation (apnoeas) or reductions in ventilation (hypopnea) lasting at least 10 seconds related to upper airway collapse. Ronchopathy has been associated with this syndrome, to form a set of symptoms called sleep apnoea hypopnea syndrome (SAHS) in 2015 by the European Respiratory Society. The aetiology is multifactorial and a distinction is made between central and peripheral origin, called obstructive sleep apnoea OSA. This sleep-disordered breathing is encountered in 1-4% children and increases to 13% in obesity. Its systemic and oral consequences are numerous. In children, the semiology is specific compared to adults. Indeed, repercussions on neuro-cognitive development, learning and behaviour are described in addition to cardiovascular, endocrine, immune, staturo-ponderal consequences. The clinical suspicion of OSA is most often raised when symptoms such as snoring, hyperactivity, inattention, breathing stops and failure to thrive are present. Predisposing factors of OSA include adeno-tonsil hypertrophy, maxillary and mandibular growth deficits, overweight and neuromuscular disorders. OSA is more frequently encountered in patients with disabilities, such as achondroplasia, syndromic craniosynostosis, Pierre Robin sequence, cleft lip and palate, Treacher Collins syndrome, pycnodysostosis, rare skeletal dysplasia… Severe obstructive sleep apnoea is common in children with Down syndrome. Polysomnography is the gold standard for the diagnosis of sleep apnoea syndrome. In children, the obstructive apnoea-hypopnea index (oAHI) is graded as follows: mild=1 ≤ oAHI < 5; moderate=5 ≤ oAHI < 10; and severe=oAHI ≥ 10. The multidisciplinary management involves specialists in sleep medicine, ENT, dentofacial orthopaedics, allergology or dietetics. Many invasive and noninvasive treatment options have been proposed, which include noninvasive mechanical ventilation (continuous positive airway pressure or non-invasive ventilation), adenotonsilectomy, rapid maxillary expansion, mandibular propulsion…
Prof Young J Kim, Korea
Connecting bridges for disability and oral health among Asian countries
This seminar was prepared by the Asian Association for the Disability and Oral Health (AADOH). AADOH was organized mainly by three core societies; JSDH, TADOH and KADH and expanded to all the Asian countries. In the vast region of Asia, the Special Care Dentistry (SCD) in these three core societies has developed by working together with similarities and differences. AADOH has leading roles in SCD for Asian colleagues and proposes several successful models available in each country. In this symposium at Paris congress, eight presenters from AADOH will present as below; Dental Home establishment, Education, Treatment Strategy for the people with intellectual disabilities in Asia, Legal support and establishment of demonstration centers of special needs dentistry by government, National health insurance system and specialty accreditation for SND, The Learning Satisfaction and Effectiveness of Virtual reality (VR) Training System on Elderly Oral Care, Establishment of Education and Practice System for SCD in Japan, Evidence based practice in SCD and Dysphagia and Oral Health Management.
AADOH, together with iADH, will lead the expansion and academic exchange of dental care for people with disabilities in Asia.

Work stream 1: Equitable outcomes

Prof Young J Kim, Korea
Dental home establishment for people with special needs
1. It is important to establish dental home as oral health safety nets for people with special needs.
2. The collaboration of dental associations and government as well as other countries (AADOH) is critical to set up the dental home for people with special needs.
3. This talk will provide an overview of the designing process to define essential services for people with special needs.

Prof Donghyun Kim, Korea
Treatment Strategy for the people with intellectual disabilities in Asia
1. Although Intellectual disability is not the largest proportion of the 15 types of disability in Korea, intellectual disability is one of the most commonly treated disabilities in the field of SCD.
2. In the rehabilitation of the intellectually disabled, it is important to consider the improvement of learning ability and adaptive ability. Based on this, in order to improve adaptability and learnability in the SCD field, various considerations and efforts through trial and error are required.
3. A well-organized oral health care delivery system is considered one of the crucial factors that enhance adaptive capacity for the patient with intellectual disability in the SCD area.

Prof Shun-Te Huang, Taiwan
Legal support and establish of demonstration centers of special needs dentistry by government and dental professional
1. Legal support is a base for Ministry of Health and Welfare to develop the special care dentistry.
Prof Chia-Yi Jan, Taiwan
National health insurance system and specialty accreditation for SND
1. The National Health Insurances System (NHIS) of Taiwan is mandatory for all citizens including people with disability.
2. Only a few dentists were willing provide dental treatment for population. The Dental Association of Taiwan (DAT) proposed an additional payment system for hospitals included in NHIS.
3. Under permission of government the DAT proposed dental care in institutes for disabled. Basic and advance education courses for dentists every year is provided and make the budget from dental part of the NHIS for additional payment of dental treatment for disabled from 2007.

Prof Hsiao-Ling Huang, Taiwan
The Learning Satisfaction and Effectiveness of Virtual reality (VR) Training System on Elderly Oral Care
1. The use of virtual reality (VR) technology in higher education has been regarded as a promising development because its combination of immersive and interactive features enables experiential learning.
2. VR has played a key role in the revolution in medical training during the COVID-19 pandemic, when face-to-face training was not possible due to nationwide lockdowns.
3. This talk will provide the effects of VR training with oral health care curriculum modules on oral hygiene students’ provision of oral health care for disabled elderly.

Prof Shoji Hironaka, Japan
Establishment of Education and Practice System for SCD in Japan
1. The Japanese SCD system is built in close collaboration between the university and the local dental association.
2. JSDH has established a system of certified physicians, specialists, and supervising physicians out of nearly 4,000 members.
3. We are building a system to support special care patients living in the community in cooperation with dental hygienists and other occupations as well as dentists.

Prof Mami Endoh, Japan
Evidence based practice in SCD
1. Evidence is needed in dental practice including treatment and oral care.
2. There are many researches regarding SCD in Japan.
3. Basic and clinical research need collaboration for SCD. AADOH conference would like to share the findings.

Prof Koichiro Matsuo, Japan
Dysphagia and Oral Health Management
1. Maintaining oral health is essential for older individuals to live longer healthy life.
2. Supporting eating function by dental professionals maintains or improves the QOL in patients with dysphagia.
3. Team approach with the other disciplines enhances the quality and efficacy of oral health care.
Reaching out in Special Care Dentistry
By definition, special care dentistry involves reaching out to vulnerable populations that may not present spontaneously to oral healthcare services. This seminar will give examples of good practice from around the world with examples of domiciliary care services, services for indigenous populations, and homeless persons.

Work stream 1: Equitable outcomes

Dr Martha Paisi, Plymouth UK
Dental services for people experiencing homelessness
The presentation will introduce the context that led our team to focus on improving dental care access and provision for people who experience homelessness. It will describe the research that has been conducted by our team and how the research findings were used to inform the development of a dedicated clinic for people experiencing homelessness. The care pathway will then be presented, along with an evaluation of the impact and acceptability of the clinic, the barriers and facilitators to using and providing the service. The presentation will finish with implications for service provision and research recommendations.

Dr Dasera Raj, Malaysia
Domiciliary oral healthcare in the pearl of the orient: a Malaysian experience.
Domiciliary oral healthcare services are relatively new in Malaysia. Currently, within the Ministry of Health (MOH) Malaysia, this service is only carried out by specialists in Special Care Dentistry (SCD) from three hospitals: Hospital Kajang (Selangor), Hospital Seberang Jaya (Penang) and Hospital Raja Perempuan Zainab II (Kelantan). The service in Hospital Seberang Jaya (HSJ) started in 2014 concurrently with the establishment of Special Care Dentistry Service in Penang in the same year. The journey from humble beginnings through to its current achievements did not fall short of obstacles and challenges. Administrative challenges, logistics issues, patient factors, clinical complications and the impact of the pandemic are some of the most noted challenges faced. The service has benefited numerous patients who would have otherwise been unable to access care and to date has provided nearly a hundred visits since its inception. We will highlight and share our experience of providing domiciliary oral healthcare in Penang, Malaysia’s Pearl of the Orient.
Dr Andrew Lee, Sydney Australia
Special Care Dentistry in Remote and Regional Australia
Aboriginal and Torres Strait Islander Australians are over represented in almost every measure of disease. Almost half of all Indigenous men and over a third of women die before they turn 45. With children as young as four dying from Rheumatic Heart Disease and a prevalence of one in 20, Maningrida, one of Australia’s largest remote Indigenous communities has the highest incidence of this disease in the world. Hospitalisation and death rates related to cardiovascular disease are almost twice those of non-Indigenous Australians. Indigenous Australians are four times more likely to develop type 2 diabetes, five times more likely to be hospitalised from the resulting chronic kidney disease and are 3.6 times more likely to die from this disease as non-Indigenous Australians. In Australia, virtually all Indigenous adults living in rural locations have periodontal disease and have a caries prevalence ranging from 46% to 93%. Eight out of every 10 children in the Northern Territory have experienced caries. However, of most concern is that Indigenous Australians are more likely to develop oral malignancies, stay in hospital for longer and have a poorer outcome. Why then are Indigenous Australians so blighted by poor health? How do these co-morbidities impact the provision of oral health services and what are we doing about it? Associate Professor Lee discusses two decades of clinical work in the Northern Territory of Australia and his choice to teach at Australia’s only dental school established for the express purpose of training and preparing oral health professionals for rural and remote practice.

Joanne Hedges, Adelaide Australia
Examples of good oral health practices from Aboriginal Australian health and dental health organisations.
Access and utilisation of culturally appropriate dental services is vital for all Aboriginal Australians. Aboriginal Australians are not as entitled and privileged in gaining access to the equivalent oral health services and standards when compared to other Australians. Statistically many Indigenous Australians live in rural or remote regions. This is particularly relevant in South Australia, making it difficult for those in these areas to have even practical access of oral health services. Major oral health inequities means Aboriginal Australians have significant higher incidence of oral disease. Toothaches, gum disease, tooth loss, and associated infections of general health issues are extensively complicated by untreated or inadequate oral health care. Access to oral health services plays a major role in improving the overall health and life expectancy of Aboriginal Australians. In the 1970’s Aboriginal Australians fought across Australia to gain sovereignty over their health. The outcome was the establishment of Aboriginal Community Controlled health services. In addition, fighting for Aboriginal representation within major health and oral health organisations. A means to support, advocate and maintain cultural security for all members of their Aboriginal community in a modern day colonial, racial, neoliberalism controlled Australian society. With this presentation we are proud to showcase the dignity, spiritual and cultural relationships, the Aboriginal Community Controlled Health services and representatives within oral health organisations are contributing. Skills in being adaptive and flexible, using knowledge and experience of working with Aboriginal members of the community, creating trusted relationships, tailoring dental health information, follow up, concerns, and support at a pace that is manageable for their Aboriginal client, families and community.
Special Smiles, Special Olympics

Special Smiles, Special Olympics are an international association that have a memorandum of understanding with iADH. The Special Smiles discipline of Healthy Athletes provides comprehensive oral health care information, including offering free dental screenings and instructions on correct brushing and flossing techniques to participating Special Olympics athletes. This seminar will discuss their work and ways of getting involved around the world.

Confirmed speakers:
Prof Luc Marks, Groningen Netherlands

Work stream 2: Quality of care
How very early intervention can improve long-term outcomes
Dental professionals are traditionally reticent to provide treatment for very young, pre-cooperative children. This seminar an example where very early intervention can be beneficial to long-term outcomes. Dr Natacha Linas will provide evidence that full mouth rehabilitation for severe early childhood caries has a significant impact on nutrition, growth and development in very young children.

Work stream 2: Quality of care

Dr Natacha Linas, Clermont-Ferrand, France

Improvement of masticatory capability after full-mouth comprehensive dental treatment under general anaesthesia for severe early childhood caries
Recent studies suggest that oral health, and in particular the integrity of sensory information from teeth receptors, is an important determinant of mastication development in the preschool period. Any dental alteration or dental rehabilitation could affect masticatory function and thus influence growth and nutritional status. In this seminar, Dr Natacha Linas will present the results of a one-year follow-up study exploring, for the first time, the progression of masticatory capability in children following comprehensive dental treatment for severe early childhood caries (ECC-S). She will provide evidence that full mouth rehabilitation for ECC-S has a significant impact on mastication. Links with nutrition, growth and development will be developed within this particular population as well as in other special needs populations.
Dr Alison Dougall, President of IADH
Recognising the value of our expertise.

People requiring Special Care Dentistry (SCD) are those with a disability or activity restriction that directly or indirectly affects their oral health and is impacted by the personal and/or the environmental context of the individual. These groups are often underserved and they experience higher levels of oral disease and historically the oral disease they experience remains untreated placing additional burden on their lives, compared to the general population.

Most dental care for people with disabilities is not complex and can be provided in primary care and community settings by a dental workforce making: reasonable adjustments to the way that care is provided and with a positive attitude to diversity.

However, there remains a cohort of people with severe disabilities and complex conditions requiring more than a good attitude or some extra time to ensure the quality of their care. These patients will require a comprehensive, holistic approach by highly skilled teams in specially equipped units using a variety of behavioural supports and training in the ethical and legal aspects of treatment planning.

It is important that the skills of people providing this level of care are valued and recognised by their peers. Whether social care dentistry is recognised as a specialty is probably less important than ensuring that professionals providing this care are valued, supported and adequately funded in the services they provide. Likewise, the educators providing training and the researchers investigating a wide range of disability and quality of life issues along with translational and clinical research, to inform the evidence base in this emerging area, are of great importance.

This talk by the President of iADH will discuss the value of our members contributions and describe how the new iADH Fellowship will allow people to document and prove their expertise and experience. The fellowship is also designed to guide those less experienced members how to chart their self-directed learning and gain the skills required to make a difference to the oral health of people with disabilities throughout their career.

This speech will be followed by the iADH Fellowship Awards ceremony.
Identifying populations requiring Special Care Dentistry
In many countries around the world, structures and policies are evolving to explicitly provide services for persons with SCD. One of the problems encountered has been the identification of populations requiring special care dentistry in terms of administrative health rights. The iADH has proposed a project to develop an International Case Mix tool that could be used in such a context. This project will be presented, along with examples of longstanding and more recent tools that are now being used around the world.

Work stream 1: Equitable outcomes

Dr Marie-Sophie Bogner and Dr Denise Faulks, Clermont Ferrand France
Development and use of the French Case Mix tool as an instrument to justify additional payment for Special Care Dentistry
The vast majority of dentistry in France is funded via the national social security system that pays dentists on a fee-per-item basis. A new French dental public health measure provides a financial incentive for dentists receiving patients with disability, in the form of a 100€ supplement paid by the social security system directly to the dentist. Demand for the financial incentive is justified on completion of the French Case Mix tool for each patient encounter. The tool consists of a seven-point questionnaire relating to the degree of adaptation to conventional care the treatment session required. This recent measure has made a huge difference to pre-existing SCD services in terms of financial stability but its impact on increasing access to care in general practice is still to be evaluated.

Dr Arunadevi Ramasamy, Malaysia
Measuring Complexity in Patients with Special Needs Attending Special Care Dentistry (SCD) Clinic in Malaysia using adapted BDA Case Mix Model
In 2019, British Dental Association (BDA) developed a case mix tool for measuring patient complexity to aid commissioning and evaluation of special care services. This Case Mix Model identifies various challenges in patient complexity and every episode of care is measured separately to reflect the different complexities for the individual patient depending on the nature of each episode. Realizing that this original BDA tool cannot be used in Malaysian setting, a small study was conducted among the 7 SCD specialists as well as 10 general dental practitioners (GDP) who managed patients with special needs on daily basis, to test the original tool. Permission was granted from BDA prior the conduct of the study. Each component was tested and discussed thoroughly based on their understandings, current practice as well as the local rules and regulations. It was then modified accordingly and utilized for people with special needs attending SCD clinic to demonstrate the challenges and work load of the general dental practitioners and specialists. This data will be used to relate the complexity of the dental patients seen at the SCD clinic in Malaysia and the estimation of the number of specialists, GDPs with special interest and auxiliary dental staff required in managing such patients in the future development of SCD service.
Dr Trudy Lin, Adelaide Australia
Assessment of a case mix tool for stratification of public dental patients with disability in South Australia.
An assessment of a case mix tool for stratification of public dental patients with disability in South Australia was undertaken with the aim of enabling greater access to oral healthcare for people with Special Needs. A retrospective analysis of 131 dental records was conducted, comparing the assessment of patient complexity determined by an experienced Special Needs Dentistry Specialist with the British Dental Association Case Mix Tool and the simplified Case Mix Tool. The results of this research has led to development of an Australian version of the case mix tool, contextualised for use in Australia, currently undergoing implementation as a referral tool within the public sector of South Australia in 2022, and with the future aim of implementation across the whole of Australia.

Prof Gustavo Molina, Cordoba Argentina and Hong Kong
Towards an international Universal Case Mix Tool for special care dentistry
Some countries have attempted to develop ‘Case Mix’ tools to describe the complexity of the management of patients with special needs. These local tools have mostly been produced to justify additional financial resources or for service commissioning. A validated, universal tool could effectively identify the adaptations required for dental service provision and for individual patient care; it could provide clear epidemiological data for service policy and planning; it could justify resource deployment for education and necessary adjuncts (such as sedation and general anaesthesia services); it could provide practical guidelines for the orientation and referral of patients between primary, secondary and tertiary dental services; and it could thus lead to more efficient and equitable distribution of oral health services and outcomes for people with special care dental needs. Such a tool is urgently needed in order to better meet the oral health needs of people living with frailty and special care dental needs. The iADH is the best placed organization to develop a universal case mix tool as it has an established track record in harnessing global expertise in special care dentistry. The scientific committee of iADH is currently exploring means of developing such a tool. This intervention will give an update on this process.
Education in Special Care Dentistry
The iADH Education Committee will run this seminar. The session will open with an EC review of the use in the last 10 years of the iADH Undergraduate Curriculum document. Also, the EC will report on the undergraduate student’s perspective about their training in SCD. In addition, trends of best practice in teaching and education in SCD from around the world will be showcased. Examples will include community teaching in SCD for dental schools in the USA, and a continuing professional development SCD e-learning programme for primary care dental teams. The target of the program is to guide dental teams in delivering appropriate tailored services and improving access for marginalised people. An open round of comments and questions to the speakers will follow. In the last part of the seminar, submitted abstracts that have been selected for the Education research award will be presented. Dr Jacobo Limeres Posse, of Santiago de Compostela, Spain, will chair the session.

Work stream 1: Equitable outcomes

Fatimah Alsayer, UK
iADH Undergraduate Curriculum - application of the curriculum around the world
In 2012, the iADH developed the “Undergraduate curriculum guidance in Special Care Dentistry” through a consensus process involving leading experts in special care dentistry from 32 countries. The initiative started as a response to the multiple requests from universities worldwide. Graduates in Dentistry were increasingly likely to see a significant number of patients with complex additional needs during their practicing career. The aim was to ensure that graduates have the knowledge, confidence, and willingness to provide dental care for this patient group. This can be achieved by ensuring special care dentistry is included in their undergraduate dental curriculum. The document was launched as a guide for educators and universities, so they could incorporate it in their educational framework and teaching. It is now 10 years since the introduction of the iADH document, and the iADH educational committee thought that this could be an interesting milestone to analyse the path the document has taken, the degree of implementation, and if implemented whether that’s complete or partial implementation by universities across the globe. Furthermore, we wanted to explore what universities valued most of the document and what they would like to improve within the document. Another area of focus was finding out the difficulties some universities may face in their attempt to implement some of the strategies that were addressed in the document. The survey was designed to look into these areas of interest and was sent to universities worldwide. During this lecture, we will present our main survey findings and potential future plan for an updated document reflecting current changes and views.
Mas Suriyalis, Malaysia
iADH Undergraduate Curriculum - student’s perspective
The “iADH Undergraduate curriculum in SCD” document has been developed and made available since 10 years ago. At this juncture, the iADH Education Committee considers that a debate on the updating of its contents is necessary. The views of the universities and educators, and also the students (as recipients of the teaching process) on the current SCD training offered in dental schools, as well as its future implementation, must therefore be investigated to kickstart this initiative. This presentation will discuss findings of a survey undertaken by the iADH Education Committee on student associations across the world, to learn about their perceptions of SCD training in the undergraduate dental curriculum. Findings of this study would lead to identification of areas in the “iADH Undergraduate curriculum in SCD” document for improvement and further development, aimed at preparing the future dental practitioners with sound knowledge, competent skills and positive attitudes in managing patients with special healthcare needs.

Maureen Perry, USA
Best practice in teaching SCD
Dentistry is largely learned experientially. Watch one, do one teach one is an old strategy for clinical teaching. During didactic classes, however, students can be more challenging to engage. Active learning strategies can be used to engage students in learning special care dentistry. Facilitated literature review, muddiest points, disability awareness exercises, and case discussions can all be utilized to make the classroom more fun while developing empathy and understanding and hopefully igniting the spark for special care in the next generation of providers.

Siobhan Stapleton and Danielle McGeown (Ireland)
"Every Smile Matters": an e-learning programme for primary care dental teams in Ireland
The National Oral Health Office Ireland in collaboration with colleagues from the HSE’s Dental Services has developed an e-learning programme called ‘Every Smile Matters’ for primary care dental teams. Every Smile Matters aims to promote oral health for children and adults with disabilities, and vulnerable groups. Inclusivity and diversity are the underpinning principles within the programme guiding dental teams in delivering appropriate tailored services and improving access for marginalised people. The Every Smile Matters programme comprises of six 30 minute modules with supporting panel discussions involving Specialists in Special Care Dentistry from the HSE Dental Services and the iADH. It includes highly relevant content set in an Irish context, and is based on the iADH curriculum for undergraduate training. Every Smile Matters goes live on HSeLand, the national e-learning platform for all healthcare settings April 2022 with certification generated on completion of the programme. The programme also fulfils the criteria for Irish Dental Council structured CPD accreditation.

Open debate with all speakers
iADH Education Research Competition presentations
Optimising Research in Special Care Dentistry

Traditionally, people with disability or hard-to-reach groups have been implicitly and explicitly excluded from participation in health care research. This seminar is proposed by the iADH Scientific committee with an aim of providing advice and guidance for researchers who wish to design appropriate research protocols involving vulnerable groups. The challenge of how to design inclusive exclusion criteria for clinical and public/population health research will be addressed. In addition, the question of the choice of oral health outcomes will be posed. Many of the standard epidemiological or subjective oral health measures may not be appropriate for use with certain population groups or may be misinterpreted. The challenges of undertaking qualitative research with hard-to-reach groups will be discussed. A panel of researchers active in special care dentistry research will be available to share experiences and address specific research issues/challenges. The appropriate reporting of research will be outlined in line with special care dentistry research journals' guidelines/statements. It is hoped that the debate will improve the confidence of researchers to design appropriate, inclusive research protocols.

Work stream 1: Equitable outcomes

Prof Georgios Tsakos, London, UK
Oral health outcomes - does one size fit all?
This presentation will discuss whether the oral health outcome measures used as standard in surveys and other research studies of the general population are relevant to SCD. It will look at what oral health outcomes are commonly used in general population surveys and in studies of vulnerable population groups, what aims of data collection are commonly stated, and how the outcome measures are commonly interpreted. This will lead to a discussion of how helpful these outcome measures are, or not, in terms of needs assessment, individual treatment planning and population health planning. The implications for research in the context of disability and other vulnerable groups will be addressed and questions asked regarding the next steps for research and its “translation” into clinical practice and public health action.

Dr Jan Owens, Manchester, UK
Inclusive exclusion criteria in oral health research
Including people with different abilities is challenging for researchers, but not impossible because there are degrees of inclusion. Taking a social model of disability approach identifies that there are a number of factors preventing inclusion in research. These range from a lack of knowledge and understanding about research methodologies to a fear of working with people with different abilities, stemming from a lack of exposure. Lack of awareness of power and inequality in relationships is a barrier and the need to build trusting relationships to enable inclusion and inclusive research outcomes is essential. Trust is increased through both participation in research design and participation in the study. Researchers may lack understanding about ethical procedures, which risks doubly disabling people, particularly when negative perceptions of disability are pre-existing. Then there are impairment related challenges, such as communication impairments, which rely on the skills and adaptability of researchers. This presentation gives examples from research with adults and children with intellectual and physical disabilities, describing the challenges and solutions to creating an inclusive study.
Dr Sasha Scambler, London, UK
Qualitative Research in Special Care Dentistry
Qualitative research is a valuable but underutilised approach to understanding the needs and experiences of disabled people in relation to their oral health and oral health care in SCD. Adopting a social model approach which contextualises the experiences of disabled people in relation to the barriers that they face accessing quality care, this presentation is split into three parts. In the first part the potential for a qualitative approach to improve understanding of the experiences of the patient population and to allow researchers to answer important questions of relevance to policy and practice will be discussed. In part two, a brief overview of current qualitative studies in SCD will be presented and evaluated. The final part will look at what can be done both to strengthen qualitative research and research skills but also to better integrate this approach into the evidence base for SCD. At its best, qualitative research can challenge the norms and assumptions of SCD practice, by foregrounding and contextualising the service experience of disabled people and identifying barriers to care.

Roundtable
The presentations will be followed by a panel discussion with the audience including the three speakers joined by:
Prof Gustavo Molina (chair of the iADH Scientific committee)
Prof Pedro Diz Dios (member of the committee and editor of SCD journal)
Prof Colman McGrath (member of the iADH Scientific committee).
Digital dentistry at the service of SCD

This seminar will aim to give an overview of the wider applications of digital oral health in SCD. It will be necessary to ensure that the patient is at the centre of all new developments, but digital applications can now facilitate the logistical problems of reaching vulnerable populations and organising effective care, through teleadministration, teletriage, teleconsultation and telementoring. A review of applications within dentistry will be presented. A unique programme using intra-oral imaging within institutional settings will be described, with discussion of the feasibility, acceptability, legality and reproducibility of the project on a wider scale.

Work stream 2: Quality of care

Janneke Scheerman, Amsterdam, Netherlands

Opportunities for digital technologies to promote oral health

People with severe disability often require intensive and long-term care. For these care-dependent people, it is often difficult to consult an oral health care provider, while this group has a higher risk of contracting oral diseases, such as caries, gum disease and/or oral cancer: the need for preventive and curative oral health care is therefore high. The World Health Organisation (WHO) find it important that care is effectively organized around the patient. Digital technologies for providing remote (oral) care can increase access to care, organize care more efficiently, improve interprofessional communication, detect oral diseases in time and improve (oral) health. Despite all the advantages and the wide range of digital technologies for improving oral care, digital technologies for providing remote (oral) care have hardly been implemented to promote oral health in people with disabilities. Dr. Janneke Scheerman will present the opportunities of digital technologies for oral health promotion.

Dr Sharat Chandra Pani, Ontario Canada

Teledentistry as a tool to improve access to dental care for individuals with Special Health Care Needs

Teledentistry has been described as the use of telehealth systems and methodologies in dentistry. The growing advances in both intra-oral cameras and mobile phone cameras; combined with greater access to high-speed internet meant that by 2019 there were validated technologies available for the implementation of teledentistry. However, the COVID-19 pandemic has expanded the way teledentistry has been used and greatly improved the acceptability of this modality among both practitioners and regulators. This presentation seeks to review the different technologies available for the implementation of teledentistry. The presentation will also focus on reliability, security and regulatory issues with each of these technologies.

Dr Nicolas Giraudieu, Montpellier France

8 years feedback from a teledentistry programme for patients with specific needs: e-DENT Project

The e-DENT project was launched in 2014 in Montpellier (France). The aim of this project is to undertake oral teleconsultation. The University Hospital of Montpellier proposed facilities for disabled and/or elderly people, and prison populations, to participate in remote oral consultation with a specific intra-oral camera using fluorescent light. During this lecture we will discuss the feedback from the project. We will mention the clinical aspects, legal aspects, organizational aspects and the political aspects of this project.

Emilie Gueguinou, Montpellier France

The e-DENT Project for teledentistry from a medico-social point of view.

A physical, cognitive, or mental disability presents significant challenges to an individual in gaining access to a coordinated program of preventive, primary, and secondary health care services, especially for oral health. A French study noted that 24% of people with disabilities could not access to health care in 2021, including 13% for care dentistry. ADAGES, a social and medico-social association in Montpellier (South of France), wanted to develop project to improve oral health of people with disabilities in facilities. To attend this goal, the association ADAGES developed since 2 years an oral health program in collaboration with the University-Hospital of Montpellier consisting in an oral telemedicine (or teledentistry) project, actions of oral prevention and specific training. What was the key steps to ensure the success of this project and to deliver quality cares? What were obstacles and project facilitators to finance, to implement and to evaluate in different facilities with different disabilities?
What has SCD ever done for dentistry?

To some members of the dental profession, Special care dentistry appears a discipline of compromise because they are unable to imagine or recognise the skills necessary to provide high quality dental treatment in challenging conditions. What such detractors don’t realise is the potential that SCD has to develop very real expertise, understanding and innovation that is applicable to ALL dental patients. Prof Hennequin will give examples of knowledge moving from SCD to conventional dental practice and encourage SCD dentists to be vocal and confident in defending the inherent value of the lessons learnt from special practice.