DOWN SYNDROME CONNECTION OF THE BAY AREA · EMPOWERMENT CONFERENCE

Dental Care Beyond the Chair

Oral Health in Down Syndrome

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Before we start — a little about me

Founder, Home Sweet Hygiene

Portable preventive dental care for people with disabilities and complex needs

Dental Coordinator, Valley Mountain Regional Center

Helping individuals and families navigate access to dental care

Most of what I'll share today comes from what I've learned alongside patients and families.

What I Hope You Leave With Today

- Why oral health deserves special attention in Down syndrome
- How oral health connects to overall health
- Why successful dental care can look different
- Options you may not know are available
- Practical tools you can try right away

Different paths. Same goal.

SECTION 1

Why Oral Health Matters

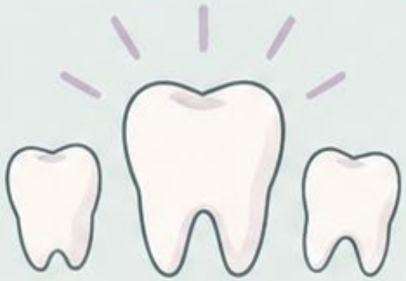
Especially for Down syndrome

Oral Health & Down Syndrome: What We Know

Gum disease is more common

Differences in immune and inflammatory response can make people with Down syndrome more susceptible to periodontal (gum) disease.

Teeth can develop differently

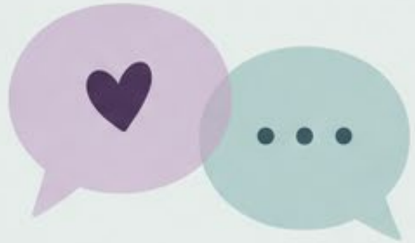


Teeth may come in later, some may be missing, smaller, or have different shapes. Spacing and bite differences are also more common.

Muscle tone plays a role

Low muscle tone can affect chewing, swallowing, lip closure, tongue position, mouth breathing, and overall oral function.

Communication matters



Pain, discomfort, or the need for a break may be communicated differently for each person — verbally, with signs or AAC, or through changes in behavior.

Why Gum Disease Shows Up More Often

It's rarely one cause—it's usually a few factors layered together:

Biology

Differences in immune function and inflammatory response can increase susceptibility to gum inflammation and periodontal disease.

Home care access

Sensory needs, motor challenges, or needing hand support can make daily oral care harder.

Access to care

Finding a provider who can adapt an exam or cleaning isn't always easy so preventive care may be delayed.

Cavities and Gum Disease Are Different

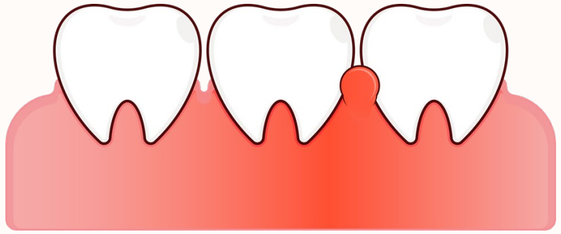
Cavities

- Affect the tooth itself
- Plaque bacteria + sugars can produce acids that damage the tooth
- Can lead to pain or infection if untreated

TOOTH = THE HOUSE

Gum Disease

- Affects the gums and supporting structures around the teeth
- Begins with plaque bacteria along the gumline and inflammation
- If it progresses, it can damage the bone supporting the teeth
- Advanced disease can eventually lead to loose teeth or tooth loss



GUMS + BONE = THE FOUNDATION

A tooth can be cavity-free and still have gum disease.

Why Plaque Removal Matters

PLAQUE

Soft, sticky bacterial film that forms on teeth.

Daily brushing and cleaning between teeth helps remove it.

CALCULUS / TARTAR

Plaque that has hardened onto the teeth.

Once hardened, it needs to be removed professionally.

People with Down syndrome are more susceptible to periodontal (gum) disease. Differences in immune and inflammatory response mean controlling plaque is especially important.

HOME

Remove plaque every day.

DENTAL VISITS

Professional cleanings remove buildup that home care cannot.

FREQUENCY

Some may benefit from more frequent visits, based on individual needs and their provider's guidance.

SECTION 2

The Mouth-Body Connection

Why gum health is part of whole-body health

Your Mouth Is Part of Your Body

ORAL HEALTH AND OVERALL HEALTH ARE CONNECTED

A healthy mouth

IT GOES BOTH WAYS

Supports a healthier you

INFLAMMATION

Gum disease creates chronic inflammation in the tissues around the teeth.

BACTERIA

The mouth contains bacteria, and unhealthy gums can allow bacteria and their products greater interaction with the rest of the body.

TWO-WAY CONNECTIONS

Overall health can affect oral health, and oral health can be associated with overall health.

Oral health isn't separate from health.

One Modifiable Piece of the Bigger Picture

The mouth is connected to the rest of the body—chronic gum inflammation is linked to several other areas of health:

Heart Health

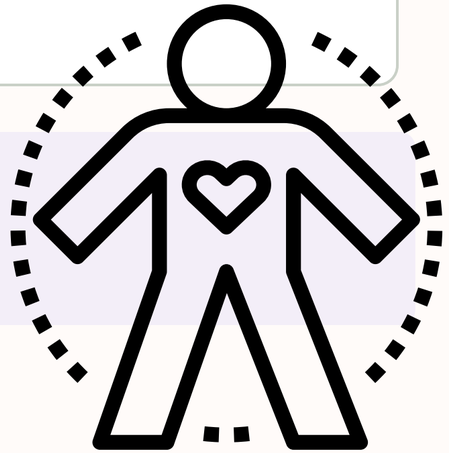
Periodontal disease is associated with cardiovascular disease, although a direct cause-and-effect relationship has not been established.

Blood Sugar

Diabetes and periodontal disease have a two-way relationship—each can make the other harder to manage.

Brain Health

Periodontal disease has been associated with cognitive decline and dementia, but this is still an evolving area of research.



The goal isn't fear. It's another reason to make oral health a priority.

SECTION 3

Why Dental Care Can Look Different

Understanding what's getting in the way – and what we can change

The Iceberg of Access

What a missed or difficult dental visit looks like from the outside and what's really going on underneath.

ABOVE THE SURFACE

"They wouldn't open their mouth."
"It's just easier not to go."

BELOW THE SURFACE

- Sensory needs related to sound, light, taste, touch, or mover
- Communication differences or a need for extra processing ti
- Past trauma or a previous painful/scary visit
- Difficulty finding a provider who will adapt
- Cost, transportation, or scheduling barriers

The Appointment Is Only Part of the Story

WHAT THE DENTAL TEAM SEES

A 1-hour appointment

WHAT MAY HAVE HAPPENED BEFORE

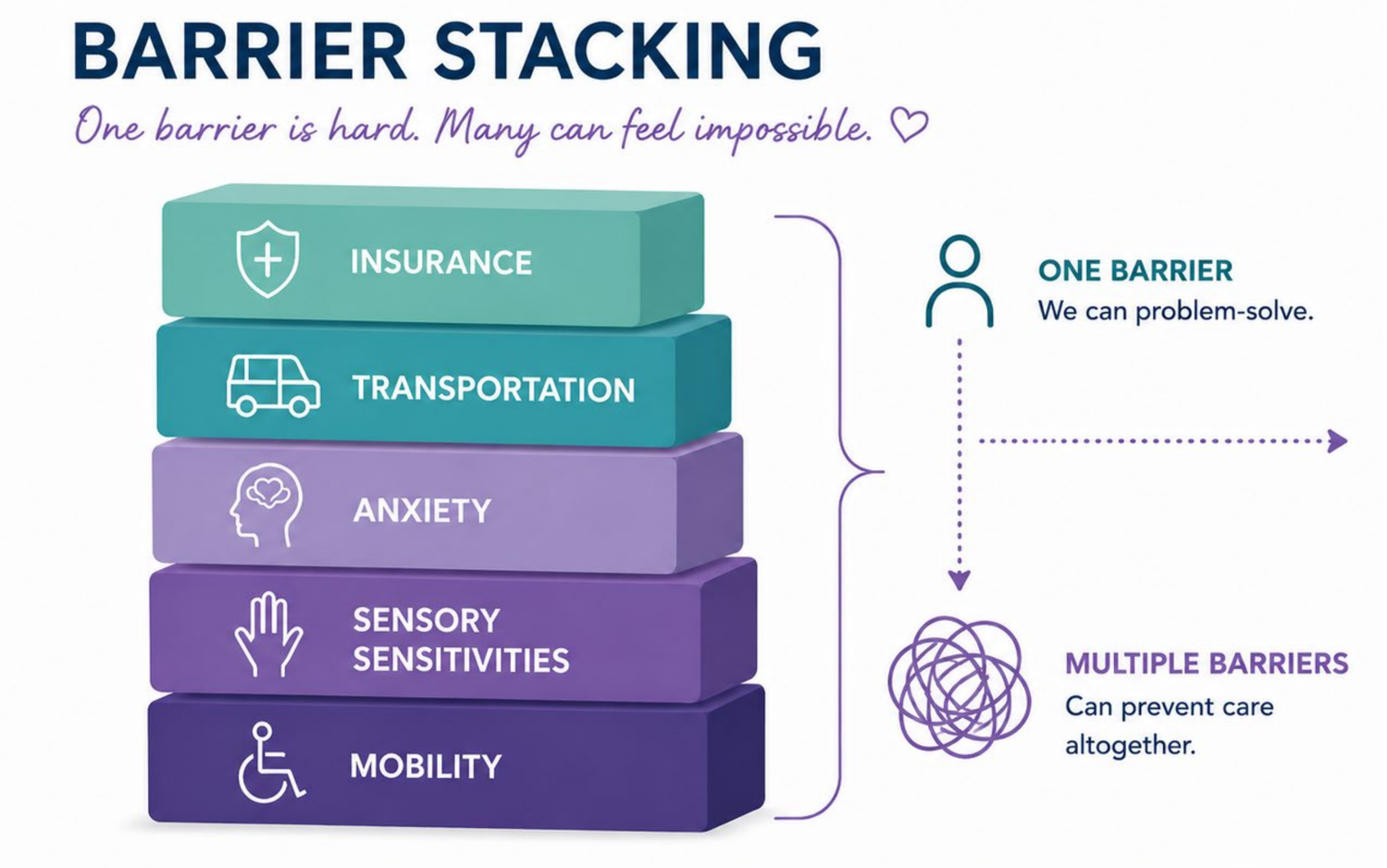
- Preparing for a change in routine
- Talking about the appointment
- Visual schedules / social stories
- Transportation
- Time away from school or work
- Managing anxiety or uncertainty
- Medications, meals, or other routines
- Rearranging an entire day to make it happen

Access starts long before someone sits in the chair.

Barrier Stacking

Rarely is it one barrier. Usually, several stack on top of each other:

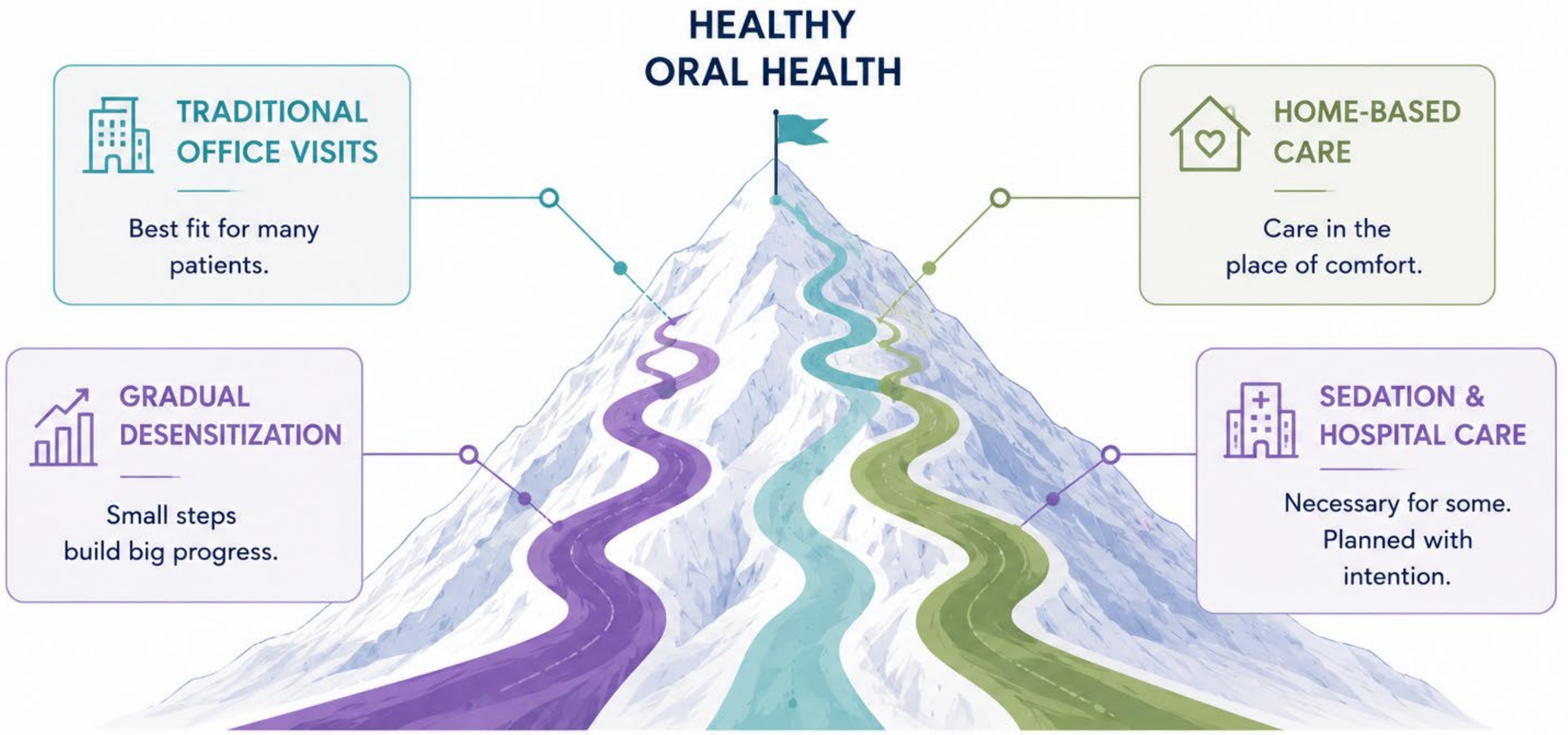
The more barriers that stack, the harder care becomes—even when everyone is trying their best.



The Mountain

THE MOUNTAIN: SAME DESTINATION, DIFFERENT PATHS

The goal is oral health. The path is unique to each person. ♡



Different paths. Same destination. *All lead to better oral health.*

The Spectrum of Care

There isn't one right setting for care the same person may move across this spectrum depending on the day. We'll go deeper on several of these next.

Desensitization visits

Short, low-pressure visits building comfort and trust over time—no treatment pressure.

In-home / portable care

Preventive cleanings & exams in a familiar, comfortable environment.

Traditional office + supports

A dental office with extra time, sensory tools, and an adapted approach.

In-office sedation

Oral, nitrous, or IV sedation used to safely complete care in the office.

Hospital / general anesthesia

Full treatment completed safely in a surgical setting when needed.

None of these is a "better" option - the right one is whichever gets safe, effective care to actually happen. The right option may change over time.

Measuring Success Differently

A full cleaning	Two comfortable minutes
Complete x-ray series	One successful image
Everything today	One step we can build on

Progress counts.

SECTION 4

What Else Is Possible?

Options you may not know exist.

Trust Before Treatment

Building trust is not a delay before real care starts—it is real clinical progress.

A successful first visit might simply be:

- Meeting the provider and the space
- Seeing and touching the instruments
- Sitting in the chair — nothing more
- Allowing a quick look
- Communicating "stop" and having it honored

Building Comfort Before Treatment

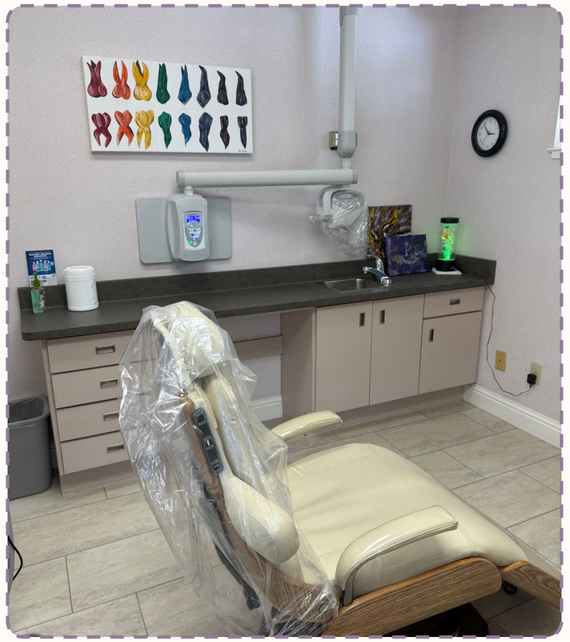
North Bay Regional Center

Napa, California

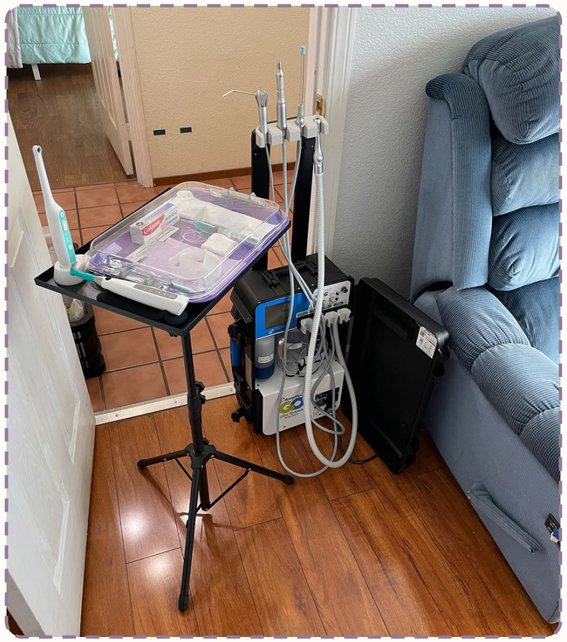
Sometimes the goal isn’t treatment. It’s preparing someone for treatment.

Care Can Happen in Different Settings

Appropriate preventive dental care may happen in more places than you'd expect.



Traditional dental office



Home

Group home

Day program / community setting

What Portable Dental Hygiene Can Look Like

Same goal. Different setting.

Teledentistry & Intraoral Cameras

A small camera can capture photos or video inside the mouth. This can help with:

- Triage—figuring out how urgent something is
- Sharing information with a dentist remotely
- Deciding what type of visit is actually needed
- Coordinating care between providers
- Letting the person and their support team see exactly what the provider sees

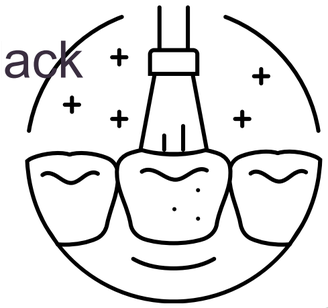
This doesn't replace an in-person exam when one is needed—it helps figure out what kind of visit makes sense.

Minimally Invasive Options: SDF & ITR

Sometimes stopping disease and preventing pain is the next best step while we work toward longer-term care.

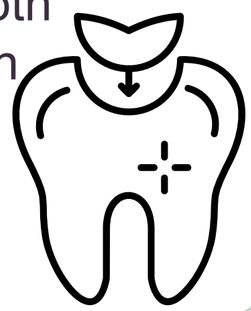
SDF (Silver Diamine Fluoride)

- Painted onto certain areas of decay
- No drilling to apply
- Can help arrest the cavity
- Decayed area turns dark/black



ITR (Interim Therapeutic Restoration)

- Removes/cleans out decay as tolerated
- Places a tooth-colored restorative material
- Can stabilize and protect the tooth
- May require less equipment than traditional restorative care



These aren't replacements for definitive treatment when that's possible—they're real options when it isn't, yet. Sometimes, the next goal is to stabilize disease safely.

SECTION 5

Practical Strategies You Can Use

At home. At the dentist. Starting now.

Finding the Next Best Yes

When a full goal isn't possible today, we look for the **next best yes**—the smallest next step that still moves care forward.

Couldn't open their mouth today? Maybe we count teeth with a finger. Couldn't tolerate a cleaning? Maybe sitting in the chair for the first time is the win.

Small wins build the trust that makes bigger steps possible later.

Help Us Know You

✓ How do you communicate "stop" or "I need a break"?
✓ What helps you feel safe?
✓ What sensory experiences are difficult?
✓ What has worked at previous dental or medical visits?
✓ What time of day tends to work best?

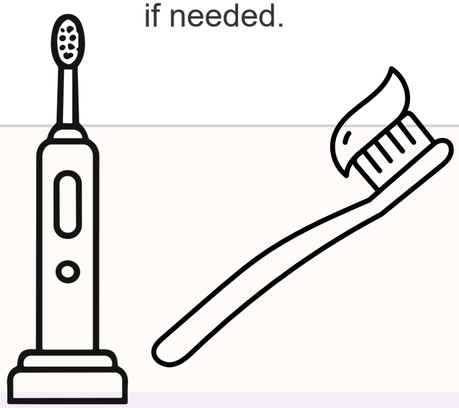
The person and the people who know them best are part of the dental care ~~team~~not just the provider.

The Basics Matter

Start with the goal. Then adapt how we get there.

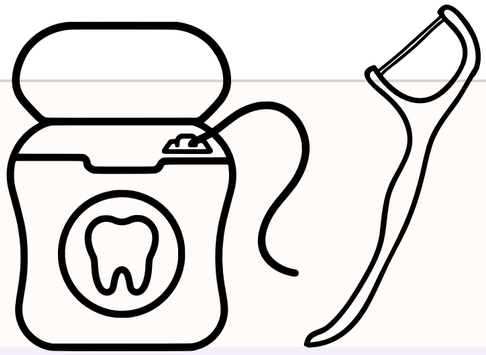
Brush

Twice a day with toothpaste. Focus along the gumline. Support is okay if needed.



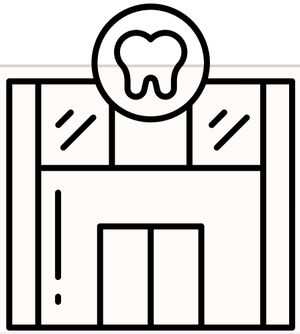
Between the Teeth

Clean daily when possible floss, floss picks, or interdental brushes. Use what works for the person.



Professional Care

Regular exams and cleanings. Ask the provider if more frequent visits fit this person's needs.



Watch for Changes

- Bleeding or swollen gums
- Persistent bad breath
- Pain or eating changes
- Loose teeth
- New behavior or brushing changes

Consistency matters more than perfection.

Make Home Care Work for You

Small product swaps that make daily care easier. No single one is required, try what fits.

Brushing

Toothpaste

Positioning & Support

Between Teeth

The best tool is one you'll actually use.

Building the Daily Habit

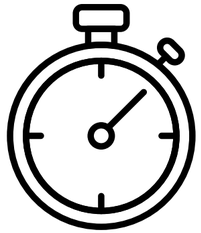
Break it down

Brush one section at a time with breaks, rather than expecting two full minutes straight through.

1/4

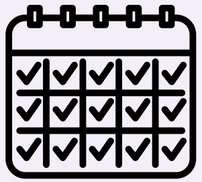
Keep it consistent

Same time, same place, same order every day — predictability itself is calming.



Pair it with a habit

Connect brushing or flossing to something already in your daily routine. One habit can become the reminder for the next.



Do it together

Brushing side by side, or letting the person lead part of the routine, builds independence and buy-in over time.

Consistency matters more than perfection.

When You Need More Support

You don't have to figure out the next step alone.

YOUR DENTAL TEAM
What else could we try?

ADDITIONAL SUPPORT
Desensitization • different settings • interdisciplinary car

REGIONAL CENTER
Ask what dental resources are availab

FREE CAREGIVER TOOLS
www.homesweethygiene.com
Practical oral health strategies + caregiver resources

If You Remember Four Things...

Oral health is whole-body health.
The mouth is part of the body.

There is more than one way to access care.
Different people may need different paths.

Small steps are still progress.
We're building the path, not lowering the goal.

You are part of the dental care team.
Your voice, preferences, and experience matter.

Thank You

Questions & Conversation

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