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DECA SA POSEBNIM POTREBAMA U STOMATOLOŠKOJ ORDINACIJI

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SAŽETAK

Kod osoba sa smetnjama u razvoju prisutan je nesklad između očekivanih aktivnosti i njihovih mogućnosti, što ograničava ili onemogućava učestvovanje u mnogim segmentima života u poređenju sa njihovim zdravim vršnjacima. Zbog toga je potreban poseban pristup u stomatološkoj ordinaciji prilikom plana i izvođenja stomatološkog tretmana. Uloga stomatologa u održavanju i unapređenju zdravlja usta i zuba kroz primenu adekvatnih i redovnih preventivnih, profilaktičkih i terapijskih mera kod osoba sa posebnim potrebama izuzetno je važna, jer ishod stomatološkog preventivnog ili terapijskog tretmana kod pripadnika ove osetljive i često stigmatizovane grupe pacijenata treba da bude isti kao kod zdravih vršnjaka prema deklaraciji o ljudskim pravima Ujedinjenih nacija. Uz poznavanje karakteristika opšteg oboljenja, potrebno je da stomatolog poseduje određena znanja i veštine iz oblasti psihologije kako bi prilagodio svoj pristup potrebama pacijenta. Rad na unapređenju i očuvanju oralnog zdravlja dece s posebnim potrebama uključuje rad stomatologa na nivou primarne, sekundarne i tercijarne zdravstvene zaštite u zavisnosti od potreba i mogućnosti pacijenta. Timski rad i multidisciplinarni pristup, uz saradnju stručnjaka različitih profila i specijalnosti, je jedini pristup koji daje zadovoljavajuće rezultate.

Ključne reči: deca, posebne potrebe, obrazovanje, stomatologija

Uvod

Prema Američkoj akademiji za dečiju stomatologiju u stomatološke pacijente sa posebnim potrebama se svrstavaju osobe sa telesnim, razvojnim, mentalnim, senzornim, bihejvioralnim, kognitivnim ili emotivnim poteškoćama koje zahtevaju posebnu intervenciju od strane lekara kao pripremu za isplaniranu stomatološku intervenciju i/ili korišćenje posebnih tehnika, metoda i zdravstvenih usluga (1). Ovakva stanja mogu biti posledica urođenih, razvojnih ili stečenih oboljenja, trauma, delovanja faktora sredine, koji onemogućavaju redovno i svakodnevno samostalno održavanje oralne higijene i ograničavaju aktivnosti pojedinaca. Izjednačavanje pojmova „osobe sa posebnim potrebama" i „osobe sa smetnjama u intelektualnom razvoju" je pogrešno i neetično, budući da nisu sve posebne potrebe uzrokovane teškoćama u razvoju.

Prema izveštaju Svetske zdravstvene organizacije 10-15% osoba na svetu pripada osobama sa disabilitetom, zbog „dugoročnih fizičkih, mentalnih, intelektualnih ili čulnih oštećenja koja u interakciji sa raznim preprekama mogu ometati njihovo puno i efikasno učešće u društvu na jednakoj osnovi sa drugima", kako se u Konvenciji Ujedinjenih nacija definišu osobe sa disabilitetom ili sa posebnim potrebama (2). Prilikom sveobuhvatnog posmatranja ljudskog zdravlja i bitnih determinanti zdravlja, kod ovih osoba postoji nesklad između očekivanih aktivnosti i njihovih mogućnosti, što ograničava učestvovanje u mnogim segmentima života u poređenju sa njihovim zdravim vršnjacima (3). Pacijenti sa posebnim potrebama u stomatološkoj ordinaciji dečjeg stomatologa

REVIEW ARTICLE

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CHILDREN WITH SPECIAL NEEDS IN THE DENTAL OFFICE

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SUMMARY

People with disabilities may experience negative relation between their own personal potentials compared to environmental expectations and potentials of healthy peers in terms of functional participation and activity limitations. Therefore, they usually need an individualized dental treatment plan. Dentists have an important role in maintaining and improving oral health in this vulnerable group. Having in mind the United Nation's Declaration on Human Rights, patients with disabilities have human rights to achieve equal health outcomes as their healthy peers. Therefore, all preventive, prophylactic, and therapeutic interventions need to be carefully planned. In addition to precise medical history, the dentist should also have basic psychological knowledge to adjust the approach to patient's needs. Improving the oral health of patients with disabilities involves a primary, secondary, or tertiary level of oral health care, depending on patient's abilities and needs. The team work and a multidisciplinary approach, with the cooperation of experts of different profiles and specialties, is the only approach that gives satisfactory results.

Keywords: Children, special needs, education, dentistry

Introduction

According to the American Academy of Pediatric Dentistry, dental patients with special health care needs are persons with physical, developmental, mental, sensory, behavioral, cognitive or emotional impairment that requires special medical intervention as the preparation for the planned dental intervention and/or use of specialized techniques, methods and health care services (1). Such conditions may be congenital, developmental or acquired through disease, trauma or environmental cause, and they limit or disable daily life activities such as performing oral health care or eating without any help. Making the terms "*people with special needs*" and "*people with intellectual disabilities*" equal is incorrect and it is not ethical because special needs in dental office involve broad group of circumstances not all caused by developmental disabilities.

According to the report of the World Health Organization, 10-15% of people in the world belong to persons with disabilities, due to "*long-lasting physical, mental, intellectual or sensory impairment, which in interaction with various obstacles, may disable their complete and efficient participation in the society on an equal basis with others*", which is the definition of persons with disabilities or special needs from the United Nations Convention (2). When health and determinants of health are observed in a comprehensive way, in persons with disabilities disharmony between expected activities and their abilities may be experienced, which limits the participation in various segments of life in comparison to their healthy peers (3). Patients with special needs in the pediatric dental office include a wide spectrum of vulnerable and often stigmatized persons, who need a special approach when planning and performing the dental treatment in order to achieve therapeutic success (1).

Beside the main health difficulties, which they suffer from, persons with special needs may

obuhvataju široku grupu osetljivih i veoma često stigmatizovanih osoba prema kojima je potrebno primeniti poseban pristup prilikom planiranja i izvođenja stomatološkog tretmana kako bi se postigao uspeh terapije (1).

Van osnovnih zdravstvenih poteškoća od kojih pate, osobe sa posebnim potrebama se mogu osećati zadovoljno i zdravo – a uz adekvatne i pravovremene informacije mogu ostvariti svoj pun potencijal zdravlja (4). Dakle, uz rane profilaktičke mere, preventivne savete o održavanju oralne higijene i pravilnom dijetetskom režimu, i uz dodatnu pomoć roditelja, staratelja ili negovatelja, prilikom održavanja oralne higijene, moguće je ostvariti pun potencijal oralnog zdravlja kod osoba sa posebnim potrebama. Ipak, podaci iz prakse i literature ukazuju na loše stanje oralnog zdravlja dece sa posebnim potrebama u Srbiji, veliki broj nesaniranih zuba i prisustvo komplikacija oralnih oboljenja (5). Smatra se da postoji više razloga za ovakvu situaciju, a u osnovi je otežana dostupnost stomatološke zdravstvene zaštite zbog nedovoljnog broja stomatologa obučenih i voljnih da pružaju usluge ovoj osetljivoj grupi pacijenata, otežana saradnja stomatologa sa pacijentima, ograničena količina resursa, nedovoljna zdravstvena svest roditelja/staratelja/negovatelja o značaju održavanja oralne higijene, odsustvo socijalne podrške, itd (6).

Osobama sa posebnim potrebama je potreban dobro obučen stomatološki tim koji je u stanju da kadrovski, vremenski i znanjem pruži potrebnu podršku ovoj osetljivoj grupi pacijenata (7). Upravo zato poseban značaj ima dodiplomska i poslediplomska obuka stomatologa – utvrđeno je da sveobuhvatna i multidisciplinarna obuka studenata osnovnih studija i zdravstvenih radnika na poslediplomskim studijama povećava broj mladih lekara koji će biti sigurni u svoje znanje, praktične veštine i veštine komunikacije, kako bi pružili jednaka prava na stomatološke usluge svim pacijentima (8). Savremena obuka prema međunarodnim smernicama daje značaj multidisciplinarnom i holističkom pristupu gde su osoba i njene mogućnosti, a ne oboljenje i ograničenja u centru interesovanja (9).

Osnovni cilj ovog preglednog rada je da istakne značaj obuke budućih stomatologa i poslediplomske obuke/kontinuirane edukacije doktora stomatologije kako bi svaki stomatolog od primarne do tercijarne zdravstvene zaštite omogućio dostupnost preventivnih, profilaktičkih i terapijskih stomatoloških usluga osobama sa posebnim potrebama.

Metode

U okviru ovog preglednog rada uključeni su stomatološki i medicinski radovi dobijeni pretraživanjem podataka preko *PubMed*-a i *MEDLINE*-a, a pri pretraživanju korišćene su sledeće ključne reči: posebne potrebe, invaliditet, deca sa invaliditetom, stomatologija, zubarska nega i oralno zdravlje. Pretraživanje je bilo ograničeno na poslednjih 15 godina, ispitivanja na ljudima i na engleskom jeziku.

Ko su stomatološki pacijenti sa posebnim potrebama?

Osnovna ljudska prava dece sa smetnjama u razvoju obuhvataju i prava na ostvarivanje punog potencijala zdravlja – pri tome, uključujući i oralno zdravlje koje je bitan deo opšteg zdravlja, bez diskriminacije po pitanju socijalnog, ekonomskog, nacionalnog osnova, usporenog psiho-motornog razvoja, prisustva opšteg oboljenja, itd (2).

Zvanični podaci iz popisa stanovništva Republike Srbije iz 2011. godine ukazuju da od ukupnog broja stanovnika skoro 7,9% predstavljaju osobe sa invaliditetom (571.780) (10). Ovom broju treba pridodati još 119.482 osoba, što je skoro 1,7% populacije, koji nemaju rešen status osoba sa invaliditetom (10). Međutim, prema nezvaničnim podacima, Nacionalna organizacija osoba sa invaliditetom Srbije (NOOIS) okuplja preko 870.000 osoba sa invaliditetom i njihove pravne zastupnike, koji su deo organizacija osoba sa pojedinačnim vrstama invaliditeta, a zatim i organizacije zakonskih zastupnika osoba sa invaliditetom i interesne organizacije (11). To znači da broj osoba sa invaliditetom u Srbiji u realnosti iznosi možda i više od 12% populacije. Naučni i tehnološki napredak savremene medicine uz primenu savremenih metoda lečenja je omogućio produženje životnog veka uz poboljšanje prognoze i kvaliteta života osobama koje boluju od urođenih oboljenja i stanja (7). Takođe, razvoj savremene stomatologije i

feel satisfied and healthy – and with adequate and timely information they can achieve their full health potential (4). Therefore, with early prophylactic measures, preventive advice about the maintenance of oral hygiene and good dietary regime, and with the additional help of parents, guardians, or caregivers while maintaining the oral hygiene, it is possible to achieve the full potential of oral health in persons with special needs. However, data from practice and literature point to the poor condition of oral health in children with special needs in Serbia, involving high prevalence of untreated caries and the presence of complications of oral diseases (5). It is thought that there are more reasons which cause this situation, while the main is the limited access to dental health care because there are not enough dentists who are willing and trained to provide quality services to this vulnerable group of patients, weak cooperation between dentists and patients, limited resources, insufficient awareness of parents/guardians/caregivers about the significance of oral hygiene, the absence of social support etc (6).

Persons with special needs need a well-trained dental team, which would be able to provide the necessary support to this vulnerable group in terms of cadre, time and knowledge (7). Therefore, special significance is given to graduate and postgraduate education of young dentists – it was found out that the comprehensive and multidisciplinary education of graduate students and postgraduate courses for health care workers increase the number of young doctors who will feel confident about their knowledge, practical skills and communication skills, in order to provide equal rights to dental services to all patients (8). Contemporary education according to the international guidelines supports multidisciplinary and holistic approach, where a person and his/her potentials are the center of interest, and not disease and limitations (9).

The aim of this review article is to point out the significance of training for future dentists and of postgraduate training/continuing education of dentists so that each dentist from primary to tertiary health care would make preventive, prophylactic and therapeutic dental services available to persons with special needs.

Methods

Literature search used for this study involved *PubMed* and *MEDLINE* data basis using key words: special needs, disability, children with disability, dentistry, dental care and oral health. The search was limited to the last 15 years, it included the research done on humans and it was in the English language.

Who are dental patients with special needs?

Basic human rights of children with disabilities include the right to accomplish the complete potential of health – also including oral health, which is an important part of the general health, without discrimination in terms of social, economic, national questions, slow psycho-motor development, the presence of some disease, etc (2).

Official data from the 2011 Census in the Republic of Serbia point out to the fact that 7.9% of general population involved persons with disabilities (571,780) (10). Furthermore, 119,482 persons should be added to this number, which is almost 1.7% of the population these persons still do not have the solved status of people with disabilities (10). However, according to some unofficial data, the National Organization of People with Disabilities of Serbia gathers more than 870,000 persons with disabilities and their legal representatives, who belong to organizations of people with certain types of disabilities, and also there are organizations of legal representatives of people with disabilities and interest organizations (11). This means that the number of people with disabilities in Serbia in reality is more than 12% of the population. The scientific and technological advance of modern medicine with the application of modern treatment techniques has enabled longer life expectancy with a better prognosis and the quality of life in persons with inborn diseases and conditions (7). Also, the development of contemporary dentistry and the application of modern biocompatible materials that are resistant to moisture, used with numerous behavioral and pharmacological methods enable the significant improvement of cooperation, therapeutic possibilities and therefore, the quality of life in relation to oral health in persons with special needs. Also,

primena modernih materijala otpornih na vlagu, uz brojne bihejvioralne ili farmakološke metode, omogućavaju znatno poboljšanje saradnje, terapijskih mogućnosti, a samim tim i kvaliteta života vezano za oralno zdravlje kod osoba sa posebnim potrebama. Takođe, postoji izražena inicijativa za smanjenjem stigmatizacije i unapređenjem socijalne inkluzije uz postizanje zadovoljavajuće facijalne estetike. Upravo ovi razlozi dovode do velike verovatnoće da će stomatolozi na svim nivoima zdravstvene zaštite već tokom svoje rane karijere biti u situaciji da pruže stomatološki tretman pripadniku ove osetljive i stigmatizovane grupe (8). Bitno je istaći značaj obuke budućih mladih stomatologa, jer se jedino na taj način sigurno obezbeđuje bolja dostupnost stomatološke zdravstvene zaštite svima (12).

Takozvani „medicinski model" daje detaljne podatke o pacijentu fokusirajući se na etiopatogenezu oboljenja ili poremećaja, dok su informacije o specifičnim životnim situacijama i iskustvima osobe sa smetnjama u razvoju zanemarene (13). Međutim, savremena obuka zdravstvenih radnika koji se bave pružanjem pomoći osobama sa posebnim potrebama podrazumeva stavljanje osobe, a ne oboljenja u fokus, uz posmatranje disabiliteta u kontekstu telesne funkcije i strukture, i pojedinačnih aktivnosti i učešća – u smislu posmatranja funkcionisanja u odnosu na neposredno ili šire okruženje sa aspekta pojedinca ili sa aspekta čitavog društva (3). Svako dete, pa i ono potpuno zdravo može sa stomatološkog aspekta predstavljati pacijenta sa posebnim potrebama ukoliko zahteva primenu posebnih principa rada i pristupa (npr. pacijenti koji ne sarađuju, sa izraženom anksiozošću, strahom ili fobijom od stomatoloških intervencija). Takođe, posebno osetljivu grupu pacijenata sa posebnim potrebama u stomatološkoj ordinaciji mogu činiti deca koja su pripadnici marginalizovnaih grupa kao što su deca/osobe bez roditeljskog staranja, pripadnici etničkih manjina, imigranti, osobe koje ne govore maternji jezik sredine u kojoj se nalaze, različite rase, veroispovesti, polne pripadnosti, niskog socijalno-ekonomskog statusa, uzrasta, zavisnosti od drugih osoba, i dr (14).

Uloga stomatologa u zdravstvenoj nezi dece sa posebnim potrebama

Deca sa posebnim potrebama mogu doći u stomatološku ordinaciju upućena od strane dečjeg psihologa, pedagoga, stručnog saradnika predškolske ustanove ili pedijatra. Ipak, ponekad, kroz interakciju prilikom stomatološkog tretmana i plana terapije, kao i razgovora sa roditeljima, kroz neposredno posmatranje reakcija deteta u stomatološkoj ordinaciji, dečiji stomatolog može biti u prilici da primeti potrebu za posebnim pristupom ili tražiti dodatnu konsultaciju dečjeg psihologa, psihijatra, ili nadležnog pedijatra. Na taj način se omogućava postizanje zadovoljavajućeg stomatološkog tretmana u saradnji sa stručnjakom iz odgovarajuće oblasti.

Održavanje i unapređenje zdravlja usta i zuba dece sa posebnim potrebama kroz primenu preventivnih, profilaktičkih i terapijskih mera izuzetno je važno, jer oralno zdravlje veoma utiče na kvalitet života i proces socijalne inkluzije (15). Na žalost, stanje oralnog zdravlja često postaje prioritet tek u trenutku kada je potrebno pružiti urgentni stomatološki tretman, zbog bola ili otoka, i kad već u velikoj meri narušava kvalitet života ne samo pacijenta, već i njegove čitave porodice.

Rad na unapređenju i očuvanju oralnog zdravlja dece s posebnim potrebama uključuje rad stomatologa na nivou primarne, sekundarne ili tercijarne zdravstvene zaštite u zavisnosti od potreba pacijenta. Takođe, često je potreban timski rad i multidisciplinarni pristup uz saradnju stručnjaka različitih profila i specijalnosti. Samo takav pristup može dati zadovoljavajuće rezultate. Uloga stomatologa u održavanju i unapređenju zdravlja usta i zuba prvenstveno se ogleda kroz procenu rizika za oralna oboljenja koji su kod osoba sa posebnim potrebama visoki – kontinuirana primena preventivnih i profilaktičkih mera i redovni kontrolni pregledi (svakih 2-3 meseca, a nekada i češće) omogućavaju adaptaciju pacijenata na uslove stomatološke ordinacije, terapeuta i olakšavaju održavanje zadovoljavajućeg stanja oralnog zdravlja (16). Posebno je važno istaći značaj redovne u kontinuirane primene preventivnih i profilaktičkih mera na nivou primarne zdravstvene zaštite kod pacijenata

having in mind strong initiatives to decrease stigmatization of this vulnerable groups, recently parents/caregivers are highly motivated to improvement of social inclusion through achievement of adequate facial esthetics. Due to these reasons, it is likely that dentists at all levels of health care will be in the situation to provide dental treatment for members of this vulnerable and stigmatized group even during the early days of their career (8). It is important to emphasize the significance of undergraduate and postgraduate training of future dentists, because only in this way better availability of dental health care would be provided to everybody (12).

The so called "medical model" gives detailed data about the patient focusing on the etiopathogenesis of disease or disorder, while the information on specific life situations and experience of a person with developmental disabilities have been neglected (13). However, contemporary training of health care workers, who are engaged in providing help to persons with disabilities means placing the person, and not disease into the focus, with the observation of disabilities in the context of physical function and structure, and individual activities and participation – meaning that it is observed how they function in relation to their immediate or wider surroundings from the individual perspective or the perspective of the whole society (3). Every child, even the healthy child can be the patient with special needs from the aspect of dentistry if the application of special principles of work and approach is necessary (e.g. patients who do not cooperate, with the expressed anxiety, fear or phobia of dental interventions). Also, an especially vulnerable group of patients with special needs in the dental office can be children who are members of marginalized groups, such as neglected children, homeless persons, members of ethnic minorities, immigrants, persons who do not speak the language of the linguistic environment where they live, people of different race, religion, gender, low socio-economic status, age, people who depend on others etc (14).

The role of dentists in the health care of children with special needs

Children with special needs may be directed to the dental office by the children's psychologist, pedagogue, professional associate of the pre-school institution or pediatrician. However, sometimes through the interaction during the dental treatment, as well as during the conversation with parents, through the direct observation of children in the dental office, pediatric dentist may notice the need for the special approach or ask for additional consultations with children's psychologist, psychiatrist, or pediatrician. In this way, multidisciplinary treatment and cooperation would make possible dental treatment success.

Maintaining and improving the oral health of children with special needs through the use of preventive, prophylactic and therapeutic measures is of utmost importance, because oral health influences the quality of life and the process of social inclusion (15). Unfortunately, the condition of oral health often becomes priority at the moment when urgent dental treatment is necessary, due to pain or swelling, and when it disturbs, to the great extent, the quality of life not only of patient, but his family, as well.

The work on improving and maintaining the oral health of children with special needs includes the work of dentists at the primary, secondary and tertiary level of health care, depending on patients' needs. Also, team work and multidisciplinary work are often necessary, together with the cooperation of professionals from different fields. Only this approach can give satisfactory results. The role of dentist in maintaining and improving the health of mouth and teeth is mainly reflected in the assessment of risks for oral diseases, which are high in persons with special needs – the continuous application of preventive and prophylactic measures and regular control check-ups (every 2-3 months, sometimes even more frequently) enable patients to adapt to the conditions of dental office, therapist and they mitigate the maintenance of satisfactory oral health condition (16). It is particularly important to emphasize the significance of regular and continuous application of preventive and prophylactic

kod kojih je dobro stanje oralnog zdravlja postignuto sanacijom u tercijarnoj ustanovi (u ambulantnim uslovima, u sedaciji ili u opštoj anesteziji). Na ovaj način se izbegava (ponovno) uvođenje u opštu anesteziju u budućnosti radi kompletne sanacije usta i zuba, što bi neminovno bilo neophodno ukoliko se mere primarne prevencije i profilakse ne bi primenjivale adekvatno i redovno (17). Takođe, česti i redovni stomatološki pregledi i stvaranje dobre saradnje omogućavaju da se patološke promene u usnoj duplji uoče u inicijalnoj fazi kada je moguće primeniti minimalno invazivne terapijske mere. Redovni kontrolni pregledi pružaju priliku da se sprovede motivacija, remotivacija i zdravstvena edukacija roditelja, staratelja, negovatelja i samog pacijenta. Na ovaj način se omogućava blagovremena i adekvatna stomatološka zdravstvena usluga čiji je ishod u skladu sa moralnim i etičkim normama - kod pacijenata sa posebnim potrebama treba da bude isti kao kod zdravih vršnjaka. Takođe, na taj način se smanjuje lista čekanja za sanaciju u opštoj anesteziji.

Disabilitet se ne može posmatrati samo sa medicinskog aspekta, već ima i veoma izraženu socijalnu komponentu (18). Često na saradnju sa stomatologom, osim prisutnih razvojnih smetnji ili opšteg oboljenja, utiče i zdravstvena svest, motivisanost i stav roditelja prema opštem i oralnom zdravlju deteta, kao i socio-ekonomski status porodice (19). Na žalost, najveći broj stomatologa je nedovoljno obučen o posebnim psihološkim strategijama (kao što su primena bihejvioralnih metoda prilikom oblikovanja ponašanja), o karakteristikama i režimima rada u institucijama socijalne zaštite, načinima rešavanja brojnih birokratskih, tehničkih i socijalno ekonomskih problema vezanih za pružanje stomatoloških zdravstvenih usluga osobama koje žive u institucijama i na kraju o strategijama integracije oralnog zdravlja unutar zdravstvenog sistema i sistema socijalne zaštite (20).

Pored potrebe za programskom zaštitom oralnog zdravlja, koja je bazirana na sistemskoj primeni mera primarne prevencije, posebno je važno ukazati na značaj svakog stomatologa, na svakom od tri nivoa zdravstvene zaštite, koji se bavi stomatološkim tretmanom osoba sa posebnim potrebama i izradom individualnog plana terapije (21). Individualni preventivni program za prevenciju oralnih oboljenja kod osoba sa posebnim potrebama predstavlja jasno definisanu primenu specifičnih mera i aktivnosti primarne prevencije prilagođene mogućnostima i individulanim karakteristikama pacijenta. Planiranje individualnog preventivnog programa treba prilagoditi vrsti i težini osnovne bolesti deteta, uslovima u kojima dete boravi, i nivou zdravstvene svesti, obučenosti i motivaciji negovatelja. Preporuka je da se redovni kontrolni pregledi i primena preventivnih i profilaktičkih mera obavlja u zdravstvenoj ustanovi koja je najbliža prebivalištu pacijenta (to je najčešće ustanova primarne zdravstvene zaštite), tako da je iz tehničkih i ekonomskih razloga negovateljima najčešće najjednostavnije da se pridržavaju režima unapred isplaniranih poseta.

Veliki značaj u prevenciji oralnih oboljenja ima zdravstveno-vaspitni rad, odnosno edukacija deteta i roditelja/staratelja da redovno i pravilno održavaju oralnu higijenu. Efikasan, svakodnevni, adekvatan higijensko dijetetski režim kod velikog broja dece sa motornim smetnjama u razvoju i kašnjenjem u intelektualnom razvoju zahteva aktivnu pomoć i kontrolu negovatelja. Kako bi obuka počela što ranije, od posebnog je značaja bliska saradnja sa pediajtrijskom službom na primarnom, sekundarnom i tercijarnom nivou zdravstvene zaštite. Na taj način se omogućava blagovremeno sprovođenje potrebnih preventivnih mera, s obzirom na to da se pacijenti sa posebnim potrebama sa stomatološkog aspekta, svrstavaju u visoko rizične za nastanak oralnih oboljenja (22).

Preporuke za unapređenje i očuvanje oralnog zdravlja dece sa posebnim potrebama

Postoje brojne preporuke, a neke od najvažnijih bile bi sledeće. Prilikom intraoralnog i ekstraoralnog stomatološkog pregleda vrši se procena stanja zdravlja usta i zuba, ali i mogućnost saradnje. Konsultacija sa nadležnim pedijatrom, psihijatrom, psihologom, će omogućiti neophodnu pisanu saglasnost o potrebnoj pripremi pacijenta za stomatološku intervenciju, ali i pružiti mogućnost savetovanja vezano za najbolji pristup koji će biti u skladu sa potrebama i mogućnostima pacijenta.

measures at the level of primary health care in patients, whose good condition of oral health was achieved in the tertiary institution (during dental treatment in general anesthesia, sedation or even using only behavioral methods). In this way, the (repeated) general anesthesia could be avoided, which would be necessary for the complete oral rehabilitation if measures of primary prevention and prophylaxis were not applied regularly and in an adequate way (17). Also, frequent and regular dental check-ups and good cooperation make it possible to notice the initial pathological changes in the oral cavity, when it is possible to apply minimally invasive therapeutic measures. Regular control check-ups offer the opportunity to motivate, re-motivate and educate parents, guardians, caregivers, and patients, as well. In this way, it is possible to achieve the outcome of dental treatment in patients with special needs that is in accordance with moral and ethical norms – it should be the same as in their healthy peers. Also, in this way the waiting list for the treatment in general anesthesia could be substantially reduced.

Disability cannot be analyzed only from the medical aspect, but it also has the pronounced social component (18). The cooperation with dentist, in addition to present developmental difficulties and the main disease, is influenced by health consciousness, motivation and parents' attitude towards general and oral health of their children, as well as by the socio-economic status of that family (19). Unfortunately, the greatest number of dentists are not trained enough about psychological strategies (such as the application of behavioral methods during behavior management), about characteristics and regimes of work in social welfare institutions, ways of solving numerous bureaucratic, technical and socio-economic problems related to dental healthcare services provided to persons who live in institutions and in the end, about strategies for the integration of oral health in the health care system and the system of social protection (20).

There is a strong need for the programmed protection of oral health, which is based on the systematic application of preventive and prophylactic measures on primary health care level. Also, it is of particular importance to point to the significance of good cooperation of each dentist, at all three levels of health care, who treats persons with special needs and designs the individual treatment plan (21). The individual preventive program for the prevention of oral diseases in persons with special needs presents a clearly defined application of specific measures and activities of primary prevention that are adjusted to the abilities and individual characteristics of patients. The plan of the individual preventive program should be adjusted to the type and severity of the main disease, conditions in which a child lives, and to the level of health consciousness, and to the motivation and education of their caregivers. It is recommended that regular control check-up and the application of preventive and prophylactic measures should be done in the health care institution, which is nearest to the patient's place of living (that is most frequently the primary health care institution), and therefore, due to technical and economic reasons it is more convenient for the caregivers to stick to the arranged visits.

Health-education, that is, promoting wellness and educating children and parents/guardians how to regularly maintain oral hygiene is very important for the prevention of oral diseases. Great number of children with difficulties in the development of motor skills and with the delay in the intellectual development demand the active help and control of caregivers. In order to start with the education as soon as possible, the close cooperation with the pediatric department at the primary, secondary and tertiary level of health care is of great importance. In that way, it is made possible that necessary preventive measures are carried out on time, having in mind the fact that patients with special needs from the perspective of dentistry are classified as those having the highest risk of developing oral diseases (22).

Recommendations for improving the oral health of children with special needs

There are numerous recommendations, and some of the most important ones are the following. During the intraoral and extraoral dental examination, the condition of oral health is estimated, as well as the possibility for cooperation. Consultations with the pediatrician,

Primena preventivnih saveta i profilaktičkih mera kroz preventivne posete će omogućiti očuvanje i unapređenje oralnog zdravlja, motivaciju i remotivaciju pacijenta i roditelja (staratelja ili pratioca, negovatelja), ali i upoznavanje sa psihosocijalnim i medicinskim individualnim karakteristikama pacijenta. Zdravstveno vaspitni rad sa decom sa posebnim potrebama i njihovim pratiocima podrazumeva primenu uobičajenih tehnika (reci-pokaži-uradi) za mehaničko i hemijsko uklanjanje oralnog biofilma u kućnim uslovima uz dizajniranje najboljeg načina prilagođenog individualnim karakteristikama pacijenta i porodice. Nekada je primena ove metode otežana, jer pacijenti mogu imati i usporen intelektualni razvoj ili nerazvijenost govora, pa je tada preporučeno koristiti neku od metoda koje su prilagođene mogućnostima pacijenta (17).

Potrebno je ohrabriti roditelje da pronađu stimulišući način za postepeno uvođenje osnovnih sredstava za održavanje oralne higijene (manuelna ili električna četkica za zube), a zatim postepeno i ostalih osnovnih sredstava za održavanje oralne higijene (na primer konac za zube). Pri tome se preporučuje podrška i zajednički napor stomatologa i članova porodice prilikom osmišljavanja strategije, u smislu izbora sredstva za održavanje oralne higijene, prijatnog mesta gde će se održavati oralna higijena svakodnevno i načina potkrepljivanja nagradama. Preporučuje se redovna upotreba preparata s fluoridima i drugih hemioprofilaktičkih sredstava uz adekvatnu i detaljnu obuku negovatelja za primenu ovih sredstava (23).

Ukoliko pacijent nije razvio refleks pljuvanja zbog poteškoća u psihomotornom razvoju, roditelja treba posavetovati da četkicom za zube izvrši premazivanje površina zuba i usne duplje hemioprofilaktičkim sredstvom. Preporuka je da se prva preventivna stomatološka poseta obavi do uzrasta od godinu dana, a posebno je važno uspostaviti dobru saradnju dečjeg stomatologa i pedijatra i uvesti rane preventivne posete, odmah po uspostavljanju dijagnoze opšteg oboljenja (24). Redovni preventivni kontrolni pregledi i profilaktičke posete se preporučuju 4 puta godišnje, ili češće, kod pacijenata sa visokim rizikom za nastanak karijesa, kao što su sva deca sa smetnjama u razvoju ili opštim oboljenjem (22).

Za dugotrajnu prevenciju oralnih oboljenja veliku važnost ima pravilan način ishrane imajući u vidu da loše navike u ishrani štete i oralnom i opštem zdravlju na dugoročnom nivou (25). Poseta stomatologu i anketa o ishrani može poslužiti kao odlična prilika za skrining rizika za gojaznost, i uput nutricionisti ili pedijatru (26). Prema preporukama Američke akademije za pedijatriju voćni sok ne treba uvoditi detetu u ishranu pre prve godine, a količina zaslađenih napitaka koju dete konzumira treba da bude ograničena na oko 120 ml dnevno za decu uzrasta 1-3 godine, 120-180 ml dnevno za decu uzrasta 4-6 godina, i 240 ml dnevno za decu i adolescente uzrasta 7-18 godina; takođe se ne preporučuje konzumacija soka ili drugih zaslađenih napitaka kod dece jaslenog i vrtićkog uzrasta iz flašica ili šolja koje omogućavaju laku i učestalu upotrebu (27). Prilikom preventivne stomatološke posete, posebnu pažnju treba obratiti na anketu ishrane kod dece koja boluju od hroničnih bolesti i više puta dnevno, svaki dan konzumiraju per os zaslađene sirupe (26). Takođe, primena multivitaminskih preparata u vidu bombonica, želea i sirupa ne bi smela da zameni svakodnevnu konzumaciju zdrave hrane koja zapravo na najbolji način obezbeđuje potrebnu količinu vitamina (28).

Zbog poteškoća u funkcionisanju i učestvovanju u aktivnostima, deca sa posebnim potrebama se svrstavaju u pacijente visokog rizika za nastanak karijesa (22). Preporučuje se zalivanje fisura i jamica na svim zdravim zubima, uz korišćenje materijala kao što su glasjonomer cementi velike viskoznosti, s obzirom na lakoću manipulacije, podnošenje vlage, i pozitivan preventivni efekat zbog otpuštanja fluorida (29). Postepeno upoznavanje pacijenta sa tehnikom izvođenja procedure, uz primenu bihejvioralnih metoda, poboljšava saradnju sa pacijentom, omogućava stvaranje odnosa poverenja, što obezbeđuje, pored profilaktičkih, i primenu minimalno invazivnih tretmana u slučaju indikacija. Istraživanje sprovedeno na 66 pacijenata sa posebnim potrebama je pokazalo da su restauracije urađene atraumatskom restaurativnom tehnikom i postavljenim ispunom od viskoznog glasjonomer cementa imale isti ili duži period preživljavanja u poređenju sa konvencionalno preparisanim kavitetima rotirajućim instrumentima i postavljenim kompozitnim ispunima (30).

psychiatrist, psychologist will facilitate the necessary written consent to the preparation of patient for the dental intervention, and also enable the possibility of consultations regarding the best approach, which would be in accordance with patient's needs and abilities.

The application of preventive advice and prophylactic measures through preventive visits will enable the preservation and improvement of oral health, motivation and re-motivation of patients and parents (guardians or companions, caregivers), and it will enable the dentist to get acquainted with the psychosocial and medical individual characteristics of patients. Health-education with children with special needs and their care-givers means the application of common techniques (say-show-do) for the mechanical and chemical removal of oral biofilm at home together with the creation of the best way adjusted to the individual characteristics of patients and family. Sometimes the application of this method is hindered because patients can have a delay in the intellectual development or undeveloped speech, and then it is recommended to use some of the methods that are adjusted to the patient's abilities (17).

It is necessary to encourage parents to find a stimulating way to gradually introduce basic tools for the maintenance of oral hygiene (manual or electric toothbrush), and then gradually the other basic tools for the maintenance of oral hygiene (for example, dental floss). The support and united effort of the dentist and members of family are also recommended when the strategy is planned, in terms of the choice of tools for the maintenance of oral hygiene, the comfortable place where oral hygiene would be maintained every day and the way of rewarding. The regular use of fluoride mouthwash and other chemoprophylactic products together with the adequate and detailed education of caregivers for the application of these means (23).

If the patient has not developed the skills to perform rinse and spit due to the difficulties in psycho-motor development, parents should be advised to spread the chemoprophylactic agent over the surface of teeth and oral cavity with the toothbrush. It is recommended that the first preventive visit to the dentist should be until the age of 12 months, and it is very important to establish the good cooperation between the children's dentist and pediatrician and to introduce early preventive visits immediately after the general disease is diagnosed (24). Regular preventive control check-ups and prophylactic visits are recommended four times a year, or more frequently in patients with the high risk of developing caries, such as all children with developmental difficulties or with general disease (22).

The good nutrition is of great importance for the long-lasting prevention of oral diseases, having in mind the fact that poor eating habits are harmful to both oral and overall health in the long term (25). A visit to the dentist and the questionnaire about diet can be a great opportunity for the screening of risk for obesity, and recommendation to visit nutritionist or pediatrician (26). According to the recommendations of the American Academy for Pediatrics, juice made of fruit should not be introduced into the diet before the first year, while the quantity of sugar-sweetened beverages consumed by children should be limited to about 120 ml daily for the children aged 1-3 years, 120-180 ml daily for the children aged 4-6 years, and 240 ml daily for the children and adolescents aged 7-18 years; also it is recommended that juice or other sweetened beverages should not be consumed from bottles or cups, which enable easy and frequent consummation, in toddlers (27). During the preventive dental visit a special attention should be paid to the questionnaire about nutrition in children who have chronic diseases and who consume *per os* sweetened syrups several times a day and every day (26). Also, the application of multivitamins in the form of gummies, jelly, or syrups should not replace the daily consummation of healthy food, which actually in the best way provides the necessary quantity of vitamins (28).

Due to difficulties in relation to functioning and participating in social activities, children with the special needs are classified into the group of patients with the high risk for the occurrence of caries (22), and therefore, fissure sealants are highly recommended - coating the fissures and small hollows on all healthy teeth with materials such as glass-ionomer cements considering the easy manipulation, moisture tolerance, and positive preventive effect due to the release of fluoride (29). Gradual

Zaključak

Na inkluziju i ostvarivanje ravnopravnosti prilikom stomatološkog rada može se primeniti sličan model kao u inkluzivnom obrazovanju koji je opisala profesorka Džudit Holenveger u UNICEF-ovom stručnom priručniku – razumevanje i prevazilaženje prepreka u neposrednom okruženju koje ometaju učestvovanje predstavlja osnovni preduslov za primenu inkluzije (13): medicinski model odnosno posmatranje osobe kroz dijagnozu, naglašava sve ono što je nemoguće primeniti – nasuprot tome, posmatranje stomatološkog pacijenta kao osobe u centru interesovanja zdravstvenog radnika, kroz njegove mogućnosti, način funkcionisanja, dnevni ritam aktivnosti i aktivno učestvovanje u okruženju omogućava razumevanje i prevazilaženje prepreka.

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informing of patient about the technique used for this procedure with the help of behavioral methods, improves the cooperation with the patient, enables the relationship of trust, which facilitates the application of minimally invasive treatment if necessary, beside the prophylactic treatment. The research, which was conducted on 66 patients with special needs, showed that restorations performed with the help of the atraumatic restorative technique and the filling of viscous glass-ionomer cement had the same or longer period of survival in comparison with the traditionally prepared cavities with the rotating instruments and composite fillings (30).

Conclusion

The similar model as in the inclusive education which was described by the professor Judith Hollenweger in the UNICEF professional booklet, could also be applied to the inclusion, equality and equity during dental work: – understanding and overcoming the obstacles in the immediate surroundings, which hinder the participation, present the main precondition for the application of inclusion (13). Medical model, that is, the observation of one person through his/her diagnosis, emphasizes everything that is impossible to be applied. On the contrary, observing the dental patient as the person in the centre of interest of health care worker, through his/her abilities, the way of functioning, daily rhythm of activities and active participation in the surroundings enables understanding and surmounting the obstacles.

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