



Dental Provider Influence on Oral Health of Pediatric Hemophiliac Patients



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INTRODUCTION

Hemophilia is an X-linked recessive disorder that predominantly affects males. Oral manifestations include post-extraction bleeding and gingival bleeding, worsened by gingival inflammation and poor oral hygiene. No studies have explored the effect of the presence of a dental provider within a pediatric hemophiliac outpatient clinic and how it might influence oral health outcomes in this population.

OBJECTIVES

To determine the effect of a dental provider within a pediatric hemophiliac outpatient clinic on patients' oral health outcomes.

MATERIALS AND METHODS

- Participants were patients diagnosed with Hemophilia aged 5-17 years, attending their routine Pediatric Hemophiliac outpatient clinic at the UF Shands Hospital.
- As part of this study, Pediatric dental residents performed the following:
 - A non-invasive dental examination using a dental mirror and a tongue blade to record oral hygiene index (OHI) and Decayed-Missing-Filled Teeth (DMFT) index
 - Administered a questionnaire (Table 1) with the patient's caregiver that obtained information on oral health practices and parental perceptions of their child's oral health
 - Provided basic oral health education including oral hygiene instructions to patients and their caregivers using a brochure
- This study was conducted at their initial appointment and at the 6 month follow up at the Pediatric Hematology Clinic.
- Data collection & analysis was performed using RED Cap.

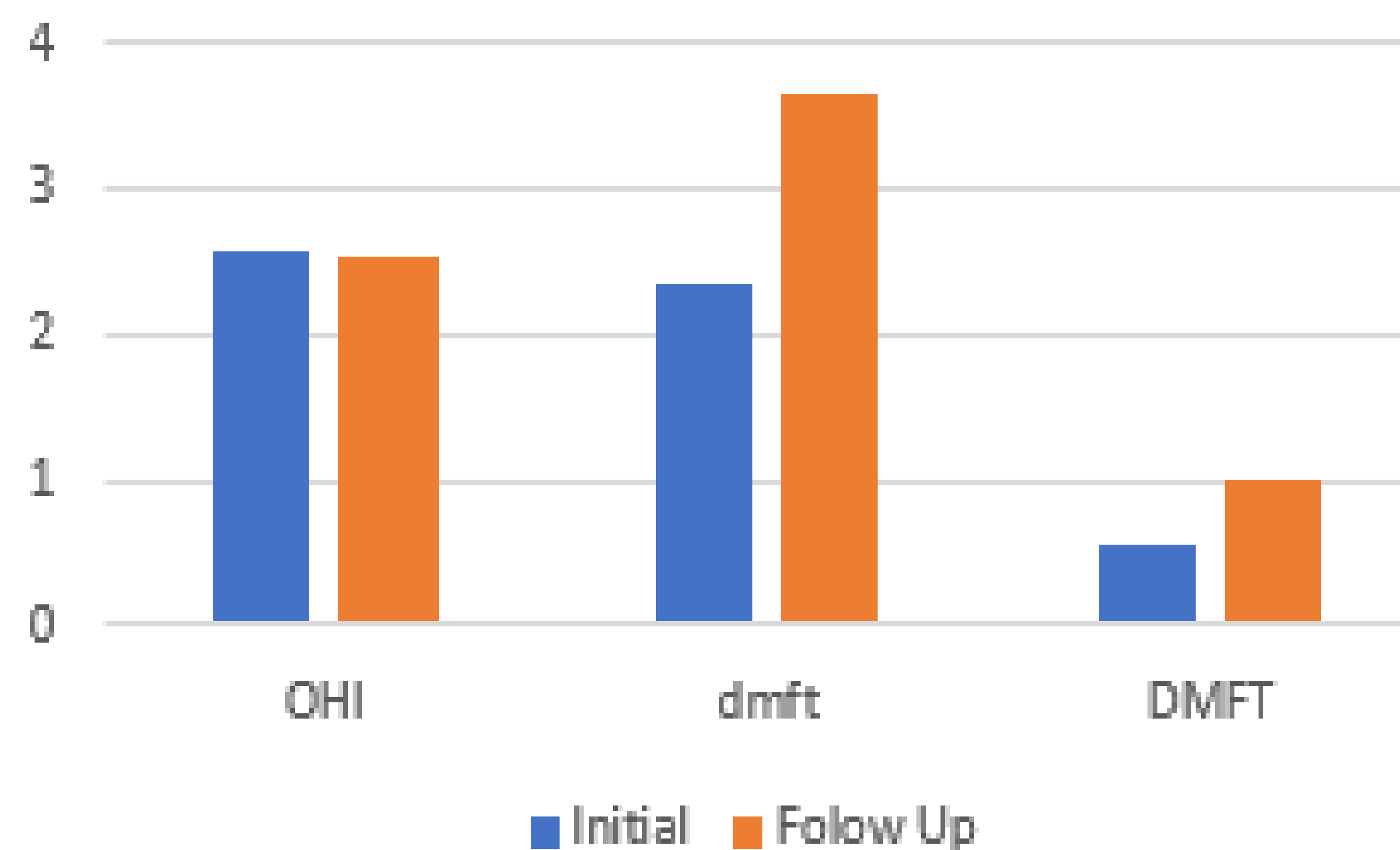
RESULTS

- Participant age at initial visit was 11.2 years and at follow up was 12.1 years
- 7 participants attended the six month follow up visit. (average return visit was 1.46 years after initial visit)
- 2 patients reported not having a dental home, with 2 of them reporting issues with insurances.

PATIENT QUESTIONNAIRE RESULTS	INITIAL		FOLLOW UP	
Does patient have dental home?	Yes = 70%		Yes = 71%	
How many times does your child brush teeth?	Once 50%	Twice 50%	Once 57%	Twice 43%
Supervision with brushing	No = 50%		No = 71%	
Does your child's gums bleed when brushing?	Yes = 60%		Yes = 0%	
How would you rate your child's oral health?	Fair = 70%	Good = 20%	Fair = 57%	Good = 29%
There is not much that I can do to stop my child from getting cavities	No = 100%		No/Don't know = 100%	
There is not much that I can do to help my child have healthy teeth	No = 100%		No/Don't know = 86%	
Most children eventually develop cavities in their teeth.	True/Don't know = 60%		True/Don't know = 71%	

Table 1: Parent questionnaire results.

Initial vs Follow



CONCLUSIONS

- Main study limitation was poor compliance with outpatient hematology visits.
- Preliminary study outcomes resulted in a complete reduction in participants bleeding gums but increase in dmft and DMFT scores
- The attendance of a pediatric dental resident at the pediatric hematology outpatient clinic allowed for easy communication between medical and dental personnel.