

Introduction

Children with neurodevelopmental disorders usually present dental behavior management problems (DBMP) and high caries risk. In typically developing children, parenting style and stress are known to contribute a significant impact on a child's dental behavior and oral health.

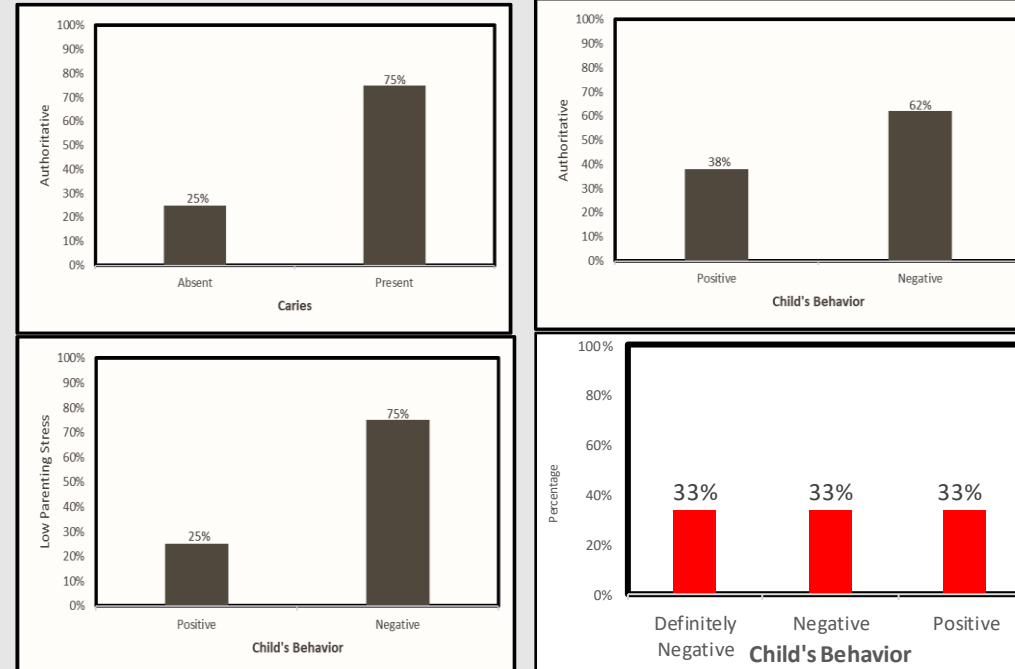
Objective

The purpose of this study is to evaluate the relationship between parenting style, parenting stress, dental behavior, and caries in children with neurodevelopmental disorders.

Methods

This was a pilot project performed on nine children. Child/parent dyads who were 3-12 years old with no previous dental treatment history, with neurodevelopmental disorders (Autism-spectrum-disorder (ASD), Attention-Deficit-Hyperactivity Disorder (ADHD), Intellectual disability/learning disability, and Developmental delay), were included in this study. The child participant of each dyad had his/her behavior coded by calibrated dentists using the Frankl scale while performing oral prophylaxis. The presence of caries was determined by clinical examination and radiographs. The parent participants of each dyad were given a demographic questionnaire, Parenting Style and Dimensions Questionnaire (PSDQ-32) and Parenting Stress Index -Short Form (PSI-SF). The data were analyzed using Pearson's correlation, Fisher exact and Chi Square test. Data analysis was performed with significance $P < 0.05$.

Results



Conclusion

- Based on this pilot data, we do not have enough evidence to say that there is an association between caries and parenting style in children with neurodevelopmental disorders.
- We do not have enough evidence to say that there is an association between dental behavior and parenting style in children with neurodevelopmental disorders.
- We do not have enough evidence to say that there is an association between caries and parenting stress in children with neurodevelopmental disorders.
- We do not have enough evidence to say that there is an association between dental behavior and parenting stress in children with neurodevelopmental disorders.

References



- Data collection was completed for 9 parent/child dyads. Mean participant age was 6.9 years. 8 children (89%) had Medicaid and 6 children (66%) were not attending day care.
- Authoritative parenting style accounted for 3 children (38%) with positive behavior and 5 children (62%) with negative behavior.
- Authoritative parenting style accounted for 2 children (25%) with caries absent and 6 children (75%) with caries present
- Low Parenting stress accounted for positive behavior in 2 children (25%) and negative behavior in 6 children (75%)
- Low parenting stress accounted for caries absence in 2 children (25%) presence in 6 children (75%)