

Autism & Dentistry

Zink AG

Institute of Dentistry, Patients with Special Needs, Cruzeiro do Sul University, São Paulo, Brazil

Autism is a developmental disorder that was first described by Leo Kanner in 1943, in a classic article that included case studies of 11 children. Since that time, the diagnostic criteria have evolved based on continued observations and research, resulting in the current criteria in the Diagnostic and Statistical Manual of Mental Disorders, DSM-V (American Psychiatric Association, 2013) and the International Classification of Diseases or ICD-10 (World Health Organization, 1993). At the present time, autistic disorder is defined in terms of qualitative impairments in social interaction and communication, and restricted, repetitive, and stereotyped patterns of behaviors, interests, and activities, with impairments in one of these areas prior to the age of 3 years [1].

The TEACCH program is a statewide, community-based intervention program that emphasizes environmental organization and visual supports, individualization of goals, and the teaching of independence and developmental skills. The setting in which the program is implemented varies, depending on the abilities and needs of each child (self contained classroom, included classroom, home). Teaching strategies are designed to be meaningful to the child with autism, and are therefore taught within the natural environment and within context. The TEACCH program views ASDs as lifelong. From the beginning, it emphasizes skills that are important for future independence. One of the strengths Early Intervention in Autism 79 of the TEACCH program is a focus on the lifespan and community-based intervention. One of the weaknesses is the lack of empirical studies of the program [1].

Patients with ASD have similar dental needs to those of other patients. Dental professionals might be unaware of the difficulties with sensory processing, which is common to patients with ASD. Dental treatment can be performed with a higher chance of success once the clinical manifestations of ASD are recognized, such as behavioral changes, fear of noise, fear of the unknown, and preference for solitude and difficulty with relationships [2].

The use of PECS facilitates patient-professional communication during preventive procedures in individuals with ASD, including those with previous dental experience. PECS was adapted for use in dentistry, increasing both the complexity and potential utility of the communication. PECS figures have a one-to-one correspondence with objects, people, and concepts, thus reducing the degree of ambiguity in communication. The PECS skill, both groups presented similar difficulties in accepting the following PECS: "room," "chair," and "low" [3].

The dentist should offer autistic patient care opportunities. Visit the blog and find possibilities www.adrianazink.blogspot.com

References

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*Corresponding author: AAdriana Gledys Zink, Institute of Dentistry, Patients with Special Needs, Cruzeiro do Sul University, São Paulo, Brazil, Email: zinkpinho@yahoo.com.br

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