



THE NATIONAL CENTER ON
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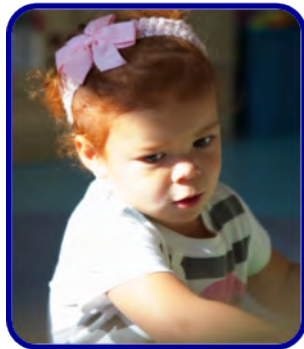
Brush Up on Oral Health

March 2015

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Did You Know?

- ASD occurs in all racial, ethnic, and income groups.
- About one in 68 children have ASD.
- ASD is four to five times more common among boys than girls.



Children with Autism Spectrum Disorder

Autism spectrum disorder (ASD) is a group of developmental disabilities that can cause significant social, communication, and behavioral challenges. ASD symptoms usually appear by the time a child is 2 years old. Some people have mild ASD and can be very independent. Others with ASD need specialized supervision and care.

This issue of *Brush Up on Oral Health* describes key oral health issues that children with ASD face. The issue also offers tips to help parents and Head Start staff maintain the oral health of children with ASD.

A recipe for a healthy snack that can be made in the Head Start classroom or at home is also included.

ASD and Oral Health

Children with ASD need the same kind of oral health care as children without ASD. But children with ASD may have issues that put them at high risk for oral health problems. Some common issues include:

- **Oral habits.** Children with ASD may have behaviors that can cause oral health problems. These include grinding teeth, picking at gum tissue or biting lips, and eating non-food items, such as ice, clay, chalk, dirt, sand, or pens. (See the [May 2014](#) issue of *Brush Up on Oral Health* for more information about oral habits.)

- **Snacking frequency.** Often, children with ASD are rewarded for good behavior frequently during the day with snacks and treats. This puts children with ASD at high risk for developing tooth decay. (See the [May 2013](#) issue of *Brush Up on Oral Health* for more information about frequent snacking.)
- **Other health and disability conditions.** Children with ASD may have seizures or fall frequently, which can cause teeth to chip or break. They may take medicine for other health problems that have added sugar, make the mouth dry, and/or increase the size of gum tissue. These medications increase the risk of developing tooth decay and causing gum disease. (See the [July 2013](#) issue of *Brush Up on Oral Health* for more information on children with disabilities.)

Strategies for Toothbrushing That Head Start Staff Can Share with Parents

- **Get help.** Work with an occupational therapist or a behavioral specialist to get ideas to make toothbrushing a good experience and not feel intrusive to the child.
- **Make the child feel comfortable.** Offer the child a selection of different colored and shaped soft-bristled brushes made for children. You can also offer different flavors or textures of fluoride toothpaste. Let the child choose the toothbrush and toothpaste. Also, work to make the bathroom a comfortable place to brush. This could include using a table lamp to lower the light level in the bathroom or a white noise machine to block out sounds that may bother the child.
- **Take it slow.** Gradually introduce toothbrushing to desensitize the child to the process. Start by touching the toothbrush to the child's lips. Over time, place the toothbrush inside the child's mouth, on the front teeth, and then on the back teeth.
- **Tell–Show–Do.** Tell the child how teeth are brushed. Next, the parent brushes his or her own teeth with fluoride toothpaste (show). Then the parent brushes the child's teeth with fluoride toothpaste (do).
- **Separate toothbrushing into steps.** Break the task into steps. Teach each step separately. Give the child non-food rewards as he or she learns each step. Rewards could be a high five or a hug after each step is completed.
- **Use social stories.** Use pictures to show the order in which each step occurs. As each step is done, make a check by the picture, or turn the page. Digital picture frames or tablets timed to display each photo for several seconds can be helpful tools for showing social stories.
- **Use a timer.** Set a timer to help the child understand how long to brush. Egg timers and stopwatches work well.



In addition to brushing with fluoride toothpaste, encourage parents to give their child fluoridated (tap) water to drink, schedule regular dental appointments, share with dental office staff that the child has ASD, and ask dental office staff about fluoride treatments. (See the [April 2013](#) and [June 2014](#) issues of *Brush Up on Oral Health* for more information about fluoride).

The National Museum of Dentistry's [Healthy Smiles for Autism: Oral Hygiene Tips for Children with Autism Spectrum Disorder](#) offers additional strategies and resources to help children with ASD become comfortable with toothbrushing and dental visits. The National Institute for Dental and Craniofacial Research's [Practical Oral Care for People with Autism](#) and [Dental Care Every Day: A Caregiver's Guide](#) provide more information on oral health issues and toothbrushing strategies for children with ASD. The [January 2015](#) issue of *Brush Up on Oral Health* also provides tips to share with parents of children with disabilities on how to find a dental clinic and speak with the dental team.

Cook's Corner: Cheesy Fruit Crackers

Here's a delicious, healthy snack that children can make as a class project or at home with their families.

Ingredients

Whole wheat cracker rounds
Low-fat cream cheese
Strawberries, cut into bite-sized pieces
Kiwi, peeled and cut into half circles



Directions

1. Spread cream cheese on the cracker.
2. Place a half circle of kiwi on top of the cream cheese.
3. Place a piece of strawberry on top of the kiwi.

Safety tip: An adult should slice ingredients.

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School readiness begins with health!