

Oral Health Fact Sheet for Medical Professionals

Children with Attention Deficit Hyperactivity Disorder

Attention deficit hyperactivity disorder is a behavior disorder with developmentally inappropriate inattention, impulsivity, and hyperactivity. (ICD 9 code 314.01)

Oral Manifestations and Considerations

Oral

- Decreased attention span → poor oral hygiene raises potential for increased caries
- Bruxism
- High risk for dental/oral trauma

Other Potential Disorders/Concerns

- Oppositional defiant
- Obsessive-compulsive
- Anxiety
- Conduct
- Tic
- Mood (anxiety, depression, bipolar)

Oral Side Effects of Commonly Prescribed Medications

Medication:

- Prescribed based on symptoms for their intended purpose or used off label for associated conditions.
- Some children will go on medication “holidays” during times when they are not in school. Ask if a child has taken medication, and avoid treatment during periods when child is off normal meds.

SYMPTOM	MEDICATION	SIDE EFFECTS
Generalized	<i>Stimulants</i> (Ritalin, Adderall) <i>Atomoxetine</i> (Strattera)	Xerostomia, dysgeusia, bruxism Xerostomia
Repetitive Behaviors	<i>Antidepressants</i> (Wellbutrin, Tofranil)	Xerostomia, dysgeusia, stomatitis, gingivitis, glossitis, sialadenitis, bruxism, dysphagia, discolored tongue, and oral edema
Hyperactivity	<i>Antihypertensive</i> (Clonidine, Tenex)	Xerostomia, dysphagia, sialadenitis, dysgeusia

Children with Attention Deficit Hyperactivity Disorder continued

Parent/Caregiver Support and Guidance

- Discourage consumption of cariogenic foods and beverages.
- Prescribe sugar-free medications if available.
- Recommend preventive measures such as topical fluoride and sealants.
- Advise the use of fluoridated toothpaste twice daily and support the family in following dental care instructions
- Instruct caregiver on appropriate protocol following dental trauma (seek immediate professional care and locate/preserve missing tooth).
- Recommend rinsing the mouth with water after each dose, especially after taking medications that cause xerostomia.
- Review safety issues appropriate to the age of the child, such as mouth guards to prevent oral-facial trauma.
- Refer to dentist any oral developmental abnormalities.

Further information (Medical Anticipatory Guidance, Dental Anticipatory Guidance, Oral Health Guidance for Parents/Caregivers and Dental Professional Fact Sheet for ADHD) can be found at:

http://dental.washington.edu/departments/omed/decod/special_needs_facts.php

References

- Bimstein, E., Wilson, J., Guelmann, M., Primosch, R. (2008) Oral characteristics of children with attention-deficit hyperactivity disorder. *Special Care Dentistry*, 28(3): 107-110
- Blomqvist, M., Holmberg, K., Fernell, E., Ek, U., Dahllof, G. (2006) Oral health, dental anxiety, and behavior management problems in children with attention deficit hyperactivity disorder. *European Journal of Oral Sciences*, 114: 385-390

Additional Resources

- [NIH Institute for Attention Deficit Hyperactivity Disorder](#)
- [Special Care: an Oral Health Professionals Guide to Serving Young Children with Special Health Care Needs](#)
- [Bright Futures Oral Health Pocket Guide](#)
- [American Academy of Pediatrics Oral Health Initiative](#)
- [American Academy of Pediatric Dentistry: 2008-09 Definitions, Oral Health Policies and Clinical Guidelines](#)
- [MCH Resource Center](#)
- [ASTDD-Special Needs](#)
- [Block Oral Disease, MA](#)
- [NOHIC-NIDCR publications](#)



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Fact sheets developed by the University of Washington DECOD (Dental Education in the Care of Persons with Disabilities) Program through funding provided to the Washington State Department of Health Oral Health Program by HRSA grant #H47MC08598).

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