

Oral/Dental health services for intellectually/physically challenged individuals in Pakistan

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The societal moral compass hinges on two critical benchmarks: first, how the society looks after its elderly population and second, the care afforded to individuals with special healthcare needs. In Pakistan, a nation enriched with cultural and religious values, a commendable tradition of honouring and caring for older people exists. However, a significant gap persists, particularly within the healthcare sector, in addressing the needs of those individuals who are intellectually and physically challenged.^{1,2}

Pakistan has one of the highest reported rates of childhood intellectual and physical disabilities in the world.³ While efforts have been made to cater these challenged individuals' general health requirements, a glaring oversight remains in attending to their dental health needs.⁵ It is imperative for the dental profession to acknowledge this responsibility and take proactive steps to deliver essential dental services to this segment of society. This editorial aims to redirect the profession's attention towards this critical but often neglected professional obligation, hoping to spark meaningful efforts to address it. The dental health of individuals with disabilities, encompassing those with physical or mental special healthcare needs, demands heightened consideration for several reasons.⁵

These individuals often contend with additional general health issues alongside their primary conditions, potentially exacerbating their overall health. Moreover, compromised oral health and aesthetics may further hinder positive societal interaction and contribute to negative perceptions

of these individuals. Consequently, the dental profession must act swiftly in some areas. Foremost among these is a concerted effort to enhance professional skills and competency in providing oral and dental health care to these individuals with special healthcare needs. Dental management of such individuals should be an integral part of dental education at the undergraduate and postgraduate levels. The lack of sufficient training in dental curricula has hindered providing adequate dental services to these individuals. Therefore, dental educators must promptly address this deficiency, incorporating the management of individuals with special healthcare needs into dental school curricula and professional training programs.

Traditionally and historically, pediatric dentists have taken responsibility for the oral health care of these intellectually/physically challenged individuals. Unfortunately, some quarters are continuously resisting mainstreaming of this subject at the undergraduate level. Additionally, organizations overseeing continuing dental education should facilitate the dissemination of professional information/training in oral/dental care for our country's intellectually/physically challenged population.

Equally crucial is raising awareness among relevant authorities and advocating for allocating substantial financial and organizational resources to provide dental health services to these individuals. Dentists, whether in the public or private sector, should actively engage authorities responsible for the welfare of intellectually/physically challenged individuals at all levels. They should underscore the importance of good dental

health for optimal general health and dispel the misconception that oral/dental treatment for these individuals is less important than that of the general public.

To overcome communication challenges with intellectually/physically challenged individuals, dentists must equip themselves with various behavioural modalities and familiarize themselves with the characteristics of significant disabilities and their related psychosocial problems. Preventable dental conditions such as dental caries and periodontitis necessitate dentists' commitment to community-wide disease prevention, especially within the intellectually/physically challenged population. Collaboration with schools and institutions and, educating caretakers/guardians of these individuals becomes pivotal in this preventive effort.

While these efforts may not yield significant financial returns for the dental profession, they undoubtedly improve oral health and, consequently, the overall quality of life in these individuals. Providing dental care to this demographic may pose challenges but promises spiritually gratifying experiences. As previously stated, Pakistan has high reported rates of childhood intellectual and physical disabilities.⁶ Recognizing its past avoidance, the dental profession must now embark on coordinated, multi-level efforts, acknowledging its responsibilities and working collectively to address the oral/dental health needs of our population's intellectually/physically challenged segments.

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