

A Caregiver-Focused Oral Health Education Program Evaluation

Avanti Andrioaie*

Department of Oral Medicine, Oral Pathology and Special Needs Dentistry, Westmead Hospital, Westmead, NSW 2145, Australia

Introduction

Intellectual and developmental disabilities are a broad category of permanent impairments that begin in childhood and affect a person's ability to communicate, move about, take care of themselves, and learn. There are major oral health inequalities between persons with intellectual and developmental impairments and the general population, which have been well-documented in the literature. There is a significant burden of dental disease in this group, as shown by a retrospective analysis of adults with intellectual and developmental impairments seeking dental care, which found that 30% had untreated dental caries, 80% had periodontitis, were edentulous. Additionally, poor dental health has been linked to major chronic illnesses such as cardiovascular disease, diabetes, respiratory disease, and stroke and can have a significant societal impact.

Description

Intellectual and developmental disabilities are a broad category of permanent impairments that begin in childhood and affect a person's ability to communicate, move about, take care of themselves, and learn. Significant oral health inequalities are among the several well-documented health differences between persons with intellectual and developmental impairments and the general population. A retrospective study of dental treatment requests from adults with intellectual and developmental impairments found that 10% were edentulous, 80% had periodontitis, and had untreated dental caries, underscoring the significant burden of oral illness in this community. Additionally, poor dental health status has been linked to major chronic illnesses such as aspiration pneumonia and cardiovascular disease, diabetes, respiratory disease, and stroke and can have a significant impact on social and psychological [1].

Paid carers reported finding it challenging to maintain oral hygiene in studies examining the effects of long-term oral health programmes, especially while trying to meet other pressing care needs. In general, paid carers had adequate knowledge of the hazards to oral health as well as its protective aspects, but their clients with intellectual and developmental impairments did not play much emphasis on maintaining their dental health. The majority said they had learned from coworkers or others how to care for persons with intellectual and developmental impairments. Additionally, paid carers with lower educational levels were less likely to help the persons in their care with preventative dental care and were more likely to feel carer strain. Carers reported finding it challenging to maintain oral hygiene in studies examining

the effects of long-term oral health programmes, especially while trying to meet other pressing care needs. In general, paid carers had adequate knowledge of the hazards to oral health as well as its protective aspects, but their clients with intellectual and developmental impairments did not play much emphasis on maintaining their dental health. The majority said they had learned from coworkers or others how to care for persons with intellectual and developmental impairments. Additionally, paid carers with lower educational levels were less likely to help the persons in their care with preventative dental care and were more likely to feel carer strain. Education programmes to help carers provide oral hygiene to individuals with intellectual and developmental disabilities [2].

Knowledge and aptitude these advancements were made possible through instruction delivered through a range of media, including informational pamphlets, videos, hands-on activities, and train-the-trainer models. The aetiology of poor oral health conditions and protective/risk minimization strategies for managing oral hygiene were among the topics covered in education. These strategies ranged from providing clients with assurance through calming environments to practical demonstrations and role-playing activities for oral hygiene tasks like brushing their teeth. Overall, these educational initiatives were quite successful in boosting the expertise, self-assurance, and practise of paid carers. Additionally, some studies demonstrated an increase in the supervision of people with intellectual and developmental disabilities during oral hygiene time, an increase in the availability of opportunities for the person to practise oral hygiene throughout the day, and an improvement in carer technique for procedures.

These results offer confidence that, with proper theoretical and practical training, carers may improve the oral health of persons with intellectual and developmental impairments under their care, despite a variety of limitations to all of the research. Despite this, pilot educational programmes must be developed and tested to see if they can reach as many people as possible. This is due to the heterogeneity of people with intellectual disabilities, the diversity of their oral health status and overall support needs, as well as the divergence in carer roles and expertise. Pilot studies are a crucial and beneficial part of creating a good research design and can assist to boost the probability that bigger studies will be successful. This pilot research aims to comprehend how the Smiles for Life pilot program's components interact with one another in order to influence future creation, conduct, and effectiveness of bigger, controlled studies in this field. The Smiles for Life oral health educational intervention's preliminary efficacy and appropriateness were investigated using a single group pre-test post-test intervention design. The Western Sydney Local Health District Human Research Ethics Committee received the intervention and accepted it as a quality assurance project. This was done to make data collecting easier so that future and existing content and delivery might be improved [3].

The Western Sydney Local Health District Human Research Ethics Committee later approved this university and industry partnership where the university provided the funding for research expertise and research assistants. Because identifiable pre-post datasheets were collected from participants in the Smiles for Life educational intervention, consent was implied by completion because the data were never analysed due to resource limitations. All participants were given the assurance of anonymity about the gathering of data and the sharing of findings prior to their participation in the educational intervention. Since all replies were anonymous, trainer-generated identifying numbers were utilised to link the datasheets at the conclusion of each educational intervention session. The project adhered to rules for data storage and security.

*Address for Correspondence: Avanti Andrioaie, Department of Oral Medicine, Oral Pathology and Special Needs Dentistry, Westmead Hospital, Westmead, NSW 2145, Australia, E-mail: avantiandrioaie@gmail.com

Copyright: © 2022 Andrioaie A. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Received: 02 December, 2022, Manuscript No. jbrhe-23-88202; Editor Assigned: 04 December, 2022, PreQC No. P-88202; Reviewed: 18 December, 2022, QC No. Q-88202; Revised: 23 December, 2022, Manuscript No. R-88202; Published: 30 December, 2022, DOI: 10.37421/2380-5439.2022.12.100060

The Department of Special Needs Dentistry Westhead Centre for Oral Health had revived the Smiles for Life educational session. The unit, a quaternary referral service, provides care for residents of NSW who have one or more of the following conditions: mental illness, severe dental anxiety, dental phobia, physical disability, neurodegenerative disease, complex medical conditions, and intellectual and developmental disabilities. The bulk of the unit's patients (about 75%) have intellectual and developmental impairments, with the remainder being either medically complicated patients, patients with complex mental illnesses, or people with dental fear. Following early revisions in 2003 (when the Smiles for Life programme was founded), this iteration of the oral health education programme was created. The interdisciplinary team approach was also emphasised in the educational lecture [4,5].

Conclusion

There is still a scarcity of human studies in this field. Future research is required to properly demonstrate the gut microbiome's role in mental health, how gut microorganisms may influence brain function, and possibly establish treatments for psychiatric pathologies that directly target the microbiome. Probiotics have been shown to reduce the severity of symptoms associated with depression and anxiety in studies on their effects in psychiatric disorders. According to some studies, they may also play a role in reducing the gastrointestinal symptoms associated with antipsychotic treatment. However, there is a lack of clinical trials on the effects of probiotics in the psychiatric field; thus, additional research is required to establish the potential of probiotics as an adjuvant therapy in various psychiatric disorders.

References

1. Qin, Junjie, Ruiqiang Li, Jeroen Raes and Manimozhiyan Arumugam, et al. "A human gut microbial gene catalogue established by metagenomic sequencing." *nature* 464 (2010): 59-65.
2. Mitreva, Makedonka and Human Microbiome Project Consortium. "Structure, function and diversity of the healthy human microbiome." *Nature* 486 (2012): 207-214.
3. Walker, Alan W. and Trevor D. Lawley. "Therapeutic modulation of intestinal dysbiosis." *Pharmacol Res* 69 (2013): 75-86.
4. Cryan, John F. and Timothy G. Dinan. "Mind-altering microorganisms: The impact of the gut microbiota on brain and behaviour." *Nat Rev Neurosci* 13 (2012): 701-712.
5. Olthuis, Janine V., Margo C. Watt, Kristen Bailey and Jill A. Hayden, et al. "Therapist supported Internet cognitive behavioural therapy for anxiety disorders in adults." *Cochrane Database Syst Rev* 3 (2016).

How to cite this article: Andriaoie, Avanti. "A Caregiver-Focused Oral Health Education Program Evaluation." *J Health Edu Res Dev* 10 (2022): 100060