

Challenges of Special Care Dentistry in Pakistan

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The special need population is one of the neediest yet most deprived and underserved communities of dental patients globally, especially in developing countries. This diverse group of special needs population is composed of individuals with some sort of disabilities that may be medical, mental, physical, or psychological.¹ With the surge in the elderly population and the increased likelihood of contracting chronic diseases in them, the rate of disability is on the rise around the world. The World Health Organization estimated that 16 per cent of the world's population has some sort of disability, and in Pakistan, around 6.2 per cent of the population is reported to have some form of disability.²

Ideally, every disabled individual should have equal access to oral health care and services as everyone else, however, currently, this is not the case and our oral health care system has remained largely oblivious to the special needs of these people, which require more than our routine approach to care. A significant disparity has been reported in oral health status and access to oral health services between disabled individuals and the general population. Various studies have shown that they have poor oral health behaviours, are at high risk of developing oral diseases, have high levels of unmet needs in term of prevention, and faces barriers to oral health care services, that are related to their physical, medical, intellectual, emotional, sensory, mental, or social impairment.^{3,4} Therefore, the speciality of Special Care Dentistry (SCD) was developed which deals with the oral health care special needs of individuals with disabilities, medically compromised patients, and the elderly.⁵

However, there are very few speciality programs in SCD in developing countries, and in Pakistan, no dental

institute offers a speciality training program in SCD. This highlights the lack of awareness and recognition of its importance among dental professionals, policymakers, and the general public in developing countries. As a result, the need for SCD is not well understood, leading to limited resources and services. Thus, the basic challenges faced by the special need population is a scarcity of resources in terms of a trained dental professional, equipment, and facilities, limited accessibility to oral care services, and social stigma attached to disabilities, leading to discrimination and neglect.^{6,7}

Another important factor is that dental undergraduate students are not being taught and exposed to caring for special need people. Every dental professional should play their part in caring for these special needs groups and every student must be exposed to SCD, so they get fully adaptable to these patients' needs. Many dental professionals avoid or are reluctant to work with these patients due to little or no experience in handling and managing these special patients' oral health needs.^{1,8} To bridge this gap, more specific training and educational programs should be developed and implemented to provide the require specialized skills to a dental professional to treat and care for special needs patients' oral health. Outreach programs should be organized at a state and local level to facilitate those special needs patients who cannot receive oral care in traditional dental settings. The government financially supported or subsidized oral care programs should be established for this special population as most of these disabled patients cannot afford dental care services due to financial constraints. Lastly, opportunities and incentives should also be given to attract more dental professionals to participate in these programs and encourage them to undergo the specialized training needed to care for special needs patients. With collaboration, awareness, education, and advocacy, SCD can become an integral part of dental care in developing countries and Pakistan. The oral health needs and problems in the special care population need

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acknowledgement of the seriousness as well as the importance of this problem in the short and long-term well-being of the special need population.

DISCLAIMER

None.

CONFLICT OF INTEREST

None to declare.

ETHICAL STATEMENT

Not applicable.

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