



Oral Characteristics

Children with Trisomy 21, or Down syndrome, may have challenges or differences with their teeth.

- Baby teeth may have delayed eruption with the first tooth appearing up to age 2. All baby teeth may not erupt till age 4 or 5.
- Baby teeth may be lost later, with some children keeping their baby teeth until they are 14 or 15.
- Teeth may be small, or missing.
- Teeth may look yellow because of weak enamel.
- Periodontal disease is more prevalent in children with Down syndrome.



Oral Sensitivities

Many children with Down Syndrome have a very sensitive mouth, making it difficult to maintain good oral hygiene.

Tips for decreasing sensitivity:

- Baby's gums can be massaged with a washcloth or a Nuk brush.
- Massage the face and cheek throughout the day, especially before brushing.
- Lightly tap the lips and cheeks with your fingertip or back of a toothbrush.
- It also can be helpful to stretch the upper lip; practice this with the help of your occupational therapist.
- Using an electric toothbrush can help in decreasing oral sensitivity. However, sometimes it is necessary to brush with a regular toothbrush.
- For children who need chewing stimulation, non-latex tubing or toys are better than licorice; sticky, sugary foods can contribute to tooth decay.
- G-tube fed children should have oral stimulation to decrease oral sensitivity. Brushing morning and night keeps their teeth and gums healthy.
- Many children with Down syndrome have a strong gag reflex. Try to avoid the back of the tongue when brushing.

Challenges and Recommendations

- Children with Down syndrome may experience more dental problems due to medications, low muscle tone, periodontal disease, trauma and injury to the mouth, mouth breathing, diet, and difficulty brushing.
- Medications with a high sugar content increase cavity risk; others may dry the mouth. Using a product with Xylitol before sweetened medications will decrease the rate of dental decay.
- Periodontal disease is a significant oral health problem seen in children with Down syndrome, which may be related to immune deficiency factors, poor oral hygiene, teeth grinding and/or crowding. Maintaining good oral hygiene and frequent professional cleanings are essential.
- Gum overgrowth occurs with some medications such as Dilantin for seizures; Cyclosporine for children with compromised immune system; and Calcium Channel Blockers such as Nifedipine, among others.



Prevent Early Childhood Cavities

- Do not share anything with your child that has been in your mouth such as spoons, food or water bottles, to avoid passing cavity-causing germs to your baby.
- Try to avoid prolonged nursing at night time.
- Put only formula, breast milk or water in bottle.
- Do not put baby to bed with a bottle or sippy cup.
- Prolonged use of a bottle or a no-spill sippy cup with any liquid besides water may cause cavities.
- Brush baby's teeth as soon as they come in.
- Take your child for a dental check-up by 6 month.
- Ask the dentist or doctor about fluoride supplements

Tooth Brushing

Stabilize your child's head. Your child can rest their head in your lap while brushing the first teeth. Toddlers can sit in a high chair or the corner of the couch. You can also lay your child on the bed with their head at the foot end and kneel behind them. You will have a better view to brush teeth efficiently.

Start brushing teeth. Brush teeth as soon as they erupt, using a tiny smear of fluoride toothpaste across the toothbrush. **Wipe the teeth with a dry washcloth after brushing.** When more teeth come in brush one area at a time as outlined below.

- 1. Brush the outside of the bottom teeth from one side of the mouth to the other.** Make small circles with the brush where the teeth and gums come together with moderate pressure for chewing surfaces. Then move to the **inside** to brush the tongue side of the teeth.
 - 2. Brush the upper teeth in the same manner.**
- **Make tooth brushing a routine.** Make tooth brushing part of the daily morning and bedtime routine.
 - **Brush morning and night even if only for a short period.** Some brushing is better than none. Once a routine is established, brushing will get easier.
 - **Supervise tooth brushing for children.** Most children with Down syndrome will learn how to brush and floss independently but some will continue to need partial or total assistance. A good rule is to brush your child's teeth until they can tie their shoelaces.
 - **Once your child accepts brushing, start flossing.** Use the same step-by-step approach as brushing. Try floss holders that are available at drug stores.



Healthy Snacks

- Non-cavity causing foods like cut-up vegetables, fruits, cheese and nuts make great snacks.
- Avoid sticky or sugary foods like fruit roll-ups or crackers because they increase the time sugar is on teeth and can cause cavities.



Visiting the Dentist

- Take your child to the dentist as early as 6 months of age and regularly thereafter to prevent dental disease. The dentist will help to identify unusual tooth formation, patterns of eruption, and guide you on good oral care.
- Inform the dental office of your child's special health care needs. Explain any sensitivity to touch, sounds or lights.
- Ask the dentist if you can schedule an "orientation" visit before the first appointment to introduce them to the office and meet the staff.
- Get a video or book on visiting the dentist and review with your child prior to the first appointment.
- Practice looking in your child's mouth with a disposable mouth mirror available at drug stores.
- Take your child's favorite music or toy.
- Ask your dentist about sealants and fluoride.

Resources

For Help in Finding a Dentist, Contact:

Rady Children's Customer Care and Referral Service at 1-800-788-9029

For an In-Home Visit by the Anderson Dental Staff

contact your Service Coordinator at the San Diego Regional 858-576-2996

For the Down Syndrome Center call Rady Children's Hospital at 858-966-5840

For Parent-to-Parent Support, contact:

Exceptional Family Resource Center at 1-800-281-8252

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