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Journal of Orofacial and Health Sciences



Journal homepage: www.johs.in

Editorial

Inclusive oral healthcare for patients with special needs: Bridging gaps in dentistry

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Keywords: Complete Denture, Remedies, Troublesome dentures

Received: 10-07-2025; Accepted: 22-07-2025; Available Online: 27-08-2025

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The treatment of patients with special healthcare needs (SHCN) represents a critical component of contemporary dental practice. According to the American Academy of Pediatric Dentistry (AAPD), SHCN are defined as "any physical, developmental, mental, sensory, behavioural, cognitive, or emotional impairment or limiting condition that requires medical management, healthcare intervention, and/or use of specialized services or programs" While the prevalence of SHCN continues to rise globally, particularly due to improved life expectancy and diagnostic sensitivity, dental services for this population remain fragmented and underdeveloped.

Despite growing awareness, access to appropriate dental care continues to be a major barrier. Studies report that individuals with SHCN are more likely to experience poor oral hygiene, increased caries prevalence, and periodontal disease compared to the general population.²⁻³ These disparities are often compounded by physical, behavioural, and financial limitations, as well as insufficient training among dental professionals. In a study conducted across dental schools in India, less than 30% of final-year students felt confident in treating patients with disabilities.⁴ This statistic underscores the urgent need to revise dental education curriculum and foster a workforce prepared to offer patient-centred care to all individuals, irrespective of their physical or cognitive status.

Effective care for patients with special needs extends beyond the clinical operatory. It requires an interdisciplinary approach that incorporates behavioural sciences, pharmacological management (including conscious sedation and general anesthesia where appropriate), caregiver engagement, and accessibility in infrastructure. Integration of teledentistry in pre-appointment planning, and preventive interventions such as fluoride application and dietary counselling, have also been shown to reduce treatment burden in these populations.⁵

In the Indian context, the management of patients with special healthcare needs must be systematically embedded into the undergraduate and postgraduate dental curriculum. Currently, exposure to such cases is sporadic and often limited to isolated clinical encounters or optional postings. There is a pressing need for the *Dental Council of India (DCI)* and academic institutions to introduce structured training modules that encompass both theoretical understanding and clinical experience in Special Care Dentistry (SCD). This should include components such as patient communication strategies, behavioural management, sedation protocols, and modifications in treatment planning. Dedicated departments or units for special care dentistry, simulation labs, and regular interdisciplinary case discussions can play a pivotal role in preparing future practitioners. Moreover, faculty development programs and continuing dental education (CDE) workshops are essential to ensure that educators themselves are equipped to train students effectively. By institutionalizing special care training across dental colleges, India can move towards a more inclusive oral healthcare system where every dental professional is capable and confident in treating this vulnerable population with empathy and clinical excellence.

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Treating patients with special needs is not merely a clinical obligation—it is an ethical imperative. As dental professionals, we are called not only to restore smiles but also to uphold dignity. Let us strive to build a system where no patient should be left behind, and where compassion and competence go hand in hand.

Conflict of Interest

None.

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How to cite: Samra KR. Inclusive oral healthcare for patients with special needs: Bridging gaps in dentistry. *J Orofac Health Sci.* 2005;12(2):84–85