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IMPORTANCE OF FLUORIDATION TO  
CHILDREN WITH SPECIAL NEEDS

The need for community water fluoridation as a means of preventing dental decay and improving the dental health of all children has long been publicized.

Less attention has been given to the even greater need for dental health protection by children with special health problems and handicaps.

A recent statement, copy attached, based on experience at the Children's Hospital Medical Center in Boston, Massachusetts, emphasizes the especial importance of fluoridation to disabled children and children with leukemia, heart disease, hemophilia, and other diseases as well as those needing body casts after orthopedic surgery.

The Children's Hospital Medical Center is world-renowned for its treatment and research on children's diseases. It reports 12,500 admissions a year and 153,000 out-patient visits. Its patient load includes children and young people from minutes after birth up to 20-30 years of age, although the usual age limit is 18.

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Enclosure



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## POSITION STATEMENT ON THE NEED FOR FLUORIDATION

Most authorities endorsing fluoridation of water supplies emphasize the benefit which will accrue to the normal child because of the significant reduction in dental caries. There is, however, a significant segment of our child population who are not normal and for whom the consumption of Fluoride is especially important. This group is composed of those children suffering from a variety of physical illnesses for whom a dental infection as a result of caries and the attendant complications can have profound and perhaps life threatening consequences and often involve protracted and expensive courses of treatment.

The child with severe hemophilia, for example, if not on a prophylactic regimen, usually must be hospitalized for a week or ten days if a tooth or teeth must be extracted, in order that hemorrhage can be controlled by transfusion of appropriate blood fractions.

A potentially more dangerous situation arises when children who are being treated for leukemia or other neoplasias have their immune mechanisms suppressed by therapy and dental infection supervenes. When such cases occur, an intensive multidisciplinary attempt must be made in order to eliminate the source of infection before the child is overwhelmed.

Many of our patients have severe heart disease either congenital or acquired. Dental infection in many of these children has the potential for producing Bacterial Endocarditis with its important complications.

Children scheduled for full body casts after orthopedic surgery must have potential sources of infection eliminated for fear of blood-borne

dental infection becoming established in areas hidden by the cast.

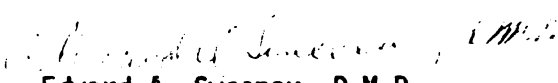
Furthermore, a very large group of disabled child patients find it virtually impossible without fluoridation to maintain the state of oral hygiene that keeps dental decay at a minimum. Examples of such patients are found among those with cerebral palsy and others with a wide variety of neurologic or orthopedic deficits. These children would greatly profit from fluoridation.

The foregoing is not an exhaustive list of those for whom dental decay is more than just a benign chronic disease, and the list would not be complete even by the addition of diabetics and cystic fibrotics.

Fluoridation is important to those of us who care for such children and who are concerned because these children, who can least afford to suffer from dental decay and infection, have their problems compounded by the inadequate number of dentists trained in the techniques necessary to manage them.

While the consumption of optimal amounts of fluoride will not entirely eliminate the problem of dental decay in our special patients, the expected reduction of dental disease by 60 percent will give us added safeguards and can help ensure that they will remain free of the kinds of dental disease which if not life threatening is both extensive and expensive in its treatment.

In view of the foregoing I urge the use of fluoridation of public water supplies so that not only the well child can profit from its decay reduction, but more importantly, that the child with special needs may have a better chance for health.

  
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