Letters to the Editor

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This series is coordinated by Kenny Lin, MD, MPH, Associate Deputy Editor for *AFP* Online.

Emphasizing Oral Health Care in Children with Down Syndrome

Original Article: Role of the Family Physician in the Care of Children with Down Syndrome

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TO THE EDITOR: I appreciated the comprehensive article on caring for children with Down syndrome and the inclusion of hypodontia and delayed dental eruption in Table 4. Dental care is the leading unmet health care need among children with Down syndrome.[1] Rapid destructive periodontal disease, leading to the loss of permanent anterior teeth in the early teens, is the most significant oral health problem in this population.[2] Contributing factors include poor oral hygiene, malocclusion, bruxism, conical-shaped tooth roots, and abnormal host response because of a compromised immune system. Because of the difficulty distinguishing missing teeth from delayed eruption (as late as 24 months), as well as an increased incidence of malformed teeth, it is imperative that children with Down syndrome be referred to a dentist within six months of the eruption of the first tooth or by one year of age.[3]

Preventive advice for parents should include twice-daily supervised brushing and flossing, low-cariogenic snacks, and regular systemic and topical fluoride. The dentist may advise chlorhexidine rinses for better periodontal health. Because there is more malocclusion and crowding, orthodontics may be more common as well.

Resources for family physicians include the American Academy of Pediatric Dentistry to help find dentists who are comfortable treating children with special needs (http://www.mychildrensteeth.org/) and the National Institute of Dental and Craniofacial Research for practical information for health professionals and parents (http://www.nidcr.nih.gov/OralHealth/OralHealthInformation/SpecialNeeds/). Family physicians can also access free online training covering general pediatric oral health issues on the Smiles for Life website (http://www.smilesforlifeoralhealth.org).

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3. Debord J. Dental issues and Down syndrome. National Down Syndrome Society. http://www.ndss.org/Resources/Health-Care/Associated-Conditions/Dental-Issues-Down-Syndrome/. Accessed January 2, 2015.

IN REPLY: We appreciate Dr. Silk's letter highlighting several key factors about oral health care in children with Down syndrome. Dental care should never be overlooked, and we agree that early referral to an oral health professional is essential.

Dr. Silk's letter also addresses the importance of dialogue between clinicians, parents, and other health professionals. Parents should be empowered to ask questions and seek necessary referrals. The resources provided by Dr. Silk can help facilitate access to appropriate care.

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Corrections

Clarification on administration of live vaccines. The Practice Guideline "IDSA Releases ▶

Recommendations on Vaccinations in Immunocompromised Patients," (November 1, 2014, page 664) contained incomplete information about the administration of live vaccines to household members of immunocompromised patients. The fourth sentence of the section titled "Vaccination in Household Members" (p. 665), in the paragraph discussing influenza vaccination, should have specified that live attenuated influenza vaccine (LAIV), rather than "live vaccine," should not be administered to persons who live with an immunocompromised person who received a hematopoietic stem cell transplant in the previous two months, who has graft vs. host disease, or who has severe combined immunodeficiency. The distinction is important because certain other live vaccines are still permitted. The sentence should have read: "LAIV should not be administered to these persons or, if administered, contact between the immunocompromised patient and household member should be avoided for seven days." The online version of this article has been corrected.

Incorrect dosage. The article "Identifying and Managing Posttraumatic Stress Disorder" (December 15, 2013, p. 827) contained an error in Table 3, titled "Medications for Treating Posttraumatic Stress Disorder" (p. 832). The maximum dosage for citalopram (Celexa) is 40 mg per day, not 60 mg per day as stated in the table. The online version of this article has been corrected. ■