

Editorial:

The relevance of the biopsychosocial approach to dental care for children with disabilities

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Dear colleagues,

During the last few years, great advances have influenced Pediatric Dentistry, including the development of new dental biomaterials and technological equipment, which undoubtedly seeks to achieve better and more predictable results.

However, it is interesting to ask ourselves, what is the care approach that pediatric dentists apply when providing dental care to their patients, children, and adolescents?

Traditionally, the biomedical approach has been the predominant model when providing health care, however, in 1977, Engel indicated that this model does not consider the social, psychological, and behavioral dimensions of the disease, highlighting the importance of incorporating a biopsychosocial approach in health care¹.

Associated with this last model is Person-Centered care, which focuses on the elements of care, support and treatment that matter most to the patient and their family, that is, it puts the patient and their family at the center and includes them as part of the team that makes decisions and works to achieve the best result².

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This implies a paradigm shift, because it requires health professionals, in this case dentists and pediatric dentists, to acquire the skills to offer care that considers not only the oral disease presented by their patient, but also the entire context in which it occurs³.

And when we refer to dental care for children who require special health care, such as those with disabilities, the biopsychosocial approach takes on great relevance.

In 2001, the World Health Organization published the International Classification of Functioning, Disability and Health (ICF) whose objective is to understand and study health and health-related conditions, their consequences and determining factors, using a common language, and based on the biopsychosocial model⁴.

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It has been reported in the literature that children with disabilities have a higher prevalence of oral diseases and a greater need for dental treatment. Along with this, they must face more barriers than the general population to access dental care⁵.

Among the barriers mentioned in the literature is the unwillingness of dentists to care for children with disabilities. On the other hand, the fear of children with disabilities regarding dental care is also reported as a barrier. In addition, the population of children with disabilities may have different levels of sensory processing disorders, which can further complicate the provision of dental care⁶.

In 2006, the Convention on the rights of persons with disabilities was drafted, which entered into force in 2008.

The purpose of This convention is "to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity", defining persons with disabilities as those who have "long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others".

In the article No. 7, "Children with disabilities", this convention indicates that the states parties must take all necessary measures to ensure that children with disabilities have the same rights as children who do not have disabilities⁷.

Considering the above, it is important to recognize that we have a great responsibility.

Identifying the barriers should motivate us to make decisions that challenge what is currently happening in many parts of the world. We must work to make pediatric dentistry accessible to all children and adolescents with disabilities, taking into account the opinions, beliefs, and knowledge presented by pediatric users and their family members or primary caregivers.

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