

Give the kid a chance

It is simply human nature, at least for most of us living in the United States, that as we grow and mature the good things in life will come our way. We expect employment in our chosen fields, we expect to live in comfortable surroundings and to have plenty of food, and we expect always to have quality medical and dental care readily available should we need it. Some of us even expect that when our children are born they will be happy, healthy, and privileged. But what happens if any part of our expectations are not met?

Perhaps nothing is more disruptive to family life than the arrival of a child with a significant birth defect. The time, energy, and money needed to provide care often affects every other aspect of our lives.

As the parent of a child affected by hypohidrotic ectodermal dysplasia (ED), I have come to realize that it is certainly not the most devastating of birth defects. However, our family has done its share of adjusting. I still remember my shock when our family dentist provided the diagnosis for our son. We had never heard of ED or of the possibility that some children truly may never have teeth. But through the years we have been blessed with many fine professionals who have provided care. I feel that our son has had the very best care that can be obtained. Our home has been modified to provide an appropriate environment, dentures were successfully introduced at age two and one-half, his school has provided air-conditioned classrooms, and he has grown into a delightful nine year old with a happy disposition and healthy self-esteem.

During the past five years I have acted as the director of the National Foundation for Ectodermal Dysplasias. It has been my good fortune to talk and visit with hundreds of families who have children affected by ED. I have shared their joys and their sorrows and have been deeply enriched by the experience. As time has progressed, we have developed literature which helps these families understand the ramifications of ED, the various types of treatment which are necessary, and the real potential for these individuals to mature into happy, healthy, productive adults. We are delighted that more and more insur-

ance companies are providing dental benefits under medical plans, we are thrilled that we are able to provide financial assistance for dental treatment to families who have no other source of aid, and we look with great expectation to fruitful results from gene identification research now being conducted.

But, there is more to the story. The truth of the matter is that all too many of our families have been turned off by the dental establishment when it is this very group who should be the single most important care provider in these individuals' lives. I have come to appreciate just how fortunate our family was to have a dentist who was willing to extend himself so that he could provide the quality care necessary for our son. I remember the almost painstaking way in which he initiated treatment — keeping visits brief to accommodate a restless two and one-half year old who didn't like to have his face touched. The challenge for this dentist was awesome. But, I know that he is as delighted with the results as we are. Families like ours who have chosen to have dental work done at such an early age and who have found a cooperative dentist are in whole-hearted agreement about the positive benefits that such treatment provides.

Without question the single most important result of denture applications in the small child is its effect on the child's self-image. With such therapy the child is now more like other children, is proud of his ability to wear the teeth, and has a new smile that will grab your heart. One dentist likened it to "turning on a light switch" as the child progressed rapidly from one who was withdrawn to one who was socially outgoing. There are other benefits as well. Children so affected often experience a marked improvement in their speech, find certain foods easier to eat, and have a significant, positive change in their appearance. All of this affects their relationships with other children and adults. Until you have been a part of such a miracle, perhaps you cannot appreciate the results.

Unfortunately, the happy scenario I have described is all too often unavailable to those who are in desperate need of the treatment. Children and families affected by ED have run the dental gauntlet and

frequently come up losers. Dental treatment failures for children affected by ED are not, for the most part, caused by treatment but rather by a lack of it. It is true that many of these children are young; their alveolar ridges are often very small due to the absence of teeth. They can be restless, and their parents may be over-eager. But none of these reasons is significant enough to delay treatment. There have been many, many two to four year olds affected by ED who have been treated successfully. In fact, only one instance comes to mind where treatment results were negatively affected by the child's unwillingness to wear the denture. The question then is, "Do we not try treatment for fear that a child may not respond or adapt well?" Absolutely not! What possibly could be gained by withholding treatment? The fact remains that there will never be success until treatment is provided, and every child should at least have the chance for success.

Denture applications can and do work well for the small child affected by ED. Success is most easily attained when the parent, child, and dentist work together as a team.

By working together closely, side by side, with

open and honest communication, victory will be possible.

As some of our families proceed from one dentist to another hoping to find one who will work with their children, they become frustrated and often angry. Negative dental experiences can precipitate difficulties in other areas of treatment as the children and parents become disenchanted with care providers. They are dismayed that some practitioners would rather provide ambiguous excuses than admit that they are uncomfortable or would prefer not to provide care.

I have the greatest respect for the dental profession. After all, our family dentist is the single most important and influential person in our special son's life. But there is an urgent need to locate similar professionals who are willing to work with families affected by ED all across our country. ED is not as rare as one might presume and hundreds of families are searching for that dentist who is ready to be a part of a miracle. All we need to do is to work together to give the kids a chance.

Mary Kaye Richter, Director
National Foundation for Ectodermal Dysplasias

Dental spending on the rise

The Commerce Department estimates that Americans will spend \$32.8 billion for dental care this year.

The report said expenditures for dentists' services increased from \$27.1 billion in 1985 to an estimated \$29.8 billion last year and will top \$30 billion in 1987. The average annual 10% increase in dental spending is in line with increases in total health care spending, expected to total \$511.9 billion in 1987.

Some reasons cited for the high growth rate of health care spending are a greater number of elderly patients, use of sophisticated equipment and technology, the passing on to patients of high malpractice insurance costs, and expensive treatment for AIDS and other costly diseases.

An average annual 4% growth rate is predicted in the dental equipment and supply industry. Federal support of dental research and development is expected to grow, focusing on areas to improve the appearance of teeth.