

## Introduction

Children with special needs constitute a significant segment of the population. In the USA, about 13 % of children from birth to 18 years of age fall in this category. Among them are those with intellectual disability (ID) which is included in a complex group of intellectual and developmental neurobiological disorders [1,2] characterized by cognitive and adaptive deficits of varying degrees. Traditionally, the intellectual disability may range from a mild to profound. The majorities have a mild deficit (IQ of 55-70) and often merge into the

academic skills as well as adaptive living activities, self-care, work,

may produce a variety of side-effects and drug-interactions [2].

A systematic review of original articles on oral health of adults concluded that patients with ID had poor oral hygiene as well as higher prevalence and greater severity of periodontal disease than the general population. The caries rates were similar or lower in these patients but they had a higher rate of untreated caries [9]. A study on Indian children with special health care needs estimated a high prevalence of caries (89.1%) as well as poor periodontal health and malocclusion [10]. Australian children with disabilities in the age group 9-13 years had a mean DMFT of 2.2 which was higher than the national average of 1.0 for 12 year old children. This was attributed to medications, diet (snacking and beverages) and poor hygiene. Seventy percent of these



is common in this population, removable appliances require a high

