Attention deficit hyperactivity disorder is a behavior disorder with developmentally inappropriate inattention, impulsivity, and hyperactivity. (ICD 9 code 314.01)

**Oral Manifestations and Considerations**

**Oral**
- Decreased attention span → poor oral hygiene raises potential for increased caries
- Bruxism
- High risk for dental/oral trauma

**Other Potential Disorders/Concerns**
- Oppositional defiant
- Obsessive-compulsive
- Anxiety
- Conduct
- Tic
- Mood (anxiety, depression, bipolar)

**Oral Side Effects of Commonly Prescribed Medications**

**Medication:**
- Prescribed based on symptoms for their intended purpose or used off label for associated conditions.
- Some children will go on medication “holidays” during times when they are not in school. Ask if a child has taken medication, and avoid treatment during periods when child is off normal meds.

<table>
<thead>
<tr>
<th>SYMPTOM</th>
<th>MEDICATION</th>
<th>SIDE EFFECTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generalized</td>
<td><em>Stimulants</em> (Ritalin, Adderall)</td>
<td>Xerostomia, dysgeusia, bruxism</td>
</tr>
<tr>
<td></td>
<td><em>Atomoxetine</em> (Strattera)</td>
<td>Xerostomia</td>
</tr>
<tr>
<td>Repetitive Behaviors</td>
<td><em>Antidepressants</em> (Wellbutrin, Tofranil)</td>
<td>Xerostomia, dysgeusia, stomatitis, gingivitis, glossitis, sialadenitis, bruxism, dysphagia, discolored tongue, and oral edema</td>
</tr>
<tr>
<td>Hyperactivity</td>
<td><em>Antihypertensive</em> (Clonidine, Tenex)</td>
<td>Xerostomia, dysphagia, sialadenitis, dysgeusia</td>
</tr>
</tbody>
</table>
Parent/Caregiver Support and Guidance

- Discourage consumption of cariogenic foods and beverages.
- Prescribe sugar-free medications if available.
- Recommend preventive measures such as topical fluoride and sealants.
- Advise the use of fluoridated toothpaste twice daily and support the family in following dental care instructions.
- Instruct caregiver on appropriate protocol following dental trauma (locate/preserve missing tooth and put in cold milk; seek immediate professional care).
- Recommend rinsing the mouth with water after each dose, especially after taking medications that cause xerostomia.
- Review safety issues appropriate to the age of the child, such as mouth guards to prevent oral-facial trauma.
- Refer to dentist any oral developmental abnormalities.

Additional information: Special Needs Fact Sheets for Providers and Caregivers

References


Additional Resources

- NIH Institute for Attention Deficit Hyperactivity Disorder
- Special Care: an Oral Health Professionals Guide to Serving Young Children with Special Health Care Needs
- Bright Futures Oral Health Pocket Guide
- American Academy of Pediatrics Oral Health Initiative
- MCH Resource Center
- ASTDD-Special Needs
- Block Oral Disease, MA
- NOHIC-NIDCR publications