Review Form 1.7

Journal Name:	**Asian Journal of Dental Sciences**
Manuscript Number:	**Ms_AJDS_118600**
Title of the Manuscript:	**Oral Health Status and Special Health Care Needs of Disabled Individuals Attending Special School, Vientiane Capital.**
Type of the Article	Review Manuscript

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty'**, provided the manuscript is scientifically robust and technically sound.
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PART 1: Review Comments

	Reviewer's comment	**Author's comment** *(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)*
Compulsory REVISION comments 1. **Is the manuscript important for scientific community?** (Please write few sentences on this manuscript) 2. **Is the title of the article suitable?** (If not please suggest an alternative title) 3. **Is the abstract of the article comprehensive?** 4. **Are subsections and structure of the manuscript appropriate?** 5. **Do you think the manuscript is scientifically correct?** 6. **Are the references sufficient and recent? If you have suggestion of additional references, please mention in the review form.** **(Apart from above mentioned 6 points, reviewers are free to provide additional suggestions/comments)**	1. **Yes, the author has selected an appropriate study for research, since everyone shows interest in researching on normal human adults, whereas this author has selected an apt topic to study disabled children too.** 2. **Yes, the title of the study is suiting to the described study.** 3. **Yes, the abstract has covered major points, but some grammatical errors have to be rectified, which are as follows-:** **Abstract** 1. The purpose of this study **is to describe** the prevalence. **Methods** 1. Participants **who were attending a special school**. 2. Consent form**, both were sent**. 3. Parent**s** 4. Parents **were** asked**,** to complete the questionnaire**.** 5. Dental caries examinations **were** carried 6. Justification alignment of the entire script. **Results** 1. Participants **were** 127 2. 74% of **children** had caries**.** 3. The mean **of** untreated caries **was** 4. There was **no significant difference, statistically between type of disabilities** 5. Severe dental caries **were** reported high **in** Down's syndrome**.** 6. **1.50+ 2.12 reported abscess in children** 7. **Than in** other type of children **Conclusion** 1. Among the children with disabilities, more attention should be paid to the oral hygiene and provide dental treatment program**s** for disability children. 4. **The subsections and structure of the manuscript needs rectification under the following headings which are as follows:-** **Introduction** 1. **Justification alignment** 2. a child who cannot play, learn, or do things that other children **of** his or her age can. 3. **Whether** due to the existing disability or due to medical, economic or social reasons, and require **treatment needs** than healthy children [5,6]. 4. **Studies** from Croatia, 2007 reported 5. **The** average DMFT values 6. **largely** due to stigma and discrimination. 7. The aim of this study **is** to determine the prevalence of dental caries **Methodology** 1. A total of 127 **children** with disabilities between the ages of 6 to 24-year-old attending a special school, **were selected for the study**. 2. Informed consent was obtained from the participants' parents, who **were also** provided with detailed information on the study **protocols.** 3. **Both,** the consent form and the research protocol **were** approved by the Institutional Human Subject Review Committee from University of Health Sciences (UHS). 4. An investigator was **sent with** the survey document to deliver the questionnaire and consent form to discuss the **protocols** with the principal **of special school**, teachers and parent. The **parents who volunteered** to	

	participate in the survey **were asked** to sign the consent form and **complete the** questionnaire. 5. The questionnaire **consisted** of four parts and the following information was **collected** 6. The child's personal data **such as** sex, age, date of birth and type of **disability** including **the** children's socioeconomic background-parent education and family income; 7. Child's oral health care, **number of Dental visits**, **describes** the oral health of their child 8. Parent's dental knowledge, the child's oral health-**related** behaviors and frequency of **tooth brushing** **Clinical examination** 1. Oral examination **took** place **on** the school field, with **participants seated** on an ordinary chair and illumination **was provided** by an ordinary fluorescent lamp. 2. **Participants were** not having their teeth brushed or professionally cleaned prior to the examination. 3. The total number of decays, missing and filled permanent teeth (DMFT) **were** recorded for each participant without radiographic examination. 4. Oral cleanliness was **evaluated** by visually assessing the buccal and lingual surfaces of the upper and lower incisors and canines for the presence of plaque using the silness &Loe [12] index, **which are** as follows: (0) no visible plaque; (1) visible plaque; (2) an abundant amount of visible plaque. **Statistical analysis** 1. Data analysis **was performed** using the software statistical package for social sciences version 17.0. **Results** 1. The age **ranged between** 6-year-old to 24-year-old 2. **Table** 1 shows the distribution of student in relation to different degree of disability. 3. 51% of children **were with** deafness/loses hearing, 19% of **children were** blind following with 17% **were with** mental problem. 4. Only 2% of **children were with Down 's syndrome** and Autism. 5. **Table 1:** Frequency and percentage (%) general information of disable **children** in special school Vientiane Capital. 6. Table 2 **shows** the history of dental **visits** in **disabled** children 7. 56% of children never **had experience of visiting** dentist and 22 persons (17.3%) reported **that they do not** remember or don't know when **the date of visit was.** 8. Only 27% reported that they have **ever** (ever or never ??) been to dentist in their life time. 9. The most **common** reason for the last **visit to** dentist was tooth pain 18%, tooth extraction 9% and check-up 2%. 10. **On contrary** the main reason that they have never visited dentist was child's fear (20%), **parents have** no time (13%) and other reason (18%). 11. Table 2Frequency and percentage (%) historical of dental **visits** in **disabled children** in special school Vientiane Capital. 12. **Statistical data doesn't match with the table value. Need to rectify it.** 13. The overall mean DMFT were 2.51±2.32, mean untreated dental caries was high in Down's **syndrome** 14. **Participants reported** about dental treatment **were** very rare for filled teeth and missing teeth. 15. **No statistically significant differences were found between untreated caries and caries experienced in this study**. 16. **On** the other hand**,** severe **cases** of dental caries in	

Down's syndrome children reported Abscess (1.50±2.12).

17. There was a statistically significant difference between disabled children (p=.001). Pulp infections were 0.66±0.98.
18. There was a statistically significant between disable children (p=.001). Pulp infection were 0.66±0.98 children with multiple of and mean Pulp and Abscess (PA) index was2.00±2.82 in children with Down's Syndrome. (not punctuated properly, difficult to understand the statistics).

Discussion

1. Children with disabilities are at greater risk of maltreatment, violence, abuse and exploitation **compared to other** non-disabled peers.
2. Physical inaccessibility of facilities, distance and poverty are **the** key barriers that limit their access to services in education, health and welfare.
3. Children with severe disabilities are usually kept at home, and often 'hidden' **from** the outside world, due to stigma and discrimination.
4. **A study done in** 2007-2008 [13], **the** result shows high caries prevalence 72% and dental caries **were on increase** when children **get** older.
5. **Mean** score of DT was 2.33±2.18 and mean DMFT was 2.51±2.33 in **disabled** children **compared** to healthy children report the mean DT was 0.3±0.8 and mean PUFA was **0.0±0.1 [14].**
6. **While** the **studies** from **Hong Kong showed** mean of DMFT index was 1.23 for 14 year-olds was lower than our study and opposite of our results show mean DMFT 5.73 for the 25-35 age group which is **higher [15].**
7. Comparing the latest surveys of the Project SB Brazil 2003 and 2010, it was noticed **that there was** a decrease in DMFT at 12 years, from 2.8 to 2.1 **and between the ages** 15 to 19 fell from 6.1 to 4.2.
8. In a study with Thai children aged 6 and 12 years, also concluded that the number of caries increased with **age [16].**
9. **Studies** from **Mabelindicated (??place name is not clear)** that a higher prevalence of dental decay explain that this may be caused **due to** immunological conditions, a deficit in motor coordination, and intellectual impairment that may lead to **a** poor oral hygiene [17].
10. Although various studies and systematic reviews have observed poor oral hygiene, especially in children having intellectual disabilities, as compared to the general population **[18], in** the present **study,** 70% of children **reported** fair oral **hygiene of** mild plaque and severe plaque attached on the tooth surface,
11. **Study** from **Deepika found** a higher portion (43.6%) of special healthcare needs children showing good oral hygiene while 31.5% and 22.2% showing fair and poor oral hygiene **respectively [19]**.
12. Half of **disabled** children need dental treatment and 24% of them need urgent treatment because of tooth pain and abscess, **the** children have hardly **any** access **to** dental treatment, also the treatment fee will be the reason to barrier.
13. There was no any health and oral **(incomplete sentence)**
14. The **observed prevalence** of dental caries **was** high, DMFT indexes were relatively low for individuals with different levels of disability but there **was** no **difference** among them. **Parents** had poor knowledge of oral health care **affecting children to have poor oral hygiene**. **Children** with mental problem should **meet** dentist regularly. It is important to have a focused, constant and multidisciplinary monitoring of young adult with disabilities who **are** attending special school in Vientiane capital.
5. The statistical analysis has some mismatch in the data presented in the table and discussion. The author has to read through and make the corrections as suggested.

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Minor REVISION comments **1. Is language/English quality of the article suitable for scholarly communications?**	There are some minor corrections in the language presented. Many times, there are errors of was (if it is a single object or a singular person they are referred as “was”, whereas the script presents the information of 127 subjects which means they are plural in number, so they have to be referred as “were”). Apart from language errors, there are other corrections which has to be made. They are already suggested under each heading.	
Optional/General comments		

PART 2:

	Reviewer’s comment	**Author’s comment** *(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)*
Are there ethical issues in this manuscript?	*(If yes, Kindly please write down the ethical issues here in details)*	

Reviewer Details:

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