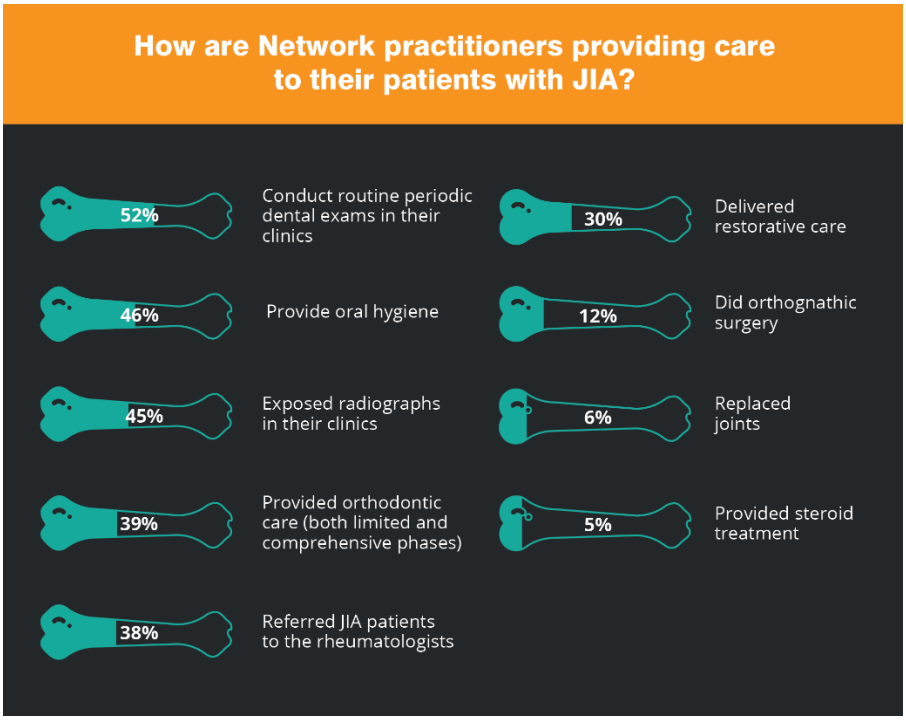
Results of Quick Poll on Juvenile Idiopathic Arthritis

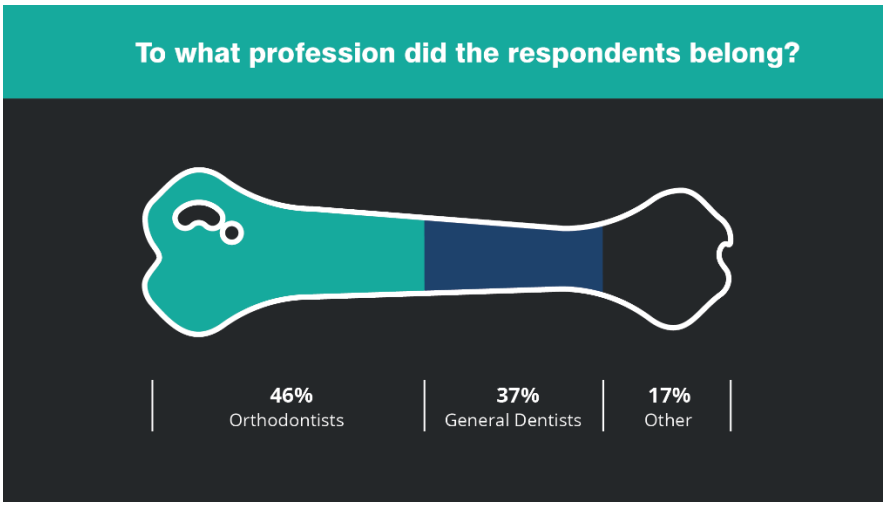
Significance and Innovation: There is little understanding of the orthodontic management of Temporomandibular Joint (TMJ) arthritis in children in the United States and certainly less consensus on a global scale. Juvenile Idiopathic Arthritis is one of the most common chronic joint diseases in childhood[1] and represents a series of chronic inflammatory arthritides that develop before the age of 16 years[2]. It normally persists for at least 6 weeks, has no identifiable cause, and is significantly distinct from adult rheumatoid arthritis[2-5]. JIA has been shown to affect up to 150 in 100,000 children around the globe[6] and has a significant debilitating effect on these young children[7].

A total of 604 practitioners responded to the Quick Poll. The results of the Quick Poll showed a varying response to the care of JIA patients. 45% of the respondents were from the network and 55% were outside of the network. All who responded had an interest in JIA. Close to 52% of respondents conducted routine periodic dental examinations in their clinics, 45% exposed radiographs in their clinics, 46% provided oral hygiene, 30% delivered restorative care, 39% provided orthodontic care (both limited and comprehensive phases of orthodontic treatment), 6% replaced joints, 12% did orthognathic surgery and 5% provided steroid treatment. Only 38% referred JIA patients to a rheumatologist.

The largest respondent group was orthodontists (46%), followed by general dentists (37%). Several factors were identified as motivators for providing oral health care for those with JIA. These included: want to help those with this craniofacial anomaly (57% of respondents); experience providing dental care to patients with cleft and craniofacial anomalies (39%); personal connection/experience (26%); community engagement (20%); prior educational training (20%); increase revenue/production of practice (9%), and marketing of practice (4%).

The Quick Poll attempted to identify potential barriers for practitioners to providing oral health care for those with JIA. Barriers for providing care included: Little or no knowledge of JIA (77%), lack of education and training on JIA (59%); experience providing dental care to patients with JIA (44%); proximity to a craniofacial team (29%), insurance issues (27%); financial implications (26%); compliance of patients (23%); and practice set-up (15%).


How are Network practitioners providing care to their patients with JIA?
52%
Conduct routine periodic dental exams in their clinics
46%
Provide oral hygiene
45%
Exposed radiographs in their clinics
39%
Provided orthodontic care (both limited and comprehensive phases)
38%
Referred JIA patients to the rheumatologists
30%
Delivered restorative care
12%
Did orthognathic surgery
6%
Replaced joints
5%
Provided steroid treatment


To what profession did the respondents belong?
46%
Orthodontists
37%
General Dentists
17%
Other

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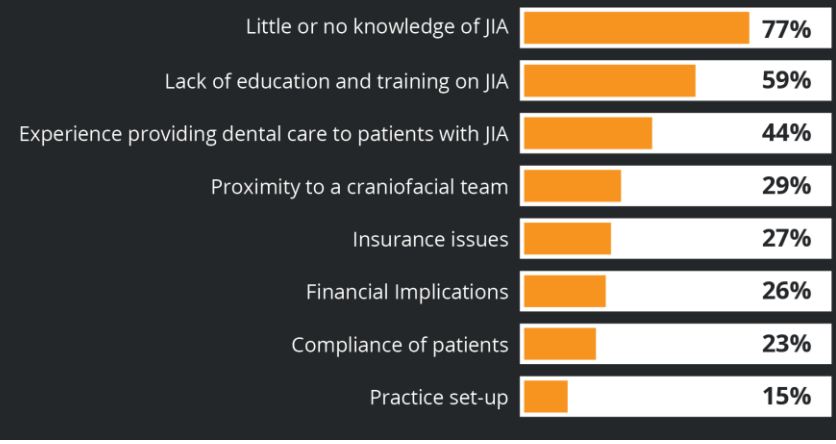

References

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