

Review

Transition from Pediatric to Adult Dental Care for Autistic Individuals: A Scoping Review of Barriers, Pathways, Protocols, and Outcomes

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Citation: Kaur, K. Transition from Pediatric to Adult Dental Care for Autistic Individuals: A Scoping Review of Barriers, Pathways, Protocols, and Outcomes. *J Basic Clin Dent*, 2026;3(2), 1–21.

Received: 19th May 2026

Revised: 24th June 2026

Accepted: 7th July 2026

Published: 14th July 2026



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Abstract

Background and Objective: This scoping review aimed to map the available evidence on transition from pediatric to adult dental care for autistic individuals. It focused on transition pathways, caregiver role, provider preparedness, continuity of preventive care, general anesthesia planning, and reported outcomes. **Materials and Methods:** A scoping review was conducted using PubMed/MEDLINE, Scopus, Web of Science Core Collection, Embase, and CINAHL. Grey literature and reference lists were also searched. After duplicate removal, 551 records were screened. Sixty-four full-text articles or documents were assessed, and 22 sources were included. **Results:** The included evidence was varied. It included autism-specific transition evidence, broader special health care needs transition literature, adult autism dental care studies, professional policies, and transition tools. Only one source directly addressed autism-specific dental transition. Much of the available guidance came from broader special health care needs literature. This information is useful, but it may not fully reflect the sensory, communication, autonomy, and support needs of autistic individuals. No validated autism-specific dental transition readiness tool was found. The evidence suggested that transition is often informal and not well planned. Adult provider preparedness, caregiver guidance, preventive-care continuity, supported decision-making, and general anesthesia planning need further development. **Conclusion:** Transition from pediatric to adult dental care for autistic individuals should be planned as a gradual process, not treated as a simple referral. The process should include early preparation, caregiver support, transfer of clinical and behavioral information, and connection with an adult dental home. Future research should develop and test autism-informed transition tools, adult dental home models, provider training programs, equity-sensitive pathways, and long-term outcomes such as oral health-related quality of life, preventive attendance, emergency care, caregiver burden, and repeat general anesthesia.

Clinical application: Dental teams should begin transition planning early, support caregivers, transfer individualized care information, identify trained adult providers, and maintain continuous preventive care throughout.

Keywords: Autistic individuals, Dental transition, Pediatric dentistry, Adult dental care, Special health care needs, Dental home

1. Introduction

Autism spectrum disorder is a lifelong neurodevelopmental condition characterized by differences in communication, social interaction, sensory processing and behavior ¹. Autism has implications for how autistic people experience dental care.

Dentistry can be challenging for autistic individuals. Dental clinics contain bright lights, unfamiliar sounds and smells, and close personal spaces. These stimuli may cause stress, sensory discomfort, avoidance behavior, or incomplete dental treatment. Autistic children may require tailored dental care plans, visual schedules, shorter appointments, sensory-adapted dental environments, caregiver participation, or sedation/general anesthesia when clinically indicated ²⁻⁶.

Previous reviews have mainly addressed caries experience, periodontal health, oral hygiene practices, malocclusion, caregiver concerns, and behavior guidance techniques. ^{3,7-10} Additional studies have examined visual supports, social stories, video modeling, sensory-adapted dental approaches, and desensitization techniques to improve cooperation and oral hygiene behaviors ^{4-7,10-11}

Most available autism dentistry literature is pediatric-centered. ^{3,7-10} Less evidence is available on autistic adolescents and young adults who leave pediatric dental services and need to establish adult dental care. ¹²⁻¹³ Adolescence and young adulthood remain periods in which many autistic individuals continue to need structured communication, predictable routines, caregiver support, modified instructions, and sensory accommodations during dental visits. ^{2-3,14-15}

Pediatric-to-adult transition is more than a referral to another provider. ^{12-13,16-17} It requires preparation of the patient and caregiver, identification of an adult dental home, transfer of clinical and behavioral information, and coordination to maintain preventive care. ^{12-13,16-19} Pediatric dentists have an important role in continuity of care. Consistent with professional guidance, pediatric dentists may lead the transition process by preparing families, documenting behavioral routines and sensory adaptations, and communicating these needs to the receiving adult dental team. ¹⁶⁻¹⁷

Adolescents with special health care need experience difficulty finding an adult dental provider. ^{12-13,18-22} Some seek care exclusively in pediatric dental settings well past the age of eligibility. ^{13,19,22} Caregivers report uncertainty about when and how the transition should take place. ^{18,20} Adult dentists have reported feeling undertrained, underconfident and lacking resources to provide care for special needs patients. ^{21,23-25}

Autistic individuals are affected by these factors. Sensory differences, communication differences, anxiety, low provider awareness, and lower use of preventive services may contribute to disrupted care in adulthood. ^{2,14-15,26} Because the evidence included is mostly descriptive, the present review avoids causal claims. Emergency-based care repeated general anesthesia, loss of preventive care, and caregiver burden are treated as important potential outcomes that require direct longitudinal study rather than proven consequences of failed transition.

Accordingly, the present review focuses on the less explored transition period rather than repeating existing summaries of pediatric oral health status or pediatric behavior-management

interventions.

To date, we are aware of no review focused specifically on transition from pediatric to adult dental care for autistic individuals. This scoping review was conducted to map evidence from research studies, professional policies, transition tools, and service-delivery literature. The review separated direct autism-specific transition evidence from broader SHCN evidence and autism-specific adult dental care evidence so that extrapolated findings would not be overstated. The conceptual framework for this review is shown in Figure 1.

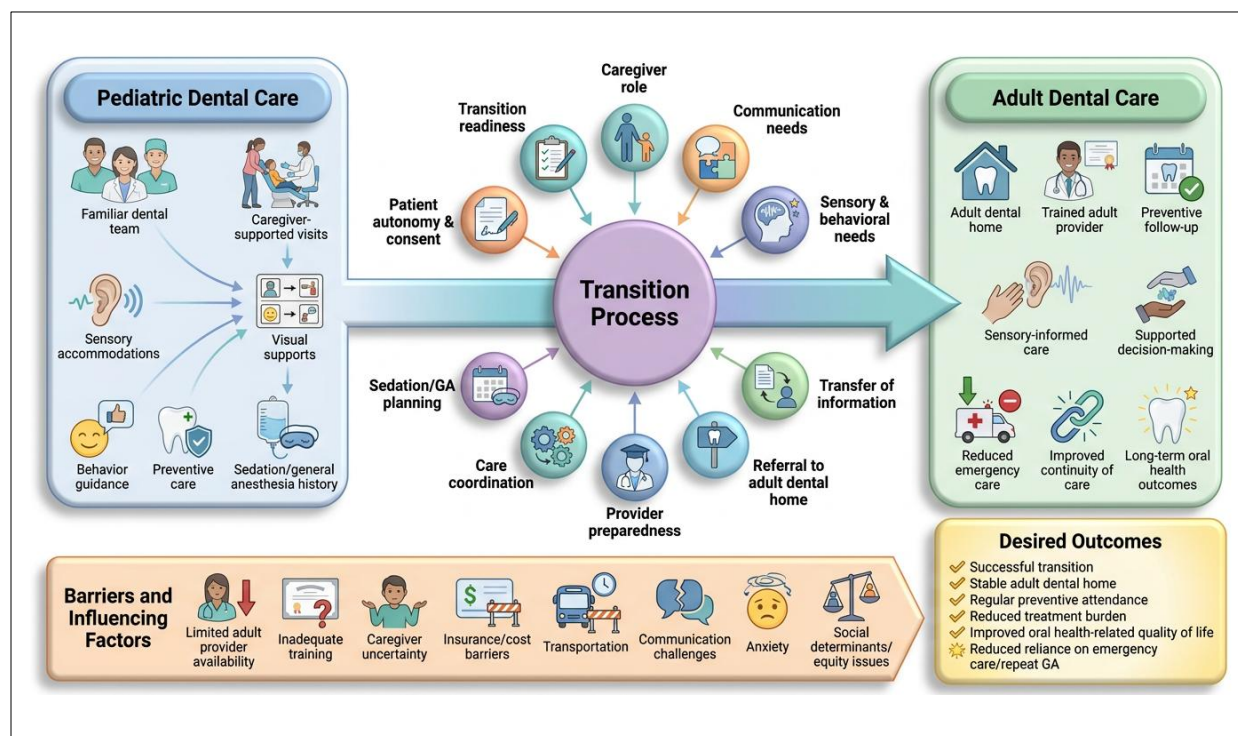


Figure 1. Conceptual framework for transition from pediatric to adult dental care for autistic individuals.

2. Materials and Methods

2.1 Study Design

This study was conducted as a scoping review. The approach of a scoping review was taken because the purpose was to identify and map the evidence rather than determine a pooled effect estimate.²⁷⁻²⁸ The topic is broad and nascent, with sparse autism-specific evidence but more extensive overlapping literature regarding special health care needs.

The review protocol was informed by the Joanna Briggs Institute (JBI) guidance for scoping reviews and reported according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR).²⁷⁻²⁸ The review question was formulated using the Population-Concept-Context (PCC) framework.

Autistic individuals, adolescents, transition-age youth, and adults formed the population of interest. Studies focused on people with special health care needs (SHCN) were included when outcomes were clearly applicable to dental transition and could be considered for autism-focused

transition planning. Transition from pediatric to adult dental care was the concept of interest. Pediatric dentistry, adult dentistry, special care dentistry, hospital dental settings, community dental clinics, academic dental centers, and disability oral health were included as context.

2.2 Review Question

The review question was: What evidence is available on transition from pediatric to adult dental care for autistic individuals, and what barriers, pathways, protocols, outcomes, and research gaps have been reported?

The review addressed additional questions: What studies have addressed dental transition among autistic individuals or populations with similar special health care needs? What barriers exist for transition between pediatric and adult dental care? What transition recommendations have been identified? What outcomes of adult dental care are described for autistic individuals?

2.3 Eligibility Criteria

Included studies and documents focused on dental transition itself or transition-related concepts such as adult dental care, adult dental home, dental care access, caregiver involvement, transition readiness, consent, general anesthesia, and service delivery targeting autistic people. Broader SHCN populations were included when they had a clearly defined connection to pediatric-to-adult dental transition.^{12-13,18-22}

Included sources were original research studies (quantitative, qualitative, cross-sectional, retrospective, and mixed-methods studies), scoping reviews, systematic reviews, clinical reviews, professional guidelines, policy documents, dissertations, and transition-related tools.

Studies were excluded if they reported only oral health status without any connection to transition, adult dental care access, continuity of care, service delivery pathways, or transition implications. Pediatric behavior-management studies were excluded if they did not discuss transition or implications for adult care. Non-English articles and articles with no full text available were excluded.

2.4 Information Sources and Search Strategy

A structured electronic search was conducted in five databases: PubMed/MEDLINE, Scopus, Web of Science Core Collection, Embase, and CINAHL. These databases were selected to cover biomedical, dental, nursing, allied health, and interdisciplinary literature. The final search was completed on 15 May 2026.

The search strategy combined terms related to autism, dentistry, transition, adult care, and special health care needs. Core terms included autism, autistic, autism spectrum disorder, ASD, dental care, dentistry, oral health, dental home, special care dentistry, transition, transfer, adult dental care, adult-centered care, adolescent, young adult, caregiver, continuity, and special health care needs. The PubMed/MEDLINE search used MeSH terms and free-text terms. The complete database-specific search strategies are provided in Supplementary Table 1.

Grey literature was searched to identify professional policies, transition tools, clinical guidance documents, dissertations, institutional resources, and dental association materials. Sources included the American Academy of Pediatric Dentistry (AAPD) policy pages, the Canadian Dental Association (CDA) transition tool, institutional repositories, Google Scholar searches for dissertations and transition tools, and reference lists of key articles. Reference lists of included studies and relevant reviews were hand-searched systematically. No initial date restriction was applied. The search was limited to English-language sources.

2.5 Study Selection

All database records were exported into EndNote for reference management, and duplicates were removed before screening. Microsoft Excel was used to organize screening decisions and data charting. A total of 837 records were identified from the five databases, including 145 records from PubMed/MEDLINE, 238 from Scopus, 172 from Web of Science Core Collection, 196 from Embase, and 86 from CINAHL.

After removing 286 duplicates, 551 records remained for title and abstract screening. Two reviewers screened records against the eligibility criteria. Records unrelated to dentistry, autism, transition, adult dental care, or special health care needs were excluded.

After title and abstract screening, 487 records were excluded. Sixty-four full-text articles and documents were assessed for eligibility by two reviewers. Disagreements during study selection were resolved through discussion and, when needed, consultation with a third reviewer. Forty-two full-text records were excluded. The main reasons for exclusion were lack of transition or adult-care relevance, pediatric-only behavioral focus, oral health status only, no dental focus, non-English full text, or unavailable full text. Twenty-two studies and documents were included in the scoping review. The study selection process is summarized in Figure 2 and Supplementary Table 2. Reasons for full-text exclusion are presented in Supplementary Table 3. A completed PRISMA-ScR checklist is also submitted as a supplementary file.

2.6 Data Charting

Data charting was completed in Microsoft Excel using a standardized data extraction form. Two reviewers charted the data and discussed uncertainties until agreement was reached. Extracted items included author, year, country, study/document type, population, age group, autism specificity, setting, aim, methods, transition-related concept, key findings, barriers, facilitators, outcomes, recommendations, evidence type, and relevance to the review question.

2.7 Data Synthesis

The findings were synthesized descriptively because the included sources were heterogeneous in design, population, and purpose. Data were first charted using the PCC framework and then grouped iteratively into transition-related themes. Initial themes were based on the review question and included adult dental home, readiness, caregiver role, provider preparedness, preventive continuity, consent, sedation, equity, and outcome measurement. Themes were refined after

repeated review of the charted data. Disagreements in interpretation were resolved by discussion among the review team.

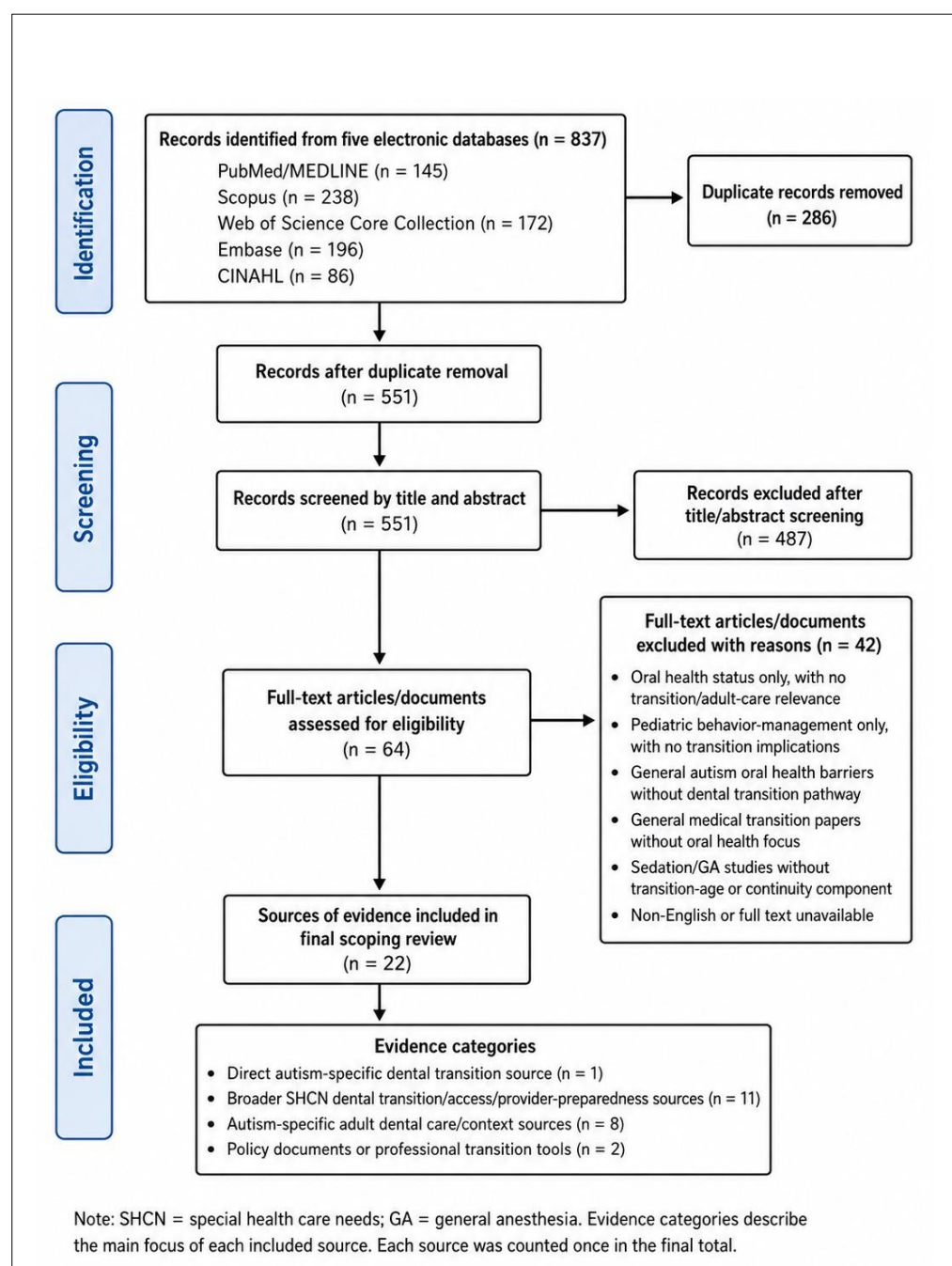


Figure 2. PRISMA flow diagram showing identification, screening, eligibility assessment, and inclusion of sources.

2.7 Classification of Evidence

Included sources were classified into four categories: direct autism-specific dental transition evidence, broader SHCN dental transition/access/provider-preparedness evidence, autism-specific adult dental care/context evidence, and policy documents or professional transition tools. Category 3 studies were considered indirect autism-specific transition evidence because they did not describe

transition pathways but provided adult-care context and rationale for transition planning

2.9 Quality Appraisal

Formal methodological quality appraisal was not used as an exclusion criterion, which is consistent with scoping review methodology.²⁷⁻²⁸ However, evidence strength was interpreted descriptively by considering the source type. Empirical studies were treated as direct evidence for reported findings, reviews and clinical commentaries were used for contextual synthesis, and policies/tools were used as practice guidance rather than as effectiveness evidence. The review did not determine the effectiveness of any specific intervention.

2.10 Ethical Considerations

Ethical approval was not required because this review used only published and publicly available literature. No individual patient data were collected. No human participants were directly involved.

3. Results

3.1 Study Selection

Five databases were searched, yielding a total of 837 records: PubMed/MEDLINE (n = 145), Scopus (n = 238), Web of Science Core Collection (n = 172), Embase (n = 196), and CINAHL (n = 86). After deduplication, 551 titles and abstracts were screened, of which 487 were excluded because they did not pertain to dental transition, adult dental care, autism-related dental service delivery, or relevant oral health care transition topics. Full text of 64 documents was obtained and assessed for eligibility. After full-text review, 42 documents were excluded. In total, 22 studies and documents met the inclusion criteria and were included in this scoping review. The screening process is illustrated in Figure 2 and detailed in Supplementary Table 2.

3.2 Characteristics of Included Evidence

The included evidence was heterogeneous. It included original studies, qualitative studies, cross-sectional studies, retrospective studies, scoping reviews, systematic reviews, narrative or clinical reviews, one policy document, one professional transition tool, and one dissertation.

Most included sources came from high-income countries, particularly the United States. Additional evidence came from Canada, Sweden, and the United Kingdom, with several reviews drawing on international literature. This concentration of evidence in high-income settings limits generalizability to developing countries, where insurance systems, provider availability, transportation, caregiver support, and access to special care dentistry may differ.

Only a very small number of sources directly focused on autism-specific dental transition. The most directly relevant study was by Small, which examined transition from individualized pediatric dental care for children with autism spectrum disorder to traditional dental settings.²⁹

Most other transition-focused sources addressed broader special health care needs populations.

These included studies by Chavis and Canares, Cruz et al., Bayarsaikhan et al., Canares et al., Mikkelsen et al., Nowak et al., and Weber-Gasparoni.^{12-13,18-22} Autism-specific adult dental care evidence was mainly provided by Blomqvist et al., McNeil et al., and Parry et al.^{14-15,26} These studies did not primarily focus on transition, but they helped explain why transition planning is important. The characteristics of included sources are presented in Table 1.

Table 1. Characteristics of included studies/documents.

No.	Author/year	Country	Study/document type	Population	Age group	Autism-specific?	Setting	Main relevance to review
1	Small, 2020	USA	Dissertation/original study	Autistic children receiving individualized pediatric dental care	Pediatric/transition-age	Yes	Pediatric dental setting/traditional dental setting	Most directly relevant autism-specific study on transition from individualized pediatric dental care to traditional dental settings
2	Chavis & Canares, 2020	USA	Scoping review	Patients with special health care needs	Adolescents/young adults	No, broader SHCN	Pediatric and adult dental care	Shows that dental transition evidence for SHCN patients is limited and that evidence-based protocols are underdeveloped
3	Cruz et al., 2015	USA	Qualitative study	Adolescents with SHCN and parents/caregivers	Adolescents	Broader SHCN; may include ASD	Dental transition context	Explores adolescent and parent/caregiver perspectives on transition from pediatric to adult dental care
4	Bayarsaikhan et al., 2015	USA	Qualitative study	Dentists caring for adolescents with SHCN	Adolescents/young adults	Broader SHCN	Pediatric/adult dental practice	Describes provider-level barriers, including training, time, resources, reimbursement, and patient cooperation
5	Canares et al., 2022	USA	Cross-sectional study	Caregivers of adolescents with SHCN	Adolescents	Broader SHCN	Dental care/caregiver setting	Assesses caregiver perspectives, transition readiness, and perceived barriers to adult dental transition
6	Mikkelsen et al., 2021	USA	Retrospective/observational study	Patients with SHCN transitioning from a pediatric hospital dental home	Adolescents/young adults	Broader SHCN	Pediatric hospital dental home/adult dental care	Provides real-world data on whether SHCN patients establish adult dental care after leaving pediatric dental services
7	Nowak et al., 2010	USA	Clinical/commentary article	Patients with SHCN	Adolescents/young adults	Broader SHCN	Pediatric and adult dental care	Discusses barriers and practical strategies for transition from pediatric to adult dental care
8	Weber-Gasparoni, 2021	USA	Narrative/clinical review	Adolescents with SHCN	Adolescents/young adults	Broader SHCN	Dental clinics	Provides clinical recommendations for transitioning adolescents with SHCN to adult dental care
9	AAPD Policy, 2025	USA	Policy document	Individuals with SHCN	From children to adults	Broader SHCN	Pediatric/adult dental home	Provides professional policy support for planned transition from pediatric dental home to adult dental home
10	Canadian Dental Association, 2023	Canada	Professional transition tool	Dental patients with SHCN	Adolescents/young adults	Broader SHCN	Dental practice	Provides practical transition steps, including readiness assessment, dental summary, and transfer of care information
11	Blomqvist et al., 2015	Sweden	Cross-sectional study	Intellectually able adults with ASD	Adults	Yes	Adult dental care	Provides evidence on oral health and dental-care needs among autistic adults
12	McNeil et al., 2023	USA	Cross-sectional/secondary data study	Autistic adults	Adults	Yes	Preventive dental services	Shows gaps in preventive dental-care use among autistic adults
13	Parry et al., 2021	UK	Retrospective analysis	Children and young adults with ASD receiving dental treatment under general anesthesia	Children/young adults	Yes	Hospital dentistry/GA setting	Supports the importance of sedation and general anesthesia planning during transition-age dental care
14	Jones et al., 2024	International/USA-based	Scoping review	Autistic individuals	Children/adolescents/adults	Yes	Oral health-care access	Describes barriers to oral health care in autistic individuals, including sensory, communication, provider, and access barriers
15	Erwin et al., 2022	International	Mixed-methods systematic review	Autistic children and adolescents	Children/adolescents	Yes	Dental care access/delivery	Supports evidence that pediatric autism dental barriers are well described, but transition evidence remains limited
16	Florindez et al., 2025	International	Systematic review	Autistic individuals	Across lifespan	Yes	Oral-care interventions	Shows that oral-care intervention evidence is mainly pediatric and short-term, with limited adult/transition evidence
17	Pimentel Júnior et al., 2024	Not clearly stated	Review	Autistic individuals	Mostly pediatric/lifespan	Yes	Oral health-care practices and management	Summarizes oral health-care practices and management strategies for autistic individuals
18	Lam et al., 2020	Not clearly stated	Systematic review/meta-analysis	Children/adolescents with ASD	Children/adolescents	Yes	Oral health status	Supports that oral health status in ASD has already been reviewed, justifying the present review's focus on transition
19	Casamassimo et al.	USA	Clinical review/commentary	Children and adolescents with SHCN	Pediatric/adolescent	Broader SHCN	Pediatric dentistry/special care dentistry	Supports the need for dental homes, continuity of care, and transition planning for patients with SHCN
20	Waldman et al.	USA	Review/commentary	Individuals with developmental disabilities/SHCN	Lifespan	Broader developmental disability/SHCN	Dental care access/special care dentistry	Provides background on barriers to adult dental care for people with disabilities and the need for prepared providers

21	Dao et al.	USA	Survey/cross-sectional study	Dentists treating patients with special needs	Children/adults	Broader SHCN	General dental practice	Supports provider-preparedness theme by showing limitations in training, confidence, and willingness to treat patients with special needs
22	Wilson et al.	UK/International	Scoping review	People with intellectual and developmental disability or special care dental needs	Adolescents/adults	Broader SHCN	Special care dentistry/adult dental services	Supports special care dentistry pathways and adult service planning for people with intellectual and developmental disabilities.

AAPD, American Academy of Pediatric Dentistry; ASD, autism spectrum disorder; GA, general anesthesia; SHCN, special health care needs; UK, United Kingdom; USA, United States of America

3.3 Evidence Categories

The included sources were grouped into four categories: direct autism-specific dental transition evidence (n = 1), broader SHCN dental transition/access/provider-preparedness evidence (n = 11), autism-specific adult dental care/context evidence (n = 8), and policy documents or professional transition tools (n = 2). The policy/tool category included the AAPD transition policy and the CDA transition process tool.

The second category was broader SHCN dental transition/access/provider-preparedness evidence. This was the largest source of transition concepts. These studies described difficulty moving from pediatric to adult dental care, lack of structured protocols, limited adult provider availability, caregiver uncertainty, provider-training gaps, and gaps in transition readiness.^{12-13,18-25,30}

The third category was autism-specific adult dental care/context evidence. These studies described preventive dental service use, dental anxiety, oral health-care experiences, sensory and behavioral supports, and general anesthesia-related care among autistic adults or young adults.^{2-11,14-15,26} These studies were not direct transition studies, but they provided context for why transition planning is needed.

The fourth category was policy and transition-tool evidence. These included the American Academy of Pediatric Dentistry (AAPD) policy on transition to an adult dental home and the Canadian Dental Association (CDA) transition process tool. These documents provided practical recommendations but did not test outcomes in autistic populations.¹⁶⁻¹⁷

3.4 Transition Pathways and Adult Dental Home

Across the included literature, transition involved preparation of the patient, caregiver, pediatric provider and adult provider. Literature showed that transition is often delayed, informal or poorly coordinated. Chavis and Canares reported that dental transition evidence for patients with special health care needs was limited and that evidence-based protocols were lacking.¹²

Nowak et al. emphasized that pediatric dentists may continue treating patients with special health care needs beyond the usual pediatric age range because suitable adult dental providers can be difficult to identify.¹³ Mikkelsen et al. also showed that successful transition to adult dental care was not universal.²²

The adult dental home was a central concept. Policies recommend transition from a pediatric-centered dental home to an adult-centered dental home.¹⁶ The review found limited evidence on how adult dental homes are established for autistic individuals.

For autistic adults, an adult dental home may need additional features. These include longer appointments, sensory adaptations, visual supports, caregiver communication, desensitization options, and planning for emergency care, sedation, or general anesthesia when needed. Transition-related themes are mapped in Table 2.

Table 2. Evidence map of transition-related themes.

Theme	Evidence identified	Key findings	Autism-specific evidence	Evidence gap
Transfer from pediatric to adult dental care	SHCN transition studies, AAPD policy, CDA tool, Small 2020	Transition is often poorly structured and delayed; many patients remain dependent on pediatric dental settings	Limited; Small 2020 is the most direct autism-specific source	Very few autism-specific transition studies
Adult dental home	AAPD policy, Mikkelsen et al., Chavis & Canares	Establishing an adult dental home is difficult for patients with SHCN	Indirect; adult ASD preventive care studies show reduced regular dental access	Lack of autism-specific models for adult dental homes
Transition readiness	Canares et al., CDA tool, Cruz et al.	Readiness requires preparation of the patient, caregiver, and provider	Minimal autism-specific readiness tools	No validated dental transition readiness instrument for autistic individuals
Caregiver role	Cruz et al., Canares et al., adult ASD studies	Caregivers remain central in appointment planning, behavior support, and decision-making	Relevant but underexplored in adult ASD dentistry	Limited data on shifting caregiver role during adulthood
Patient autonomy and consent	SHCN transition literature, policy documents	Adult care requires greater attention to autonomy, capacity, supported decision-making, and consent	Very limited	Few studies address consent and supported decision-making in autistic adults receiving dental care
Access to adult dental providers	Mikkelsen et al., Nowak et al., Casamassimo et al., McNeil et al.	Adult providers may lack training, time, confidence, or infrastructure for SHCN/autistic patients	McNeil et al. support adult ASD preventive access gap	Need studies on adult dentist willingness and preparedness for autistic patients
Provider training	Dentist-perspective studies, AAPD policy, SHCN education literature	Training deficits are a recurring barrier to successful transition	Limited autism-specific training data	Need autism-specific transition training models for dental teams
Sensory and behavioral accommodations	Autism barrier/intervention reviews	Sensory-adapted dental environments and visual supports may improve cooperation	Stronger in pediatric ASD than in adult ASD	Few studies test whether accommodations improve adult-care transition success
Sedation and general anesthesia planning	Parry et al., SHCN transition literature	GA may be needed for some patients but should not replace preventive pathways	Some ASD-specific evidence exists for GA use	Limited research on reducing repeat GA through transition planning
Continuity of preventive care	McNeil et al., Mikkelsen et al., AAPD policy	Preventive care continuity may decline after pediatric services end	Adult ASD preventive-care gap documented	Need longitudinal studies tracking preventive care across transition
Oral health-related quality of life	Autism oral health reviews	OHRQoL is inconsistently measured	Sparse adult ASD transition evidence	Need studies linking transition success with OHRQoL
Equity and social determinants	SHCN access literature, autism barrier reviews	Insurance, socioeconomic status, geography, and caregiver resources influence access	Limited autism-specific transition data	Need studies addressing underserved autistic adolescents/adults

AAPD, American Academy of Pediatric Dentistry; ASD, autism spectrum disorder; CDA, Canadian Dental Association; GA, general anesthesia; OHRQoL, oral health-related quality of life; SHCN, special health care needs.

3.5 Readiness, Caregiver Role, Autonomy, and Provider Preparedness

Transition readiness was identified in multiple broader SHCN sources. Canares et al. evaluated caregiver perceptions and found limited caregiver knowledge or confidence in dental transition.¹⁸ The CDA transition process tool includes readiness assessment, a dental summary, planning for future care, and communication with future dental teams.¹⁷

No validated autism-specific dental transition readiness tool was identified. Broader transition readiness tools may miss dental-specific and autism-related needs such as sensory tolerance, communication preferences, behavior triggers, caregiver participation, supported decision-making, appointment tolerance, and tolerance for new environments.

Caregiver participation was noted multiple times. Cruz et al. recognized that transition impacts not only the adolescent but parents as well.²⁰ Caregivers play a key role in the planning of appointments, communication, decision-making, transportation, preparing for behavior and continuity of care.

There was limited evidence on patient autonomy, consent, and supported decision-making in autism and dental transition. The concept of autonomy is emphasized in adult dental care, with considerations of consent, capacity, support with communication, and patient involvement in treatment. Preparedness of adult dental providers was also a common topic. Several studies focused

on the dentist's perspective. Bayarsaikhan et al. reported that adult providers face challenges related to training, clinic resources, time management, reimbursement, and patient cooperation.²¹ Evidence on autism-specific transition education for adult dental teams was limited.

3.6 Autism-Specific Adult and Transition-Context Evidence

Several autism-specific adult and transition-context studies supported the importance of transition planning. Blomqvist et al. discussed oral health and dental care needs in intellectually able autistic adults.¹⁴ McNeil et al. described lower regular preventive dental service use among autistic adults.¹⁵ These findings do not prove that transition failure causes adult preventive-care gaps, but they support the rationale for studying transition as a possible pathway to better adult dental continuity.

Pediatric autism dentistry literature clearly described many sensory and behavioral supports. These included visual supports, social stories, video modeling, desensitization visits, reduced waiting time, quiet rooms, modified lighting, predictable routines, and caregiver preparation.^{2-7,10-11} More research is needed to understand whether these supports are used effectively when autistic individuals move from pediatric to adult dental care.

Sedation and general anesthesia were addressed as additional topics relevant to transition context. Parry et al. retrospectively reviewed dental treatment completed under general anesthesia in autistic children and young adults. The study was relevant to transition because it included young adults. It also commented on service provision for autistic individuals unable to tolerate typical dental care.²⁶

There was limited evidence to show whether structured transition planning reduces repeated general anesthesia, improves preventive-care attendance, reduces emergency dental visits, or lowers treatment burden. Autism-specific adult dental care studies and transition-context literature are summarized in Table 3.

Table 3. Autism-specific adult and transition-context evidence.

No.	Author/year	Population	Age group	Study focus	Main findings relevant to transition	Relevance to review
1	Small, 2020	Autistic children transitioning from individualized pediatric dental care	Pediatric/transition-age	Transition to traditional dental settings	Identified factors affecting transition from individualized pediatric dental care; insurance/Medicaid and care complexity were relevant	Core direct evidence for autism-specific dental transition
2	Blomqvist et al., 2015	Intellectually able adults with ASD	Adults	Oral health and dental care	Adult autistic individuals may experience specific oral health and dental-care challenges, including need for structured communication and reminders	Supports the need for adult ASD dental-care models
3	McNeil et al., 2023	Autistic adults	Adults	Preventive dental service utilization	Preventive dental attendance among autistic adults is suboptimal	Supports the rationale that transition failure may contribute to adult preventive-care gaps
4	Parry et al., 2021	Children and young adults with ASD undergoing dental GA	Children/young adults	Dental treatment under general anesthesia	autistic individuals may require GA for complex dental treatment; service challenges are identifiable	Supports inclusion of GA/sedation planning as a transition outcome
5	Jones et al., 2024	Autistic individuals	Lifespan	Barriers to oral health care	Barriers include sensory challenges, communication issues, provider knowledge, and access limitations	Background evidence; do not duplicate, but use to frame transition barriers
6	Erwin et al., 2022	Autistic children/adolescents	Children/adolescents	Oral health behaviors, access, and	Pediatric/adolescent barriers are well described	Use to show that pediatric barriers are known but transition into

7	Floríndez et al., 2025	Autistic individuals	Lifespan	dental-care delivery Oral-care interventions	Oral-care interventions are mostly pediatric and short-term; adult evidence remains limited	adult services remains less studied
8	Pimentel Júnior et al., 2024	Autistic individuals	Mostly pediatric/lifespan	Oral health-care practices and management strategies	Summarizes management strategies for ASD dental care	Use to support the adult/transition evidence gap Use as background for existing management evidence
9	Lam et al., 2020	Children/adolescents with ASD	Children/adolescents	Oral health status meta-analysis	Oral health status has already been systematically reviewed	Use to justify why the present review is not focused on caries/periodontal status alone

ASD, autism spectrum disorder; GA, general anesthesia.

3.7 Outcomes, Equity, and Policy Tools

Important outcomes were not reported consistently across the studies. These included oral health-related quality of life, attendance for preventive dental visits, emergency dental visits, repeated general anesthesia procedures, caregiver burden, patient experience, and successful referral to an adult dental oral health provider. Equity-related outcomes were poorly reported. Few studies examined how dental transition for autistic individuals may be affected by socioeconomic status, race, ethnicity, language, location, insurance status, transportation, or caregiver support. Because most of the included evidence came from high-income countries, the findings may not fully apply to developing countries or resource-limited settings.

Existing professional policies and tools can provide useful guidance for dental teams. The AAPD policy states that adults with special health care needs should have a planned transition from a pediatric dental home to an adult dental home.¹⁶ The CDA also developed a transition tool with practical steps, such as checking readiness for transfer and sharing dental information.¹⁷

No studies were found that tested these tools specifically in autistic populations. There is limited evidence on whether using these tools improves adult dental attendance, patient experience, preventive dental care or reduces emergency dental treatment.

4. Discussion

4.1 Principal Findings

This scoping review found that the transition from pediatric to adult dental care for autistic individuals is important but poorly studied. Limited evidence directly addressed autism-specific dental transition. Most of the transition evidence came from the broader SHCN literature.^{12-13,18-22} This literature is useful, but it may not fully represent the sensory, communication, behavioral, autonomy, and support needs of autistic individuals. Therefore, recommendations derived from SHCN literature should be interpreted as transferable principles that require autism-specific testing and adaptation. The review also recognizes that transition is a planned process that requires patient preparation, caregiver involvement, adult provider readiness, transfer of clinical and behavioral information, and continuity of preventive care.

4.2 Meaning of the Evidence Gap

The lack of autism specific transition evidence is clinically important. Autism is lifelong. Dental support needs may continue during adolescence and adulthood.^{1,14-15} Many autistic individuals benefit from predictable routines, familiar care processes, visual supports, sensory accommodations and caregiver involvement.^{2-7,10-11}

Most dental autism literature focuses on children.^{3,7-10} This creates a gap when autistic adolescents move out of pediatric dental services. Adult dental clinics may not be fully prepared to provide autism-informed care. Based on SHCN literature, it is likely that a poorly planned transition may contribute to irregular care, delayed treatment, or emergency-based care for some autistic individuals, although direct autism specific longitudinal evidence is lacking. Future studies should test how adult dental home, transition readiness, caregiver role, provider preparedness and continuity of care can be adapted for autistic adolescents and adults.^{12-22,26}

4.3 Clinical Implications

The findings suggest that transition planning should begin early.^{12-13,16-19} Pediatric dental teams should not wait until the patient is too old for pediatric care. The transition should be gradual and involve the patient, caregiver, pediatric dentist, and receiving adult dental provider. The pediatric dentist has a key role in initiating the process, preparing the family, and transferring behavioral routines, sensory adaptations, communication preferences, dental history, medical history, preventive needs, consent needs, caregiver role and previous sedation or general anesthesia history.^{16-19,26}

The first adult dental visit should be low demand when possible. A meet and greet visit may help. Shorter appointments, predictable routines, visual supports and reduced waiting time may improve acceptance of the new setting.^{2-7,10-11} Continuity of preventive care should be a key goal. Successful transition should be judged by whether the autistic person establishes stable adult dental care and not only by whether a referral was made

4.4 Adult Dental Home and Provider Preparedness

The adult dental home was a central finding. An adult dental home can provide continuity, prevention, emergency planning, and long-term follow-up.^{13,16,19,22} The review found limited evidence on how adult dental homes are created for autistic individuals. Category 3 studies provide crucial adult-care context and rationale for transition planning because they show preventive-care and access challenges in autistic adults, even though they do not directly describe transition pathways.¹⁴⁻¹⁵ Training should also include when to manage care in general practice and when to refer to special care dentistry or hospital-based services.^{24,30}

4.5 Caregiver Role, Autonomy and Supported Decision-Making

Caregivers had an important role in transition-related studies. They helped with appointment planning, oral hygiene routines, communication, transportation, emotional preparation, and medical decision-making.^{18,20} Caregiver support is important for autistic individuals even when they become adults. Adult dental care should also respect the patient's own choices and

independence. These two points are not well discussed in the dental transition literature. Transition plans should include caregiver support, but they should also support patient-centered decision-making.¹⁶⁻¹⁸ Some autistic adults may be able to give consent by themselves. Others may need communication support, visual explanations, more time, or help from caregivers when making decisions. Clinical and ethical guidelines should give clearer advice on how to balance caregiver involvement with the autonomy of autistic adults.

4.6 Sedation, General Anesthesia and Preventive Continuity

General anesthesia and sedation are sometimes required for autistic individuals.²⁶ Use of general anesthesia should not be viewed as failure when clinically indicated. However, transition planning should not rely only on crisis care or repeated general anesthesia. Based on broader SHCN literature, poorly coordinated transition may be associated with delayed treatment, dental pain, emergency visits, and more complex treatment needs, but direct autism-specific causal evidence remains limited.^{12-13,22,26}

Transition of care should include prevention, desensitization when possible, early treatment, and clear guidelines regarding sedation and anesthesia. Follow-up after GA is also important to reduce recurrent disease progression.²⁶ Currently, there is limited evidence to show whether transition programs reduce repeat GA, improve preventive visit attendance, or reduce treatment burden. Future studies should incorporate these outcomes.

4.7 Equity and Outcome Measurement

Equity was not well studied in the included evidence. Successful transition may depend on insurance, family income, transport, caregiver time, language, rural location, access to special care dentistry, and availability of trained adult providers. Most included studies came from high-income countries, so the findings may not fully reflect the realities of developing countries or resource-limited settings, where adult special care dentistry pathways and insurance coverage may be less available.

Future studies should report social and demographic details. These should include socioeconomic status, race, ethnicity, insurance status, geographic location and caregiver support. Outcome measurement also needs improvement. Transition success should not be measured only by whether the referral was completed. Other important outcomes should also be studied. These include establishment of an adult dental home, attendance for preventive dental visits, emergency dental visits, repeat general anesthesia procedures, oral health-related quality of life, patient experience, caregiver burden and equity.

4.8 Implications for Dental Education and Policy

The findings have implications for dental education. Dental students and general dentists need more training in adult autism care. This training should be practical. It should include communication, sensory adaptation, behavior support, caregiver collaboration, consent, and referral pathways.^{21,23-25}

Policy support is also needed. Professional organizations should support readiness checklists, dental summary templates, referral networks and adult provider directories.¹⁶⁻¹⁷ Reimbursement is another issue. Longer appointments, desensitization visits, caregiver meetings, and care coordination require time. Without appropriate support, adult dental providers may struggle to deliver transition care.^{17,21,23-25}

4.9 Strengths and Limitations

This review has several strengths. It addresses a focused and underexplored topic. It separates direct autism-specific evidence from broader special health care needs evidence. This avoids overstating the findings. It also includes policy documents and transition tools, which are important because transition guidance is often found outside conventional research studies.¹⁶⁻¹⁷

The review also has limitations. Direct autism-specific transition evidence was limited. Broader SHCN literature was included to map potentially transferable concepts, but these concepts may not fully capture autism-specific sensory, communication, autonomy, and support needs. Most evidence came from high-income countries, which limits generalizability to developing countries and underserved settings. Only English-language sources were included. The included evidence was heterogeneous. The review did not assess intervention effectiveness, which is appropriate for a scoping review but limits conclusions about the best transition model.²⁷⁻²⁸

4.10 Future Research Priorities

Future studies should include autistic adolescents and adults directly. Long-term studies are needed to follow autistic people as they move from pediatric dental care to adult dental care. These studies should examine whether transition planning improves important outcomes. These include successful connection to an adult dental home, attendance for preventive dental visits, patient experience, caregiver burden, fewer emergency dental visits, and fewer repeated dental treatments under general anesthesia.^{12,15,22,26}

Autism-specific transition readiness tools should be developed and tested. These tools should check sensory tolerance, communication preference, caregiver involvement, need for supported decision-making, appointment tolerance, and past experience with general anesthesia^{12,16-18,29}. Future research should study adult dental home models made for autistic individuals. It should look at provider training, sensory-adapted adult dental care pathways, and related policies. Equity should also be included in future research. Studies should examine whether transition outcomes vary according to socioeconomic status, language, geographic location, insurance coverage, transportation access, and caregiver support^{4-7,11,16-18,21,23-25,30-32}

4.11 Overall Interpretation

Overall, the evidence supports early, systematic, and autism-informed transition planning, but the strength of evidence remains limited. Recommendations based on SHCN literature should be applied cautiously to autistic individuals and adapted to sensory, communication, autonomy,

caregiver, and adult-care needs. Autism-specific transition pathways need to be created, implemented, and evaluated in real dental environments.

5. Conclusion

Transitioning autistic individuals to adult dental care is currently understudied. Transition should not be treated as an automatic referral. It should be viewed as a planned process that prepares the autistic individual and caregiver, transfers clinical and behavioral information, and connects the person to an adult dental home that can meet their needs. Much of the current guidance for autistic dental transition is extrapolated from broader SHCN literature rather than from autism-specific transition studies. This evidence is informative, but it may not fully capture autism-specific considerations such as sensory needs, communication differences, anxiety, caregiver involvement, supported decision-making, consent, and prior general anesthesia experiences. Future research should develop and test autism-informed dental transition pathways. Priorities include transition readiness instruments, provider training, sensory-adapted adult dental care, adult dental home models, supported decision-making, equity in developing and underserved settings, oral health-related quality of life, preventive attendance, emergency dental care, caregiver burden, and repeat general anesthesia. A successful transition pathway may help autistic individuals enter adult dental care with greater continuity, comfort, communication support, and long-term oral health protection.

Abbreviation	Full form
AAPD	American Academy of Pediatric Dentistry
AI	Artificial intelligence
ASD	Autism spectrum disorder
CDA	Canadian Dental Association
CINAHL	Cumulative Index to Nursing and Allied Health Literature
GA	General anesthesia
JBI	Joanna Briggs Institute
MEDLINE	Medical Literature Analysis and Retrieval System Online
MeSH	Medical Subject Headings
OHRQoL	Oral health-related quality of life
PCC	Population–Concept–Context
PRISMA-ScR	Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews
SHCN	Special health care needs
UK	United Kingdom
USA	United States of America

Declarations:

Supplementary Materials: Not applicable.

Author Contributions: Conceptualization: K.K.; Methodology: K.K.; Software: K.K.; Validation: K.K.; Formal analysis: K.K.; Investigation: K.K.; Resources: K.K.; Data curation: K.K.; Writing-original draft preparation: K.K.; Writing-review and editing: K.K.; Visualization: K.K. The author has read and agreed to the published version of the manuscript.

Funding: “This research received no external funding”

Institutional Review Board Statement: Not applicable.

Informed Consent Statement: Not applicable.

Acknowledgments: The author thanks Masroor Kanji for helping with data charting and reviewing.

Conflicts of Interest: The authors declare no conflicts of interest.

Disclaimer of using Artificial Intelligence (AI) tools: AI tools such as QuillBot and OpenAI ChatGPT-3.5 were utilized to assist with refining the text and enhancing its clarity. However, all ideas, arguments, interpretations, and conclusions presented in this manuscript are the authors' original work. The authors take full responsibility for the accuracy, integrity, and quality of the content.

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