



Orofacial function of persons having Laurence-Moon-Bardet-Biedl syndrome

Report from questionnaires



18 questionnaires

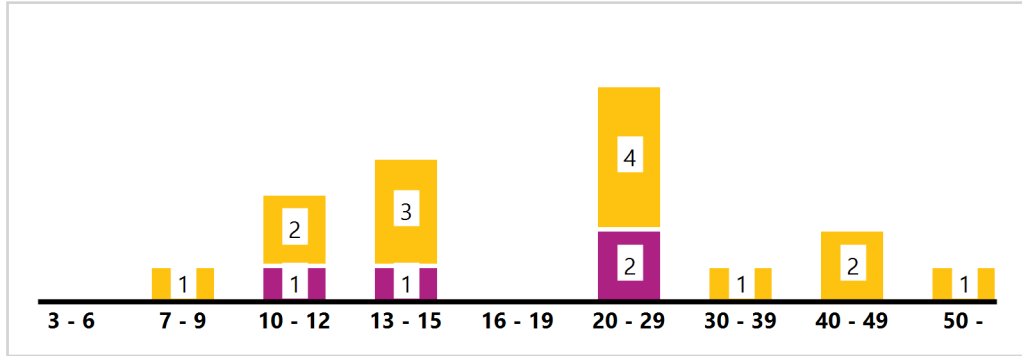
Synonym	Bardet-Biedl syndrome, Laurence-Moon syndrome
ICD-10	Q87.8
Estimated occurrence	Uncommon diagnosis. Thirteen known cases in Sweden (2004).
General symptoms	Symptoms may vary but the core symptoms are retinal changes, extra fingers and/or toes, obesity, underdevelopment of the male reproductive organs (hypogenitalism) and low concentrations of sexual hormones (hypogonadism), renal changes, intellectual disability and coordination difficulties.
Oral symptoms	Tooth anomalies may occur, such as lack of tooth buds for one or more teeth (hypodontia), small/thin teeth and short tooth roots. Snoring is common. Impaired oral motor function occurs and may cause speech and eating difficulties, as well as drooling.
Oral treatment	<ul style="list-style-type: none"> • Early contact with dental services for intensified prophylactic care and oral hygiene information is essential. • Regular check-ups of dental and jaw development. Orthodontist should be consulted when needed. • Extra care is recommended in orthodontic treatment of patients with short tooth roots. • Snoring problems should be investigated by a physician in cases of suspected sleep apnea (frequent breathing pauses during sleep). • Oral motor training may be required in cases of eating difficulties, speech impairment and drooling.
Sources	The MHC database Dokumentation-Ågrenska

Age distribution

Number: 18

Ages: 7 - 52

♂ (4)
♀ (14)



Additional diagnoses

Medical impairment	Yes	No	Missing data
Inborn heart defect	1	17	0
Other cardiovascular disease	1	16	1
Epilepsy	0	16	2
Asthma	2	15	1
Need of respiratory support	1	17	0
Allergy	8	10	0

Neuropsychiatric diagnosis	Yes	No	Missing data
ADHD/ADD	0	15	3
Autism (Includes autism, Asperger syndrome and autistic traits)	2	14	2

General disability	Yes	No	Missing data
Intellectual disability	4	8	6
Motoric functional impairment	9	7	2
Visual impairment	3	1	14
Hearing loss	0	17	1
Communication difficulties	2	12	4

About dental care and oral health

Do you feel that you receive the dental care you need?	Number
Yes, very much so	14
Yes, somewhat	3
Missing data	1
Total:	18

How many times per year do you normally seek dental care?	Number
Less than once per year	2
One time per year	5
Two times per year	5
Three or more times per year	6
Total:	18

When were your teeth last X-rayed?	Number
During the past two years	12
More than two years ago	2
Never had my teeth X-rayed	2
Missing data	2
Total:	18

Do you look after your teeth in a good way?	Number
Yes, very much so	9
Yes, somewhat	9
Total:	18

Who brushes your teeth?	Number
I always brush myself	10
Someone else always helps me	3
Sometimes I brush myself	5
Total:	18

How often are your teeth brushed?	Number
Not everyday	1
Once per day	1
Two times per day	16
Total:	18

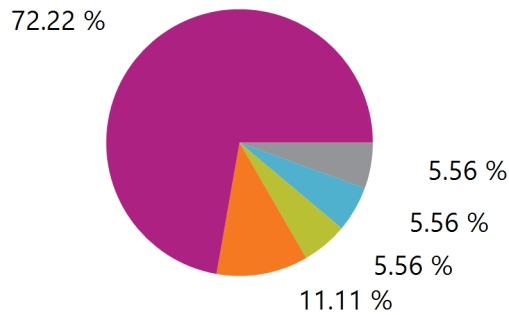
About dental care and oral health

	Yes	No	Missing data
Does your mouth hurt?	1	15	2
Does your mouth feel dry?	7	9	2
Have you ever taken a serious hit to your permanent front teeth?	3	14	1
Do you feel that you have a divergent bite?	4	11	3
Have you had a brace?	6	12	0
Do you feel that you need orthodontics/a brace?	5	10	3

Do you grind or press your teeth at night?	Number
Never	15
Once or twice per week	1
Every night	1
Missing data	1
Total:	18

Do you grind or press your teeth during the day?	Number
Never	17
Missing data	1
Total:	18

About eating



Do you have any problems with eating? Number

● Yes, very much so	1
● Yes, somewhat	1
● No, not really	2
● No, not at all	13
● Missing data	1
● Missing data	0

Total: 18

	Yes	No	Missing data
Do you cough daily in connection with meals?	1	16	1
Do you gag daily in connection with meals?	0	15	3
Do you get acid reflux daily?	0	13	5
Do you throw up often (at least twice per week)?	1	14	3
Do you have a poor appetite?	0	15	3
Does it take a long time before you can swallow a mouthful?	0	10	8
Do you press your tongue forward when you swallow so that food ends up outside the mouth?	0	11	7
Do you find it difficult to chew, i.e. grind food using your molars?	3	13	2
Do you find it difficult to take food from the spoon using your lips?	0	17	1
Have you had problems with food and drink leaking out through the corners of your mouth?	1	10	7
Does food tend to remain in your mouth after meals?	0	16	2
Do you get nutrition in any other way than through your mouth?	0	17	1

About drooling

Do you drool?	Number
Never drool	14
Drool sometimes – not every day	2
Constant drooling	1
Missing data	0
Total:	18

How much do you drool?	Number
Slight drooling, only on the lips	1
Moderate drooling, on lip and chin	1
Profuse drooling	1
Total:	3

Is your drooling a problem for you?	Number
No, not really	1
No, not at all	2
Total:	3

Is your drooling a problem for your family or people around you?	Number
No, not really	1
No, not at all	2
Total:	3