



DENTAL HEALTH OF OLDER PEOPLE IN ANDIJAN REGION

IsayevaMuqaddashon Makhhammadovna

*Assistant of the Department of Dentistry and Propaedeutics of Dental Diseases,
Andijan State Medical Institute, Andijan City*

RESUME

The article discusses the assessment of dental health in centenarians of the Andijan region and provides recommendations for its improvement. The dental status of 53 centenarians aged from 70 to 88 years was evaluated according to archival records. An examination was performed for individual oral hygiene, the prevalence of caries, a filled tooth, an extracted tooth, and periodontal inflammation.

KEY WORDS: dental health, people of older age groups, domestic healthcare.

RELEVANCE

Numerous observations and studies of dentists indicate that there is a certain relationship between the pathology of internal organs and body systems with damage to the oral cavity [1]. The high level of morbidity in the elderly and elderly population, characterized by the multiplicity and chronicity of pathology, as well as a high frequency of complications, exacerbates these processes [2]. Many experts believe that the aging of the population, which characterizes the beginning of a new stage in the development of demographic relations, causes serious demographic, economic, social, socio-psychological, cultural and medical consequences [3]. According to demographic changes, the proportion of elderly patients in dental clinics increases, filling the professional activity of doctors of many specialties, including dentists, with geriatric content [4]. The problem of providing dental care to older people is not discussed in sufficient detail in the scientific and popular medical press.

The current level of knowledge allows us to assess the dental health of geriatric patients as unstable. Elderly and senile people, as well as physically disabled people, have an increased risk of developing diseases of the oral cavity. In world

practice, there is an increase in interest in the quality of hygienic oral care of this category of patients.

Dental and oral health has a huge impact on the quality of life – from the daily ability to eat, talk, and communicate, to the prevention of pain and discomfort.

According to studies, there is a link between oral health and various diseases, such as cardiovascular diseases, stroke, and diabetes [10].

Treatment and prevention of oral diseases in the elderly are also important for improving well-being and health. Good habits, a healthy diet, and regular visits to the doctor will help you maintain your oral health for life, including natural teeth, implants, and dentures. Typical dental problems in the elderly [8].

Poor oral hygiene – as a result of precarious health conditions and limited mobility or mental limitations, it may be difficult to perform activities necessary to comply with oral hygiene rules, such as brushing your teeth.

Gum diseases are infectious diseases of the tissues that support the teeth. These diseases can cause gum bleeding, bad breath, gum recession, and tooth mobility, even to the point of tooth loss. In addition, gum disease also affects other diseases, such as heart disease, stroke, and diabetes [7].

Caries – the risk of tooth decay increases in old age due to exposure of the dental roots due to gum recession, multiple restorations in the past, sometimes



incorrect, and dry mouth as a result of medication or after chemotherapy and radiotherapy.

Fungal diseases-fungal diseases of the oral cavity can occur at any age, but especially in people who wear partial or complete dentures. Prolonged use of antibiotics or steroids, diabetes, immune system depression, dry mouth, and poor nutrition increase the risk of oral fungal infection[8].

Soft tissue injuries associated with dentures-people who wear full or partial dentures may suffer from the occurrence of wounds under the dentures. In most cases, we are talking about a traumatic wound formed due to the friction of an unstable prosthesis. Oral cancer-Older people (over 60 years of age) are at an increased risk of developing oral and lip cancer. This risk is higher for smokers, alcohol users, or people who spend a lot of time in the sun[4].

Elderly and senile patients have an increased risk of developing oral diseases compared to younger patients. гериатрическогоDental caries, periodontal diseases, and oral mucosal diseases are more common in geriatric patients with a pronounced need for external care than in patients of the same age category, but who are capable of independent hygienic care (or their need for external care is extremely low)[1].

Factors that increase the risk of developing dental diseases in elderly and senile patients include:

- decrease in saliva secretion associated with age-related atrophy of the salivary glands, and changes in the rheological properties of saliva (increase in its viscosity, change in the qualitative composition), due to the evolutionary changes in metabolic processes and regulation of the activity of the system of glands of exo-and endocrine secretion. Together, this determines the salivation causes of accelerated rates of plaque formation, soft plaque, supragingival and subgingival calculus deposits;

- unsatisfactory hygienic care of the oral cavity, which leads to the formation of dense plaque from the tooth plaque (within just a few hours) and retention of food residues in the mouth, which, being transformed into putrefactive decomposition products, are an excellent habitat for a number of pathogenic microorganisms. Plaque microorganisms colonize the tooth surface and gingival furrow areas, contributing to the onset and progression of periodontal inflammation; the toxins released in this case (especially endotoxin) disrupt tissue nutrition, cell metabolism and contribute to cell necrosis, violating the integrity of the periodontal cell cover. Surrounding tissues become permeable to the degradable effects of endotoxin and its spread throughout the body. In addition to directly affecting the tissues, the microbial flora of the oral cavity causes

the formation of specific antibodies in the blood, which change the reactions of the body and periodontal tissues, in particular, increasing inflammation. Oral pathogenic microflora can cause allergic reactions in periodontal tissues and immunological disorders in the body. Elderly and senile patients who have well-established oral hygiene care, regardless of their need for outside help, have significantly fewer pathological conditions and diseases of the oral cavity compared to patients of the same age who receive oral hygiene care on an irregular basis, on a case-by-case basis. Quite often, elderly people with moderate needs for third-party care are able to independently conduct systematic hygienic care of their oral cavity, which indicates the justification and necessity of their training in the correct skills of adequate oral care[5,9].

In our opinion, this is due to socio-economic considerations. Given the high cost of modern methods of dental treatment, as well as the fact that most of these medical and preventive measures are not included in the list of those provided at the expense of budgetary funds. Currently, due to the aging of the world's population, the problem of medical adaptation and social rehabilitation of older people is very relevant. Of course, this necessitates an integrated approach to the elderly and the old man, so as a medical problem, you have to consider their psychosomatic status, and socioeconomic factors that affect their health, especially in older age groups is much higher, not only the incidence but also the number of diseases of the internal organs in each patient [2, 4].

The aim of the study was to assess the dental health of centenarians of the Andijan region and make recommendations for its improvement.

MATERIAL AND METHODS

The dental status of 53 centenarians aged from 70 to 88 years was evaluated.

RESULTS AND THEIR DISCUSSION

Analysis of dental health showed that 18 (66.7%) men had teeth, and 14 (53.9%) women had teeth. Individual oral hygiene in centenarians who had natural teeth, regardless of gender, was unsatisfactory. Given that 33.3% of men and 46.2% of women observed of centenarians has suffered a complete loss of natural teeth, the prevalence of dental caries among made men, with 66.7% among women with 53.9 per cent, with the figure of the Communist party respectively and $19.3 \pm 1,6$ (cariou tooth (K) was 3.42; plombirovaniya tooth (P) – 2,94; deleted tooth (Y) – of 12.91), and $18.4 \pm 1,2$ (cariou teeth – 2,46; sealed teeth to 3.11; tooth extractions – 12,85) of the affected tooth.



Non-carious lesions in the form of increased erasability of hard tooth tissues and wedge-shaped dental defects were detected in all centenarians in 100% of cases, regardless of gender ($p \geq 0.05$). Men were more often diagnosed with a dystrophic form of periodontal tissue damage (periodontal disease) than women, respectively, in 14.8% and 7.7% of cases ($p < 0.01$). Regardless of gender, long-livers often had inflammatory periodontal pathology in the form of chronic generalized periodontitis (CGP), which occurred in a moderate to severe degree of severity. Thus, CGP in men was detected in 51.9% of cases, in women in 46.2% of cases. Diseases of the oral mucosa in the form of paresthesias, prosthetic stomatitis, and lichen planus were also detected more often in women than in men, respectively, in 46.2% and 33.3% of cases ($p < 0.05$). Diseases of the temporomandibular joint (TMJ) were detected in all centenarians (in 100% of cases.) in the form of temporomandibular osteoarthritis, pain dysfunction of the TMJ. Habitual dislocation and subluxation of the lower jaw, while parafunctions of the masticatory muscles (bruxism, clenching of teeth, tooth tapping, non-food chewing) were more common in men (63.0%) than in women (45.2%) of centenarians. Conclusion. Taking into account the obtained data, it seems to us that the assessment of health criteria for people of older age groups should be integral and take into account not only the degree of their physical mobility, social activity, visual acuity, hearing, but also dental health, including the indicator of preserved teeth and their functional value. The value of this indicator is difficult to overestimate, since the violation of the integrity of the chewing apparatus and its function leads to a decrease in the quality of life of centenarians, negatively affects the chewing of food, and, consequently, the work of the digestive system and metabolic processes in the body. The study of factors that determine the rehabilitation potential of centenarians suffering from comorbid pathology showed that prognostically significant in the planning of rehabilitation measures should be therapeutic and preventive dental measures. The presence of close relationships between medical and social, general somatic and dental indicators determines the need to consider systemic homeostasis in centenarians with comorbid pathology during their treatment, including dental, as well as medical and social rehabilitation.

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