

DETERMINATION OF DENTAL INDICATORS OF THE ORAL CAVITY IN MENTAL PATHOLOGY

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Abstract:

Relevance. Currently, there are several methods for diagnosing oral diseases in patients with mental pathology, but due to the unstable mental state of patients, examination of the oral cavity is associated with a number of difficulties. This can cause discomfort for the dentist when examining patients.

Target of science - study the oral cavity and also evaluate the effectiveness of diagnostic methods and the features of communication approaches between dentists in outpatient and inpatient settings of these types of patients.

Material and methods. The prevalence and intensity of caries was assessed according to the method recommended by WHO, by calculating the PCI index. Prevalence of dental caries - used to determine the prevalence of dental caries. This is an indicator determined by the ratio of the number of patients with caries to the total number of examined patients. The intensity of caries is characterized by the degree of damage to teeth by caries and is determined by the average value of the KPU index. The KPU index takes into account the number of carious teeth "K", filled with "P", and removed "U". We studied the structure of the Communist Party of Ukraine by age groups.

The hygienic condition of the oral cavity was assessed using the Fedorov-Volodkina index. The vestibular surfaces of six lower anterior teeth were examined. Plaque was determined after staining the teeth with a solution of D. Svrakov-Yu. Pisarev (1962):

Yodi puri crystal-1.0

Kalii Jodati - 2.0 Aq. Destillatae - 40.0

The results of staining of each of the six teeth were assessed in points: 1 - no staining; 2 - staining of the surface of the tooth crown; 3 - staining of the surface of the tooth crown; 4 - staining of % of the surface of the tooth crown; 5 - staining the entire surface of the tooth crown. By dividing the total score by 6, the hygiene index was calculated. Depending on its value, the hygienic condition of the oral cavity was assessed as follows: 1.1 - 1.5 - good; 1.6 - 2.0 - satisfactory; 2.1 - 2.5 -

unsatisfactory; 2.6 - 3.4 - bad; 3.5 - 5.0 - very bad. The Silnes-Lohe index, which is based on determining the amount of soft plaque in the gingival area. We pass the tip of the probe along the neck of the tooth, slightly entering the gingival groove.

0 - if there is absolutely no plaque on the tip of the probe;

1 - if a small amount of plaque is detected;

2 - if a thin layer of plaque is visible near the neck of the tooth, and its amount on the probe is significant;

3 - if a significant amount of plaque and food debris is visually determined in the gingival area. The method for determining plaque thickness is carried out in the area of the Ramfjord teeth (16, 21, 24, 36, 41, 44), usually on the buccal side. The sum of the indicators in the area of all teeth is divided by the number of teeth.

Diagnosis of periodontal diseases.

To establish the etiology of the inflammatory process in periodontal tissues, risk factors are identified (V.S. Khariton, M.I. Tarasik, 1981): close arrangement of teeth; anomalies of soft tissue attachment, functional anomalies, dental plaque microflora; systemic diseases accompanied by periodontal syndrome (diabetes mellitus, diseases of the hematopoietic organs).

The condition of periodontal tissues was studied using standard clinical examination methods: external examination of the patient, examination of the oral cavity, probing and determination of the depth of periodontal pockets with a graduated periodontal probe.

Russell index - to study the prevalence and intensity of periodontal tissue damage. The index was developed by A. Russel in 1956. The periodontal condition of each tooth is determined by a score from 0 to 8. taking into account the degree of gum inflammation, tooth mobility, and the depth of the periodontal pocket.

Designation of periodontal condition:

0 - no pathological change;

1—mild gingivitis, local spread;

2—gingivitis, spreading around the entire tooth, but the periodontal junction is not yet broken;

3- there is a periodontal pocket of different depths, but the tooth is stable, its function is not impaired;

4 - the function of the tooth is impaired in the presence of a pocket: the tooth is mobile and makes a dull sound when percussed.

The indicator is calculated using the formula:

$PI = \text{sum of individual numbers} / \text{number of teeth present.}$

The periodontal condition was assessed:

0.1 - 1.0 - initial and 1st stage of the disease;

1.5 - 4.0 - presence of destructive changes, stage 2 of the disease

4.0 - 8.0 - stage 3 of the disease.

PMA index - papillary - marginal - alveolar, to determine the intensity and extent of the inflammatory reaction. It is based on taking into account inflammation in different zones of the gums: interdental papillae (P), marginal (M) and attached gums (A). The condition of the gums in the area of all teeth is examined:

- 0 - no inflammation;
- 1- inflammation at the level of the interdental papilla (P);
- 2- inflammation involves the marginal gum (M);
- 3 - inflammation extends to the attached gum (A).

The PMA index is calculated using the formula:

Sum of points

PMA- x 100%

x number of teeth

If some teeth are missing, then divide by the number of teeth present in the oral cavity.

Normally, the PMA index is 0. The higher the digital value of the index, the higher the intensity of periodontal disease.

Evaluation criteria for the PMA index: 30% or less - mild periodontal inflammation; 31-50% - moderate severity; 51% and above - severe. Bleeding index of the gingival sulcus with a probe test or with pressure on the dental papilla modified by Cowell I. Today, the most indicative method for determining the degree of gum inflammation is the intensity of bleeding of the gingival groove during a probe test or when pressure is applied to the dental papilla.

The method is very sensitive: increased bleeding in clinically healthy periodontal tissue is determined to be approximately 30-40%, which made it possible to use the “probe test” for the early detection of initial inflammatory changes.

The condition of the gums is studied in the area of “Ramfjord teeth” (teeth 16,21,24,36,41,44) from the buccal and lingual (palatal) sides using a button-shaped or specially blunted probe. The tip of the probe is pressed against the wall of the groove without pressure and slowly moved from the medial to the distal side of the tooth. The rating scale is as follows:

- 0 - if there is no bleeding after this;
- 1- if bleeding appears no earlier than after 30 seconds,
- 2- if bleeding occurs either immediately after passing the tip of the probe along the wall of the groove, or within 30 s;
- 3- if the patient notices bleeding when eating or brushing teeth.

Method for studying the pharyngeal reflex.

The study of the pharyngeal reflex was carried out with the mouth wide open using dental tweezers by touching the back wall of the pharynx. The response was assessed using the following notations:

the pharyngeal reflex is normal if a light touch to the back of the throat causes gagging, swallowing or coughing movements;

the pharyngeal reflex is reduced if only drawing a line along the back wall of the pharynx causes the above phenomena;

the pharyngeal reflex is absent if no tactile or even weak painful stimulation causes a response.

Conclusion. Using the following examination methods, it is possible to assess the number of lost teeth in patients with mental pathology, the presence of filled teeth, veneers and bridges, as well as the oral mucosa.

Key words: outpatient clinics, KPU index, hygienic condition, Silnes-Lohe Index, gingivitis, PI, RMA Index, “Ramfjord teeth”.

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