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Evaluation Of Paradont Tissue Status In Older And Older Patients

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Abstract:

Based on the results obtained below, a method of assessing the condition of paradont tissue for older and older patients belonging to various social groups living in the bukhara region was recommended. Among the gerontological age patients of different social classes, the intensity of dental caries, the high intensity of the intensity of paradont diseases, and the high unsatisfactory levels of condition were found.

Keywords: paradont, old age, CPI index

Objective: to analyze the parameters of physical development of children aged 3-11 years and children with adenoid hypertrophy
Materials and methods: The study was carried out on the basis of the ENT department of the Bukhara Oblast Children's Hospital. The number of children before and after adenotomy surgery was 348 (181 boys and 167 girls). Accordingly, in children with adenoid hypertrophy and 6 months after surgery, body length was measured with a height gauge, body weight with special medical scales, and chest circumference with a measuring tape. During the same periods, a survey of parents was conducted on a 10-point scale to assess the overall children's condition (Table 1).
The subject of the study was the anthropometric parameters of the head and face. In the course of scientific research, a set of methods was used, depending on the tasks set: anthropometric, morphometric, statistical methods.

Introduction

Epidemiological studies in many parts of the world have found that in older people, the dental condition of the mouth is unsatisfactory. Dental dental changes in the oral cavity are based on high dental changes [7-11]. It is known that in the principles of social gerontology, along with assessing the health criteria of the elderly, integrated assessment of health care, the rate of mobility of people,

their social activity, the preservation of vision and hearing, is used as the number of teeth preserved [12].

An example is the percentage of older patients living in different countries of the world who have secondary adentia. In old age, the nature of the disease has a number of characteristics associated with aging. This is a special manifestation of the disease, the abundance of automatic pathology, the uncertainty of diseases and the rapid deterioration of the condition, the high frequency of complications, and the need for rehabilitation later. Dental health is the most important social quality in an older person's life and is an integral part of his entire health, which is considered an integral part of his or her life needed to provide the elderly with proper nutrition, argue with other persons, and play a role in his or her social life. High prevalence of paradontic diseases is a common medical and social problem, so the profile component of measures to combat and prevent this disease is a permanent problem of medical science and practice.

The prevalence of inflammatory diseases of the paradontic tissue (97 to 100%) in a large age group of residents shows that this problem is of significant importance in dentistry

Some researchers say that people and older people between the ages of 40 and 45 are characterized by severe paradontitis [20]. At the same time, according to a number of studies, severe levels of the disease were not as widespread as usually believed. However, the progressive course of the disease is still observed in 15-20% of these age groups.

Paradontitis is a polio disease that remains the number one problem in dentistry and presents significant treatment difficulties for doctors. Worldwide, inflammatory disease of paradont is considered the most common disease among the elderly [73]. This is confirmed by the latest whos in WHO, according to which the spread of paradont disease (PK) among adults in the world reaches 98%, compared with 55-99% in those ages 15-99. In this group, the highest percentage of young people suffering from paradont diseases of different weights was found in Africa (90%) and Southeast Asia (95%). In the Americas, the proportion of healthy paradon young people is 18%, and in Europe it accounts for 19-20%. The global spread of wages in the 35-44 year group is 65-98%. In Europe, 10-15% of the population has deep paradont pockets, five or more sectarians have been affected. In the United States, 70% of the adult population suffers from periodic inflammation of the paradont, while 20-30% of people have certain teeth removed due to paradontitis.

Material and methods: This study included patients in need of orthopedic rehabilitation with partial and complete bitelessness. However, the intensity of paradontic disease could only be assessed in patients with partial tooth decay, so we did not take into account older patients with toothpaste (Table 1).

Table 1

The division of patients into gurus in a study that is partially toothless. (%)

Research groups	Men %		Women %		total %	
Group 1 Women's House for People with Disabilities in Bucharest	19	24%	36	28%	62	40%
Group 2 Patients living in the care of relatives	26	16,8%	28	18,1%	54	34,8%
Group 3 Patients Living Alone	21	13,5%	18	11,6%	39	25,2%

The results obtained and their discussion: Paradont used the CPI index in our study to assess the intensity of the disease. It should be noted that in our study, we did not recognize healthy tissue.To evaluate the state of paradontic tissue (Community Paradont Index, CPI), three indicators of paradontic condition were taken into account during the inspections: milk bleeding, toothpaste, pathological milk pocket. The inspection was carried out using a paradontal probe with signs of 3.5 mm, 5.5 mm, 8.5 mm and 11.5 mm. To determine the CPI index, the dental train is conditionally divided into 6 parts, including the following teeth: 17 - 14; 13 - 23; 24 - 27; 37 - 34; 33-43; Periodont status of 44-47 and 10 teeth was studied: 17/16, 21, 26/27, 36/37, 31, 46/47. In each sect, an examination was performed in the area of index teeth and recorded a paradont case of only one tooth with the highest number of precision clinical incidents of periodont. If the indicator was toothless, all teeth left in the sect were examined and the highest values were taken into account. If one tooth remained in the sect, then the sect was considered to have been excluded. Calculation was carried out according to the codes, listed in the tables

Table 2

To investigate the intensity of the paradont disease among the patients included in the study in more detail, an analysis of the groups was conducted.r. To do this, the number of clinical signs of paradontic tissue damage in each group (hemorrhage, presence of toothpaste, paradont pockets with depths of more than 4-5 mm, paradont pockets with depths of more than 6 mm) was determined according to the CPI index. It also found the proportion of patients with different manifestations of paradont tissue lesions, and the number of average sectarians with no different clinical symptoms recorded.

Table 11

Analysis of quantitative indicators of the CPI index in Group 1 patients.

Grading criteria	Men	Women	The reliability of the difference in results
Healthy tissue	-	-	-
Bleeding	0.17±0.07	0.09±0.05	t=0.9 P<95.5%
Toothpaste	1,27±0,21	1.25±0.1	t=0.1 P<95.5%
Paradont pocket with depth of 4-5 mm	1.9±0.24	2.5±0.22	t=1.9 P<95.5%
Paradont pocket with depth of 6 mm or more	0.47±0.72	0.56±0.13	t=0.5 P<95.5%
The sect has one tooth or not a single tooth	2.2±0,26	1.59±0.25	t=1.7 P<95.5%

Only a sect that has only one tooth or no teeth is excluded. The data are presented in Tables 11-18 and Figures 17-20. The caretaker within the group was distributed by patients' gender to assess the intensity of the lesions. The intensity indicators for paradont disease in Group 1 patients are presented in Tables 11 and 12 and Figure 17.

Comparing the intensity of the paradont disease in Group 1, the average value of the number of sectarians with hemorrhages was 0.17±0.07 in men and 0.09±0.05 in women. It was noted that men have toothpaste in 1±27±0.21 sectarians and 1.25±0.17 sectarians in women. The largest number of sectintas was observed on the basis of the presence of a paradont pocket at a depth of 4-5 mm: group 1 males 1.9±0±24 respectively and 2.5±0.22 in women. The average number of sects we

recorded in a paradont pocket with a depth of 6 mm or more was 0.47±0.72 in males and 0.56±0.13 in women. Comparing the average number of excluded sectarians, data were obtained showing significantly lost teeth in patients: 2.2±0.26 sectarians in men and 1.59±0.25 sectarians in women. All the values obtained are very close and there are no significant differences between them (t<2).

Table 12

Indicators of clinical symptoms of paradont participation in Group 1 patients

Clinical symptom rate of paradont tissue disease (%)	Men	Women
Healthy tissue	0	0
Milk bleeding	2,7	1,6
Toothpaste	21,1	20,8
Pathological milk pocket at a depth of 4-5 mm	31,7	41,6
Pathological milk pocket at depth of 6 mm or more	7,8	9,4
Uncounted sects	36.7	26.6

The level of clinical symptoms of the paradont disease, according to the CPI index, is presented in visibility indicators, where the total number of selectors examined was considered to be 100%, and the criteria for assessing paradont diseases were calculated as a percentage of them. Thus, men in Group 1 were often registered with unaccounted-for sectarians, which found that the sect had one tooth or did not have a broth. (36.7%). A third (31.7%) of all patients recorded a pathological milk pocket at a depth of 4-5 mm, while the share of pathological milk pockets at a depth of 6 mm or more was 7.8%. Sects with dental stones were recorded in 21.1% of cases, bleeding from their milk was one of the least detected cases and accounted for (2.7%).

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Women in Group 1, on the contrary, had pathological milk pocket sects at a depth of 4-5 mm (41.6%), while the proportion of unaccounted-for sects was 26.6%. In 9.4% of cases, group 1 women were diagnosed with pathological milk pocket sequences at a depth of 6 mm or more. Compared to group 1 men, women were diagnosed with less milk bleeding (1.6%), while the presence of toothpaste was close to the men's figure (20.8%).

Figure 17. Comparative indicators of clinical symptoms of paradont disease in Group 1 patients

The intensity of the paradont disease in Group 2 patients are presented in Tables 13 and 14 and Figure 18.

The average number of sectarians with hemorrhages in Group 2 patients was 0±19±0.08 and 0.18±0.07 in men and women respectively. The quantitative indicators of the number of sects with a toothbrush were close to 1.19±0.22 and 1.32±0.28 in females, while the average value of sects with patalogic milk pockets at a depth of 4-5 mm was in males. (2,27±0,3) were recorded in women (2,29±0,3).

Table 14

Clinical symptoms of infected paradont tissue in Group 2 patients.

Clinical symptom rate of paradont tissue disease (%)	Men	Women

Healthy tissue	0	0
Milk bleeding	3,2	3,0
Toothpaste	19,9	22,0
Pathological milk pocket at a depth of 4-5 mm	37,8	38,1
Pathological milk pocket at depth of 6 mm or more	13,5	11,3
Sectarian does not store teeth at the same time or broth	25,6	25,6

The number of sects that are not taken into account by similar data is 1.54±0±29 in men and 1.54±0.29 in women. The average number of sects recorded in a pathological milk pocket of 6 mm or more was 0.81±0.26 in men and 0.68±0.17 in women. All the values obtained are very close to each other, but statistical processing has shown that there are no significant differences between these indicators (t<2).

In Group 2, paradont tissue damage can be disputed at very close values when comparing the distribution structure of patients according to the severity of clinical symptoms. In both men and women, excluded sectarians were recorded in 25,6% of cases. Paradont pockets are often recorded in a sect at a depth of 4-5 mm (37.8% in males and 38.1% in females). Paradont pocket sequences of 6 mm or more were recorded in 13.5% of males in Group 2 and in 11.3% of cases in women. About a fifth of all patients had sektantas with a toothbrush: in 19.9% of cases in men and 22.0% in women. During testing, hemorrhages were the least observed (3,2% in men and 3,0% in women).

Figure 18. Comparative indicators of clinical symptoms of paradont injury in Group 2 patients

Quantitative indicators of the number of sectats with bleeding during screening in Group 3 patients were 0.14±0.08 and 0.28±0.14 in men and women, respectively. The average number of sectarians with tar in men (1,38±0,22) is slightly more than in females (1,11±0,24). As with the analysis of the other two groups of the study, patients in Group 3 were found to have a high number of sectarians with a paradont pocket depth of 4-5 mm: 1.81±0.27 sectarians in men and 1.83±0.29 sectarians in women. The maximum number of sectants in Group 3 patients was recorded in the excluded category: 1.81±0.31 and 2.22±0.28 respectively. Pokazateli intensity zabolevaniy parodonta u patent group 3 predstavlenы in tablitsax 15 i 16 i na risunke 19.

The average number of sectarians with paradont pockets with a depth of 6 mm or more was slightly higher in men (0.86±0.28), compared with 0.56±0.15 in women in Group 3. Statistical processing of data showed that not all indicators in Group 3 had significant differences (t<2).

Table 15

Quantitative indicators of CPI index in Group 3 patients

Clinical symptom rate of paradont tissue disease (%)	Men	Women	Clinical symptom rate of paradont tissue disease (%)
Healthy tissue	-	-	-
Milk bleeding	0.14±0.08	0.28±0.14	t=0.9 P<95.5%
Toothpaste	1.38±0.22	1,11±0,24	t=0.7 P<95.5%
Pathological milk pocket	1.81±0.27	1.83±0.29	t=0 P<95.5%

at a depth of 4-5 mm			
Pathological milk pocket at depth of 6 mm or more	0.86±0.28	0.56±0,15	t=0.9 P<95.5%
Sectarian does not store teeth at the same time or broth	0.14±0.08	0.28±0.14	t=0.9 P<95.5%

According to the CPI index, the comparison data on the number of sectattas with various clinical symptoms of paradont tissue damage are listed in tables 17 and 18 and in Figure 20. They show that in three training groups, the number of sectarians with toothpaste in patients is almost identical: 1.26±0,13, in group 1 patients Patients in groups 1,26±0±18 and 1,26±0.19 respectively had 1,26±0,19 and 1,26±0,19. Compared to the average number, Sektantas, in which bleeding was recorded during probing, had the highest value in Group 3 patients (0,21±0.08), average value in Group 2 patients (0.19±0.05), and lowest in Group 1 patients (0,13±0,04). The number of sectats with paradont pockets at a depth of 4-5 mm in Group 1 and 2 patients was almost identical (2,21±0,17 and 2,28±0,21 respectively) and exceeded this number in group 3 patients (1,82±0.2). In the analysis of the presence of paradont pockets at a depth of 6 mm, the highest figure was in category 2 and 3 (0.74±0±15 and 0.72±0,16) patients, and Group 1 (0.52±0.1 sectarian) patients had the lowest value. Group 3 (2±0,21) patients experienced significantly higher exclusion sectarians, indicative of slightly lower in Group 1 (1,89±0,18) patients, and the lowest value of all groups was presented in Group 2 patients (1,54±0.2). Table 8 indicators indicate that the average incident clinical symptoms of paradont tissue damage when compared between groups show no significant differences.

In Figure 20, the frequency of clinical symptoms of the paradont disease, according to the CPI index, is presented in visibility indicators, where the total number of selectors examined was taken at 100%, and the criteria for assessing paradont diseases were calculated as their percentage. Thus, in patients in Group 1 and Group 2, the distribution of patients according to the frequency of clinical symptoms is approximately the same: the presence of pathological milk pockets at a depth of 4-5 mm (36.8% and 38%) were often noted. The second place was 31.4% and 25.6% respectively, excluded for prevalence in patients in Groups 1 and 2. 1&2% of patients with 21% of patients had sectarians with toothpaste. The share of individuals with pathological milk pockets deeper than 6 mm is higher (8.6%) in Group 2 (12.3%). Patients in both groups were the least likely to have bleeding: 2.2% in Group 1 and 3.1% in Group 2.

Patients in Group 1 were, by contrast, more likely to bypass sectarians (33,4%). The proportion of those with a depth of 4-5 mm in paradont pockets was 30,3%. In 12% of cases, group 3 patients had a paradont pocket with a depth of 6 mm or more. The proportion of patients in them

A sectarian with the presence of a toothbrush was noted, which corresponds to those in patients in Groups 1 and 2. Compared to patients in Group 1 and Group 2, patients in Group 3 were more likely to have bleeding in probing (3,4%).

Only partially diagnosed patients with toothpaste were taken into account in determining hygiene levels, as well as in assessing the intensity of paradont disease in the patients included in the study (Table 10).

For practical health care depending on the patient's living conditions, an algorithm for providing orthopedic dental care to older and older patients is proposed, allowing each category of patients to take a differential approach.

The use of this algorithm minimizes the stress of patients before orthopedic dental prosthesis, as well as saves time and improves the adaptation of patients of each category to removable dental prosthesis.

Conclusions. Based on the data obtained, information was obtained on the quality of life analysis of elderly and elderly patients in various social groups before and after orthopedic dental treatment. Based on the aforementioned information, clinical research methods and recommendations were developed to improve the adaptation and adaptation of older and older patients of different social groups to removable dental prosthesis. . . Among patients of gerontological age in different social groups, the intensity of dental caries, the intensity of paradont diseases and the unsatisfactory level of hygiene are higher.

Summing up an analysis of the prevalence of paradont diseases in patients of the three research groups, it is important to note that all patients of the three research groups need paradont treatment. The most favorable clinical picture was recorded among Group 1 patients living in the gerontological center, among group 2 patients living with relatives.

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