

Improving the Methods of Diagnosis and Treatment of Enamel Caries in Schoolchildren and Adolescents

Yuldashov F. F., Ashurova N. G.

Bukhara State Medical Institute Named After Abu Ali Ibn Sino

Relevance. Primary prevention of caries, based on the elimination and reduction of the main risk factors of this disease, most of which are manageable and are unhealthy lifestyle habits, is of great importance in the success of a significant reduction of caries in developed countries [1.3.5.7]. The prevalence and intensity of caries is the timely diagnosis of early forms of dental caries (which in the literature are designated by various terms, such as enamel caries, focal demineralization, early stage of caries, initial stage of caries, foci of demineralization, chalky spots) and their competent treatment [2.4.6.9.11].

The issues of enamel permeability, regulation of ion exchange processes and the possibility of remineralization of the early stages of dental caries development were studied. On the dependence of the prevalence and intensity of caries on the content of fluorides in drinking water, dietary habits and other risk factors were studied, which made it possible to develop a new strategy and tactics to combat caries disease. It is very difficult to motivate the population at the population level to observe healthy habits in the family [8.10.12]: nutrition, hygiene; the issues of interdisciplinary interaction in the implementation of preventive programs for chronic non-communicable diseases, such as atherosclerosis, arterial hypertension, diabetes mellitus, which have common risk factors in the form of excessive carbohydrate consumption, sedentary lifestyle, smoking, have not been resolved. Therefore, in these conditions, the task of preventing dental caries is communal [13.14.15].

The existing methods of treatment of focal demineralization of teeth in children are numerous, and the data on their effectiveness are contradictory. Advertising of new and new developments of fluoride-free drugs is often aggressive, and many scientific studies do not meet the requirements of evidence-based medicine. Therefore, the optimization of the activity of a pediatric dentist in a school stationary dental office is an urgent task, it brings the provision of the primary level of specialized dental care as close as possible to the territory of compact residence of children, improves the availability, timeliness of treatment and prevention of dental caries.

The purpose of the study: to improve the provision of dental care to school-age children, taking into account the analysis of the situation in dentistry.

Research objectives:

1. The prevalence and intensity of major dental diseases in schoolchildren.
2. The development of dental caries and periodontal diseases of population significance in children and adolescents.
3. To study the quality of dental care for school-age children.
4. Analysis of the situation of providing dental care to children of school age.
5. Prevention of major dental diseases taking into account the analysis of the situation and determine the functions of a dental hygienist within the framework of a comprehensive program for the prevention of major dental diseases in children.

The effectiveness of the preventive program in the field of dentistry at the population level based on the monitoring of dental morbidity and major risk factors for 17 years. Based on the study of existing indicators of the quality of dental care for children, the need to switch to international standards for its assessment is proved. The need to correct the comprehensive program of prevention of dental diseases for the children's population, taking into account the analysis of the situation in dentistry and the calculated forecast of morbidity for the next 6 years.

The continuity and sequence of providing dental care to school-age children between a specialized children's dental clinic and a school dental office, between a dentist and a dental hygienist. Taking into account the dental status and active risk factors for planning and conducting various types and volumes of dental care for school-age children. The functions of a dental hygienist in the framework of providing dental care to children.

An approach to solving the issues of prevention of dental diseases among the children's population, taking into account socio-economic changes in society, trends in dental morbidity. The sequence of providing dental care to school-age children between a specialized children's dental clinic and a school dental office, between a dentist and a dental hygienist. The role of a dental hygienist in providing dental care to the children's population.

Results. A comprehensive program for the prevention of major dental diseases, indicators of dental morbidity and behavioral risk factors allowed us to develop a differentiated approach to providing preventive and specialized dental care to school-age children with the participation of dental hygienists.

Risk factors for the development of major dental diseases indicate that there is a deficiency of fluorides in drinking water (0.07-0.12 mg/l). The frequency of intake of carbohydrate foods and sweetened beverages during the day in school-age children is 9.1 times, of which 3.5 times is a caries-induced regime, which poses a risk of dental caries in conditions of a significant deficiency of fluorides. The quality of dental care continues to be insufficient for dentists. It ranges from 33% (in 6-year-olds) to 48% (in 15-year-olds), and only in 16-year-olds the USP is assessed as satisfactory (72%). The component "K" in the structure of the CPU in children of 12 years of age is 65.2%; by the end of school, there is a decrease in the number of children with a healthy oral cavity, from 81.2% at 6 years to 10% at 16 years. Standard indicators for evaluating the activity of the dental service (by the number of UETS, the number of sanitizations, sealed teeth, and others) orient the dentist to the treatment of diseases, and not to their prevention.

Dentistry indicates that the dental morbidity of the children's population has decreased due to the introduction of a comprehensive program for the prevention of major dental diseases. The relatively low level of availability of dental care (from 40.5% to 48.3%) against the background of the curtailment of "school" dentistry indicates the need to correct the system of providing dental care to children. He revealed that 33.6% of school-age children have a low risk of developing dental caries, 57% — medium and 39.5% - high, which makes it necessary to correct the program for the prevention of major dental diseases and planning the system of providing dental care to children. Due to the high prevalence of behavioral risk factors for the development of major dental diseases, it is necessary to involve primary-level medical care personnel and dental hygienists in the formation of healthy lifestyle habits in the family as part of a comprehensive program for the prevention of dental diseases. Providing dental care to the children's population, it is necessary to monitor the dental morbidity and risk factors related to it: the content of fluorides in drinking water, awareness of the population on the prevention of dental diseases, analysis of caries-causing factors in nutrition and the proportion of high-quality fluoride-containing dental products.

Use the following indicators to assess the activity of the dental service to provide medical and

preventive care to the children's population: the number of visits to the dentist (availability of dental care); the number of children with healthy teeth, expressed as a percentage of the total children's population of a particular region; the function of the medical position; the level of dental care; the intensity of caries of permanent teeth in children 6 years and 16 years; the number of healthy sextants in adolescents 17 years; the number of removed permanent teeth up to 19 years; the number of children trained in oral hygiene, expressed as a percentage of the total child population of a particular region.

School-age children with an average risk of developing caries should be observed by a dental hygienist at school with a multiplicity of 2-3 times a year. The complex of preventive measures II includes, in addition to complex I, the use of fluoride-containing toothpastes and professional applications of high-concentration fluorides to children with behavioral risk factors. Sanitation of the oral cavity in a children's dental clinic. School-age children who have a high risk of developing caries should be observed by a dental hygienist at school with a multiplicity of 3-4 times a year. The complex of preventive measures In addition to the measures of complexes I and II includes: professional oral hygiene according to indications, sealing of the fissures of molars and premolars with long eruption periods in children with behavioral risk factors, preventive dental filling.

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