

THE ISSUES OF PREVENTION OF DENTAL DISEASES AND THE RELATIONSHIP BETWEEN THE PERIODONTAL TISSUES AND THE LEVEL OF THE INDIVIDUAL ORAL HYGIENE

¹ Agranovich N.V., ¹Mkhitaryan A.K.

¹Stavropol State Medical University, Stavropol, Russia (355017 city of Stavropol, Mira street, 310,)k-polikl@yandex.ru

This article analyses the prevalence of periodontal disease in the region. Shows the need for and practical recommendations are given mass prophylaxis of dental diseases. Prevalence of periodontal disease in Russia, depending on age, ranges from 48.2% (12 years) to 86.2% (44 years), and the 60-65 years reaches 100%.

Modern epidemiological studies carried out in Russia in recent years show that most patients who have dental visits, suffer various forms of periodontal disease. One of the effective forms to reduce morbidity is prevention of dental diseases. In the prevention of dental diseases should be given the primary role of the activities of children's dentists, with obligatory participation of the departments of education, the sanitary-epidemiological service, houses health education work, women's clinics, children's clinics, nursery schools and schools. Purpose of prevention program should be to attain a global level who proposed dental health.

Key words: periodontal disease, prevention.

One of the effective forms to reduce morbidity is prevention of dental diseases. For the rational organization of dental care are important status information about the «dental status». Research shows that the prevalence of dental diseases among the population reaches 95-100%. Dental health population in recent years has steadily worsening [1.2].

Modern epidemiological studies carried out in Russia in recent years show that most patients who have dental visits, suffer various forms of periodontal disease. The frequency of periodontal disease exactly proved the influence of low-quality dentures, dental fillings, and maxillary deformities, trauma, disruption of occlusal structure of tissues, an oral drug, used for migrated and concomitant diseases, extreme factors leading to violation of compensatory mechanisms and other natural immunity. To date, proven link between periodontal status and level of individual oral hygiene. Soft plaque accumulating on the necks of the teeth and in the interdental spaces, starts the destruction mechanism of periodontal inflammation of gums from and destruction of the zubodesnevogo attachment to heavy destructive process in the bone of the jaw alveolar processes [7]. Prevalence of periodontal disease in Russia, depending on age, ranges from 48.2% (12 years) to 86.2% (44 years), and the 60-65 years reaches 100%.

Numerous studies [3, 4, 5] showed that in carrying out preventive examinations, only 12% had healthy parodont. 53% have identified initial inflammatory changes, 23% – primary destructive changes, while 12% of moderate and severe. The initial inflammatory and destructive changes very frequently (38% and 23%, respectively) occur in people aged 25-34 years. In the age groups 30-40 years old, 41-51, 51 years and older persons with initial periodontal changes progressively decreases (26%, 19% and 15%, respectively), while increases in moderate and severe changes – up to 75% in the age group of over 51 years. According to the results of numerous epidemiological studies of Ukrainian and foreign authors, the most common pathology of periodontal disease at a young age is 30 years after gingivitis – periodontitis.

We have carried out studies of periodontal tissues in the Stavropol region. The survey was conducted in kindergartens, schools, higher education institutions and towns in Stavropol, Mikhaylovsk, Nevinnomyssk, Opulent, Pyatigorsk, Kočubeevskoe village. Only 537 people were examined.

Status of periodontal tissues in children 5-10 years of age and has been studied by means of the periodontal index, KPI 'S, and in the older age groups – CPITN. Statistical data processing is carried out on the basis of modern methods for automated storage and processing of information on personal computers using the software package "automated processing pilot medical information (RFP" SOMI ") and others.

Studies have shown that already have a 5-year-olds, there are signs of periodontal disease, KPI = 1.6-1.8 (N = 0, 1-0). For preschoolers is characterized by gingivitis light gravity, which is the lack of regular oral care for children under the supervision of the parents. In children aged 9-year-old -10 signs of periodontal disease identified in 90.9%-80.6. At the age of 14-15 years healthy parodont identified only 10% of teenagers – 5. In addition, the increase in observed clinical symptoms: bleeding in sensing – 22%, deposition of tartar – 63%, parodontal pockets – 6% of persons suffering from diseases of periodontal tissues.

In the age group of 35-45 years healthy parodont 0.7% have identified. The remaining surveyed significant pathological changes: 68% of parodontal pockets of different depth, the missing cult members.

However, revealed that, in spite of the widespread prevalence of periodontal pathology, patient demand for medical care in connection with this type of Pathology remains relatively low. This is defined as low health literacy and activity, and deficiencies in the Organization of dental care that is related to a number of objective factors, social and economic nature. Teachers, tutors, parents have inadequate modern notion of knowledge about the prevention of oral diseases. Therefore, they cannot fully participate in the education and upbringing of children activities for the prevention of dental diseases. And since the primary etiological factor in many dental diseases remains the microflora of the oral cavity, the lack of hygiene or bad its quality as a main risk factor will undoubtedly lead to tooth decay and gingivitu.

Adults in need of dental care in 90 times the possibility of medical dental institutions. Higher prices for dental services in different market sectors reduces their availability, and the remaining low health literacy and culture do not contribute to the timely and regular reports to the doctor. The most effective, low cost and accessible to the public in preventing periodontal disease is in the early stages of professional hygiene of oral cavity, oral hygiene instruction, monitoring their performance, constant motivation of the patient during both the first and subsequent courses of treatment. All people older than 30 years needs professional hygienic training and oral health.

Particular emphasis should be placed on integrating education, oral health and its control in early childhood and the stages of maturity of the child. Only optimization and intensification of oral hygiene will help solve problems like tooth decay, gingivitis and carious disease, periodontitis as a launch pad, since dental plaque and dental plaque has a negative influence on the solid tissues tooth and periodontal tissue.

This implies the need for the prevention of dental diseases generally recognized, therefore all patients, initially applied in the dental clinic, you must have an active outreach to fulfil a thorough oral hygiene using prophylactic drugs, telling stories about the leading role of microbial factors in the occurrence and development

of inflammatory periodontal diseases. Pay particular attention to the quality of oral care, show various ways and methods of oral care.

The best way to prevent the development of periodontal disease is to completely remove plaque by hygienic processing of the oral cavity with a toothbrush. Long-term clinical studies have shown that when brushing your teeth after just 7 days in patients are expressed by inflammatory processes in periodontal tissues. A number of researchers points to improve the hygiene of the oral cavity with the regular use of chewing gum, on the basis of a sugar alternate materials. Effect of chewing gum on dental plaque deposition depends on power or performing occupational hygiene before the test. So, shows that during the diet without sugar deposition of plaques in people who used the gum with xylitol, is much lower than among those who used the gum with sugar. Since the occupational hygiene, the use of the gum with xylitol and sorbite, significantly decreases the speed of the dental plaque deposits. Therefore, the use of chewing gum with saharozamenitelâmi can help to improve the hygiene of the oral cavity [6].

Unfortunately, most people have no idea of oral health as a primary preventive and therapeutic procedure. Low health culture and lack of motivation for prevention of dental diseases and dental oral hygiene status of modern human characteristic.

It is clear that improved dental health with minimal economic cost is only possible through a massive preventive work, using all available methods and tools for dental outreach, with constant application available, simple and effective prevention measures throughout the life of each person.

The experience of many countries has shown that a mere quantitative increase of personnel, financial and material support of dental service is not sufficient to make a difference in reducing dental morbidity. (A) the introduction of prevention programmes in the developed countries of the world the last 20 – 30 years led to significant (up to 80%) reducing the prevalence and severity of periodontal disease. However, in Russia to implement prevention programmes are not fully ready, no departments of health or dental service, no urban population, despite the fact that the epidemiological study of the population held, prevention programmes have been developed and approved.

You must implement mass prophylaxis of dental diseases through specific programmes developed by the organizers of each area of dental care, taking into account the real logistics base personnel, and regional characteristics. Prevention is necessary at all levels. In the prevention of dental diseases should be given the primary role of the activities of children's dentists, with obligatory participation of the departments of education, the sanitary-epidemiological service, houses health education work, women's clinics, children's clinics, nursery schools and schools. Purpose of prevention program should be to attain a global level who proposed dental health.

References:

1. Leontev V.K. Kolpakov B.B., Bragin A.B. Concept of identity is physiological variability model - fundamental basis of the system of prevention and treatment in Stomatology. //Journal of dentistry. 2005. No. 5, vol. 84. C. 4-7
2. Kulakov A.A. Main results of CSRI of stomatology in the last 10 years and the challenges under current conditions. //Journal of dentistry. 2005. № 6, volume 84. C. 4-5.

3. Cymbalist A.V., Shorina G.V., Mihailova V.S. Tool supply professional hygiene of oral cavity. – SPb., 2004. S. 54-60.
4. Solovieva A.M. Matelo S.K., Kupech T.V. Medical aspects of chewing gum: scholastic-methodical allowance. SPb., 2003.
5. Ulitovskij S.B. Oral hygiene periodontal diseases. //Scientific and practical journal. New in dentistry. 2006. №7. S. 78-80.
6. Shatskaya N.V., Agranovich N.V., Mkhitaryan A.K. Questions of prophylaxis of dental diseases among workers in contact with harmful substances// Scientific and practical journal. New in dentistry. 2012. № 8 (part 2). S. 458-460.
7. Petrone D.M., Chaknis P., Devizio W., Volpe A.R. Comparative assessment of clinical effects of new manual toothbrush on plaque removal and decrease the intensity of the manifestations of gingivitis// Scientific and practical journal. New in dentistry. 2006. №7. S. 56 – 58.