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THE ROLE OF THE DEGREE OF COMPLIANCE OF PATIENTS IN THE DEVELOPMENT OF CARIES

AXROROVA MALIKA SHAVKATOVNA
Samarkand State Medical University

ANNOTATION

Summarizing the knowledge available at the current stage of medical development, we can say that the state of the dental system is an indicator of the condition of the body as a whole. At the same time, science has a solid evidence base for the emergence and development of a number of diseases, including dental diseases, people's lifestyles and habits. stimulation and shaping are critical. However, the low level of patient compliance does not allow the application of existing knowledge in medicine and reduce the prevalence and intensity of disease and reduce the risk of complications.

Keywords: c*ompatibility, dental caries, caries resistance, caries predisposition.*

Currently, in medical practice, the term compliance, i.e., "adherence to the recommendation or therapy" has several similar definitions: "the measure of the patient's compliance with the recommended treatment"; "Patient behavior (medication and lifestyle changes) is the appropriate measure." "Low compliance" significantly complicates the recovery process as a problem of violation of the therapeutic regimen [4, 9, 10].

One of the main problems of modern medicine is the increase in the prevalence and intensity of dental disease among all groups of the population. In medicine, there is confirmed information about the role of people's lifestyle and habits in the emergence and development of a number of diseases. One of these diseases is dental caries, which means that the patient's adherence to the dentist's recommendations plays an important role in reducing the growth rate of the number of affected teeth. Currently, a steady increase in the number of patients with an active course of dental caries and a decrease in the number of caries-resistant individuals are observed in the world. Dental caries has a characteristic clinical appearance, which makes it possible to make an accurate diagnosis and comprehensively

influence its course by regulating the somatic, dental and social aspects of life. However, this problem cannot be solved by medical measures alone. According to a number of studies, the development, spread and increase in intensity of diseases are largely related to the patient's lifestyle, harmful habits, correct implementation of hygienic measures and his level of compliance.

When studying high-risk dental caries, a number of characteristic features of the maxillofacial region were identified: the structure of enamel, changes in its main properties (acid resistance, permeability, microhardness), the shape and size of teeth, their relief, the size of interdental spaces [1, 5, 6, 7, 9]. Each of the above features in one way or another affects the activity of the pathological process.

Influencing the lifestyle and habits of patients with high-risk dental caries can be effective in preventing, slowing down, and treating the disease. Such effectiveness has been proven in several studies [2, 3, 8, 15]. Maryland State Disease Control When scientists of the center for prevention and treatment (led by S. Ogden) examined 4000 children and interviewed their parents, they found the following correlation: if parents do not pay attention to the child's nutrition, then the probability of developing caries in such children is 34-36% increases to This is consistent with our research: only 28.3% of the parents who participated in the survey limit the consumption of easily digestible carbohydrates by their children, and the prevalence of dental caries among them is 2.4 times lower than in high-risk families where children's nutrition is not controlled. .These data are consistent with the work of Volskoy E.A., in which it is said that when studying the patient's compliance attitude, it is necessary to follow the recommendations and not to ignore the psychological characteristics [2, 4, 5, 6, 7, 11, 14]. The measure of patient compliance should be understood as the compliance of patients with doctor's recommendations, but not only related to direct treatment and preventive measures, but also related to lifestyle and eating habits.

One of the links in the pathogenesis of dental caries is a decrease in the buffering capacity of saliva due to eating habits, in particular, frequent consumption of sweets. The study of the hemodynamics of the salivary glands before the ear has shown that frequent consumption of sweets consumption leads to a decrease in their

functional activity. When sweets are eaten, there is a reflex increase in salivary secretion and corresponding changes in its composition. This happens when you rarely eat sweets. As a result of frequent and regular consumption of sweets, the salivary glands "get used" to such an agent and almost do not react to it: the amount of saliva released when eating carbohydrates does not increase, which means that nutrients - creates favorable conditions for keeping food for a long time and affects its fermentation, which, in turn, contributes to the development of dental caries. The pathogenesis of caries lies in the systemic disruption of de- and demineralization processes. [17]. Demineralization occurs as a result of acid attack as a result of high consumption of sugar-containing products. It is manifested in the fact that patients do not follow the doctor's instructions, but also do not want to follow his recommendations about the need for dispensary follow-up. And this is a pity, because excessive consumption of carbohydrate foods, irregular or poor oral hygiene, with timely fluoridation, can significantly reduce the risk of caries. This was proved by a number of scientists and the analysis of statistical data from twenty-nine countries (M. Woodward, A.R.P. Walker).

OBJECTIVE: To determine the dependence of patients' lifestyle, habits and level of compliance on the development and intensity of caries.

MATERIALS AND RESULTS: In order to determine the willingness to follow the doctor's recommendations, we conducted an anonymous survey among the population. The survey was conducted after the period of epidemiological vigilance, i.e., when patients were infected with COVID-19, in which the compliance of the population should be maximum, because not only health, but also life depends on it. However, the results showed poor adherence to treatment, adherence to doctor's recommendations, and reluctance to change existing habits. 160 patients aged 18 to 59 took part in the survey, 78.8% of them were women, 21.4% were men, the average age was 42+2.7%. 65.7% of respondents reported having bad habits: smoking (46%), excessive alcohol consumption (8%) and regular uncontrollable consumption of sweets (76%) (most patients eat chocolate or sweets they could not remember the day they ate it, while they could not accurately say the amount and frequency of daily consumption of sweets).

Eating habits, especially frequent consumption of sweet foods, is an important risk factor for the development of caries, and at the same time, it is a bad habit of most of the respondents. Adherence to the patient's recommendations about the need to correct the eating habits of the doctor significantly reduces the intensity of caries and reduces the risk of complications. But, unfortunately, the level of patient compliance is very low: there is no willingness to follow the doctor's recommendations. When asked about the number of meals and snacks during the day, the respondents answered as follows: more than 4-5 times in total - 58.7%. of respondents, more than 6-7 times - 25.7%, "depending on the possibility" - 18.9%. Such a distribution of answers revealed a clear violation of the frequency of eating, which can be considered a bad habit. A habit is an established method of behavior, the implementation of which often takes the form of a need. At the same time, the implementation of any habit is often a voluntary and largely unconscious form of behavior. That is why a person's lifestyle is a daily routine, which is very difficult to influence, but at the same time it is of fundamental importance.

In the second part of our study, the respondents were recommended to consume Ca preparations and brush their teeth with Ca and Fluorine pastes for 3 months in order to prevent cariogenic factors. 24% of the respondents followed this recommendation, and among them only 18-35 year olds and they were more showed that it has adaptability. However, the slightly "hot" results we have achieved can hardly be called encouraging, because even they can only be interpreted as low compliance and a low level of motivation to maintain health. That is, most of the respondents do not attach much importance to preventive examinations. One of the questions of our research was devoted to the readiness to continue the preventive measures indicated by the doctor and the regime when the complaints disappeared: 61.4% of the respondents said that they would continue the prescribed recommendations even later.

CONCLUSION: Health ranks last among the vital values of the population. The low level of compliance and poor motivation of the population to maintain and improve their health in general, and oral cavity in particular, is the main reason for visiting a doctor only when complaints and pain appear.

In addition to the above factors, it is necessary to take into account the existing vigilance related to the epidemiological situation in the country and the world, which could not but affect the population's commitment to preventive measures.

Harmful and beneficial habits are often the result of education, which is why systematic education of the population is important. despite this, it is the patient's correct understanding of the importance of following the doctor's recommendations. decision Low compliance and poor awareness will inevitably lead to an increase in the intensity and prevalence of diseases, as well as an increase in severe forms and more complications.

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