THE MAIN METHODS OF PREVENTION OF DENTAL DISEASES IN CHILDREN OF SENIOR SCHOOL AGE

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## DENTAL DISEASES IN CHILDREN OF SENIOR SCHOOL

AGE

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Dental health is an important component of the general health of the population, without which it is impossible to maintain the quality of life at the highest level. Teeth affected by caries in children are foci of chronic infection that contribute to the development or exacerbation of somatic diseases of the body. There is no experience in preventing dental caries in the world yet, but great successes are known in both individual and community primary prevention programs. Among the population of Uzbekistan, there is a high incidence of dental caries. The disease affects both adults and children.

**Key words**: teeth, dentoalveolar system, caries, prevention, intensity, children, neediness, schoolchildren and adolescents

**Relevance**: The state of health of schoolchildren of different ages in recent years allows us to draw conclusions about the relationship of this indicator not only with the teaching load, learning conditions, lifestyle of schoolchildren, but also with untimely parents seeking medical help when identifying deviations from the state of health of the child [3]. Dental diseases among schoolchildren occupies one of the leading places among somatic pathology and first place among chronic diseases [4,5]. Caries is unparalleled among other dental diseases both in terms of prevalence among schoolchildren and in terms of consequences leading to irreversible loss of teeth. One of the main reasons for this phenomenon can be considered [1,2], the low level of dental culture in children and adolescents. Already existing programs for the primary prevention of dental diseases have been developed for apparently healthy children.

The following aspects of schoolchildren's lifestyle are of the greatest importance in the formation of health: the conditions and mode of study at school, the conditions of life and the microclimate in the family, the level of activity, the daily routine, the mode and quality characteristics of nutrition, and medical activity [5,6]. It is these areas that should become a priority in studying the lifestyle of schoolchildren and developing measures to prevent diseases of this contingent. For example, caries belongs to the group of major dental diseases and is characterized by a high prevalence [7,6]. The study of the causes and prevalence of dental diseases among schoolchildren in different periods of bite formation is important in

solving various problems. Modern dentistry presents a wide range of high-tech methods for the treatment of various diseases. In recent years, precise, quantifiable criteria for quality of life have become the most important indicators of the effectiveness of dental treatment. One of the priorities of any society is to improve the quality of life of the population. Society is constantly changing, and with it, our attitude to health is changing. According to various epidemiological surveys of children aged 7-17 years, there is a tendency for the deterioration of dental health in high school students [1,3,4].

**Target**: study of dental health among schoolchildren and assess the impact of social factors on them.

Material and methods: We conducted a study on the problem of the quality of life of dental school students. The world's most commonly used scales and questionnaires for assessing the quality of life of children have been selected and studied in detail. In order to study dental health, the prevalence of dental diseases and the influence of social factors on them, we conducted a clinical and epidemiological examination of 302 schoolchildren in the city of Bukhara aged 7 to 18 years. All subjects were divided into 2 age groups: group 1 - 7-11 years old (84 boys and 97 girls); group 2 - 12-18 years old (57 boys and 57 girls); After obtaining the positive informed consent of the parents to conduct a dental examination, the schoolchildren were questioned. By means of a questionnaire, an informational study of the health status of schoolchildren, the frequency and structure of morbidity, the impact of congenital negative factors, the health of the mother during pregnancy and other reasons was carried out. The nature of children's nutrition, their diet, balanced nutrition, and hygiene skills were also analyzed. In addition, the questionnaire contained questions about the organization of the time spent by the student (at home or at school), special attention was paid to such routine moments as doing morning exercises, the level of the formed brushing skill, the duration of night sleep, the time spent outdoors, the duration of doing homework., visiting additional classes, etc. It is known that the loss of teeth has a significant impact on the quality of human life, and the violation of the basic functions of the dental system, such as chewing, speech, aesthetics, changes the patient's social behavior and his psychosomatic status, and also limits the possibility of communication and self-realization of a person. Therefore, special attention was paid to the absence of teeth in schoolchildren. In our opinion, this makes it possible to assess the state of somatic health, the reactivity of the body, and the knowledge of children regarding the preservation of dental health. For the correct planning of treatment and preventive measures, the determination of individual differentiated tactics for managing a dental patient, health assessment is of great practical importance. The intensity of caries in children was determined by the KPU index.

**Result of the study**: When analyzing the data obtained, we encountered a significant difference in the performance of high school students compared to beginner classes. The analysis showed a direct dependence of the index value on the age of the patient. During the primary examination of schoolchildren, the following complaints prevailed: bad breath, bleeding gums when brushing teeth, discoloration of teeth and gums, the presence of plaque. The prevalence of caries in permanent teeth in children during a clinical examination was 75.9%, which corresponds to a high level of intensity of caries in permanent teeth, and in milk teeth this figure was 86.9%. Among the examined 14-year-old schoolchildren, the

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percentage of healthy children with intact permanent teeth was 15.1%, among them the percentage of children with healthy periodontal tissues and intact permanent teeth was 5.22%. When evaluating the clinical observations of the 1st group, we encountered more anomalies of teeth and dentition in 44.3% of those examined. During a clinical examination, it was found that out of the total number of children with dentoalveolar anomalies, 75.5% had dental caries. According to the degree of complexity of manifestations, anomalies of teeth and dentition accounted for 41.9% of the number of children with dentoalveolar anomalies, anomalies of occlusion - 41.8%, of which 53.2% had combined forms of morphological abnormalities. Of the number of children with anomalies in terms of the aesthetic index, 43.2% had minimal impairments, 25.3% - obvious, and 11.5% - severe and very severe occlusion disorders. Functional deviations of swallowing, breathing, tone of the circular muscle of the mouth, speech were diagnosed in 12.5% of children. With regard to chewing functions, the fact was taken as a basis that with all types of dentoalveolar anomalies, chewing functions (duration, efficiency) are impaired to one degree or another. Various bad habits were found in 11.5% of children in this age group, mainly in primary school children. When examining different age categories, it was noted that with increasing age, the percentage of children with bad habits decreases.

The prevalence of dental caries in the examined children was 75.9% with an average value of the KPU index of  $2.9 \pm 0.03$ . The values of the index of susceptibility of permanent teeth to caries in children increase with age. Thus, in children of 7-10 years old, the KPU index was  $1.3 \pm 0.02$ , in children of 11-12 years old -  $3.2 \pm 0.02$ , in adolescents of 14-15 years old it was  $5.2 \pm 0.01$ .

The state of oral hygiene in most children was unsatisfactory. The presence of plaque was observed in all children. The average value of the oral hygiene index was  $2.3 \pm 0.2$ , which is assessed as a poor hygienic condition. Bleeding gums were observed in 0.8% of children.

In the 2nd age group, the main complaints were an aesthetic defect, bad breath, increased bleeding and tooth sensitivity, tartar was observed in most cases in the area of the first permanent molars and in the area of the lower incisors. Among the signs of periodontal lesions in children aged 12-15 years, signs of bleeding gums were observed, while adolescents were noted to have gingivitis along with bleeding gums and the presence of hard dental deposits. However, no pathological pockets were identified.

Poor dental health (less than 60%) was observed in 22.6% of schoolchildren. Thus, we can conclude that 73.5% of the examined children need comprehensive dental care.

Based on the fact that what social factors can affect the general health of a student, we analyzed the questionnaire and identified the following information: the onset of fatigue at the end of the school day (48.9%) and the older the group, the more people who experience fatigue; 36.9% have time to fully master the educational material and 42.4% "with tension"; however, 63.2% feel "easy" at school, among the surveyed schoolchildren, families living in communal apartments predominate (27.3%); despite this, the majority of schoolchildren rated their living conditions as "good" (89.3%); 75.0% of the surveyed live in "complete" families; 93.8% of schoolchildren rate the family environment as "favorable"; The state of health of their parents is assessed by schoolchildren in half of the cases (50.8/0 persons) as "healthy";

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69.1% of schoolchildren pay attention to a healthy lifestyle; the average sleep duration for 44.7% is 8-9 hours, this figure is higher in girls (49.1%) compared to boys (40.6%); 66.2% of schoolchildren take daily walks in the fresh air; every day schoolchildren spend 1-3 hours preparing homework (69.5%); this figure grows with age, 52.5% spend less than one hour on additional classes; to watch TV programs - 1-2 hours (55.1%); of the surveyed schoolchildren, only 11.6% have their own computer, on which 48.1% study, of which 1-2 hours - 19.1%; more than half of schoolchildren eat 3 times a day (53.1%); 82.1% of schoolchildren know their weight, and 79.0% know their height; 26.8% of schoolchildren go in for sports every day, and 8.6% of people do morning exercises regularly; with age, these indicators decrease, especially among girls; 81.4% of people regularly attend physical education classes; among schoolchildren's life values, the first place is occupied by "to realize oneself as a person" (83.4), "preservation and strengthening of health" is paid attention to by 26.3 per 100 respondents; schoolchildren, in general, get sick up to 5 times a year (87.6%); with age, the number of "never" sick people decreases; boys, compared with girls, have a higher proportion of "never" sick people; due to illness, 39.3% of schoolchildren miss classes up to 14 days inclusive; boys, compared with girls, have a higher proportion of people who miss classes "up to 5 days" and "10-14 days", and lower among people who miss classes "6-10 days".

A negative fact was the low proportion of schoolchildren who regularly visit the dentist, which also negatively affects his dental health.

Conclusion: A dental clinical examination showed that the percentage of healthy adolescents is lower than that of children under 12 years old, and is 4.5. Accordingly, 95.5% of adolescents had various dental diseases, of which 73.4% had a combination of dental anomalies with caries and periodontal tissue disorders. Dental anomalies were detected in adolescents in 61.8% of cases. The formation of a healthy lifestyle is an important link in the primary prevention of major dental diseases, therefore, in pediatric dentistry, much attention is paid to oral hygiene, general somatic health status, the level of dental education of children and their parents, and the correct selection of items and means of oral hygiene, taking into account the age of the child. The student is exposed to a pronounced informational and stressful load at school, and often at home, is in a state of active growth against the background of hormonal changes in his body, while he may psycho-emotionally underestimate the role of some therapeutic preventive measures for the oral cavity. Adolescents need not only oral sanitation and adequate hygienic care, but also rational orthodontic treatment, which will reduce the risks of developing major dental diseases of the oral cavity. Therefore, it is so important to conduct an annual preventive examination of healthy children and develop individual, caries and periodontal disease prevention programs for older schoolchildren.

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