

PROCESSES OF ADAPTATION OF PATIENTS TO DENTISTS

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ABSTRACT:

In recent years, the interest of dentists in solving the issues of adaptation of patients to dentures has not waned [1]. Functional rehabilitation of persons with a complete lack of teeth is a complex and unsolved task of modern dentistry. This problem remains not fully understood. A promising direction is the chronophysiological approach, which is a wave-like process with a pronounced rhythmic organization [13].

Of great importance in the process of adaptation to dentures is the condition of the tissues of the prosthetic bed and psychological rest. Achieving physical and psychological comfort during the use of dentures, as well as reducing the time of this process is possible if in the adaptation period the peculiarities of changing the general and local parameters of the body were taken into account [6].

INTRODUCTION:

In this process, the interval corresponding to the minimum indicators of saliva volume, tactile sensitivity of SOPR turned out to be the most successful for starting and an adequate course of adaptation processes. This tactic of managing dental patients with full adentia allows to optimize the process of adaptation to dentures and helps to reduce the time of adaptation.

The period of adaptation to dentures is determined by the age of the patient, for example, in the older group, the period of adaptation may last up to several months, or the adaptation process may not occur [12].

A denture is perceived by patients as a foreign body. The adaptation process depends on many factors, for example, biological - the sum of all body reactions to the presence of a foreign body. The reactivity of the body, organs and tissues of the oral cavity depends on the state of health, age, type of GNI, and the psychological status of the patient.

The authors found that phonetic adaptation, taking into account the fatigue of the speech of the forming organs and the state of discomfort during the development of dentures, lasts from several hours to 7-10 days [11].

Adaptation to the denture occurs gradually and is expressed in the development of neuromuscular coordination, the restoration of impaired functions, the disappearance of the perception of the prosthesis. For the patient, the prosthesis is a strong irritant of the receptors of OCR and periodontium.

A significant proportion of information from the stimulus does not reach our consciousness, and thus does not overload the higher sections of the central nervous system with excess information. This can be explained by the relatively fast addiction of patients to dentures [6]. These processes are considered as a manifestation of cortical inhibition, depending on many reasons [12].

Pharmacological agents are used to optimize the process of adaptation to dentures. The literature describes studies on the local and systemic use of drugs [5]. The effectiveness of local ozone therapy in elderly patients using removable dentures has been proven. Local use of ozone contributed to the improvement of clinical and laboratory parameters of the oral cavity, which increased the effectiveness of

orthopedic treatment [13]. Topically apply applications and rinses of the oral cavity with antiseptic fluids, such as infusion of chamomile flowers, decoction of oak bark, 0.06% solution of chlorhexidine bigluconate, tincture of calendula. These drugs have antiseptic and anti-inflammatory effects on the organs and tissues of the oral cavity, which creates the conditions for the implementation of local and systemic adaptation reactions. With insufficient oral hygiene, patients may experience adaptation problems. The use of modern disinfectants to care for prostheses can help in the normalization and optimization of these processes [16].

Adaptation to dentures also depends on the morphofunctional features of the emergency response of the prosthodontized patient, but most of all on the features of the functioning of his central nervous system. To optimize the processes of adaptation of patients to dental structures, local and systemic use of various pharmacological agents is possible. Of the means of systemic action, drugs with anxiolytic and stress-protective effects are usually used. When choosing the means of pharmacological correction of adaptation, consider the age of the patient, the functional activity of the central nervous system. Domestic antihypoxants / antioxidants Mexidol and Hypoxene, which have anti-inflammatory, stress-protective and organ-protective effects, can be recommended to optimize adaptation processes. Oxidative stress in secondary adentia, as well as against the background of prosthetics with orthopedic structures, manifests itself both at the local and systemic levels. Systemic manifestations of oxidative stress are associated with the accumulation in the blood of patients with adentia, secondary lipoperoxidation products, a decrease in non-protein thiol groups, as well as an imbalance in the work of AOS enzymes.

Adentia is one of the common pathologies of the oral cavity, in the study of the pathogenesis of which the biochemical study of the oral fluid is highly informative. However, the number of studies devoted to the study of physicochemical parameters and indicators of oral fluid metabolism in case of adentia and after restoration of the integrity of the dentition by various prostheses is limited [3; 4;].

According to several authors, the response of the patient's body depends on the state of the antioxidant system, according to the degree of activity of which the patients can be divided into two subgroups. Patients with a high risk of complications of dental prosthetics were characterized by a high intensity of an extremely weak glow of the oral fluid, a higher accumulation of malondialdehyde, hydroperoxides, and low antiperoxidation activity, which coincided with the corresponding data on the functional state of the tissues of the prosthetic bed. This group of patients in the process of adaptation presented a longer complaint in the process of getting used to dentures. Along with this, a group of patients was identified with a low risk of complications of dental prosthetics, in which a low intensity of superweak glow, low accumulation of malondialdehyde and the content of acyl hydroperoxides were found. In this subgroup of patients, the author found a higher antiperoxidation activity of oral fluid. However, the dependence of the adaptation process to dentures depending on the material used in the manufacture of the denture on the adaptation process remained unresolved [8].

According to many scientists, partial and complete loss of teeth, as well as removable plate prosthetics, affect the qualitative and quantitative composition of saliva. However, the secretory activity of the salivary glands is studied, as a rule, without taking into account the nature of spontaneous and stimulated

secretion, the timing of secretory cycles, which leads to disagreement in the obtained indicators (21).

The authors, examining the effect of dental prosthetics on the production of saliva, and its composition came to the conclusion that, with partial and complete absence of teeth, a similar violation of the secretory activity of the salivary glands was noted. The authors noted a deficiency in the release of biogenic amines, total protein and electrolytes with mixed saliva during spontaneous and stimulated secretion. The authors associated the results with a change in the reactivity and activity of secretory cells, which was especially clearly detected with intense function of the salivary glands (15).

Studies of compensatory-adaptive changes in the secretory activity of the salivary glands showed that after removable laminar prosthetics with partial and complete absence of teeth, the salivary glands functional capabilities are preserved.

Thus, the authors of these studies established the dependence of the secretory and excretory functions of the salivary glands on the degree of adaptation to removable laminar dentures. This revealed pattern was observed both with spontaneous and stimulated secretion in all phases of the secretory cycle.

To assess the patient's adaptation to dental prosthetics, not only is the study of the intensity of free radical lipid oxidation and the state of the antioxidant system informative, but also the study of protein components of saliva. Unfortunately, insufficient attention in the literature is devoted to studying the amount of degradation products of protein molecules - medium molecular peptides (SMPs).

In recent years, the search for informative methods for assessing the level and intensity of the process of adaptation to various influences continues.

A comparative analysis of the indicators of local immunity and the clinical manifestations of galvanosis of the oral cavity in patients with metal dentures was carried out. In the mixed saliva of patients with galvanosis, the content of the TNF- α cytokine was increased, which indicated the presence of immune-mediated inflammation of OCR. Stimulation of chronic inflammation with an electrochemical potential strengthens the mechanisms of innate immunity, thereby leading to an increase in the content of IgM in saliva. In mixed saliva, the level of IL-4 was also significantly higher than in patients of the comparison group. The study of the level of TNF- α in patients of the studied groups made it possible to establish a significant excess of the cytokine content in the oral fluid of patients over the level of TNF- α . The pro-inflammatory potential of mixed saliva according to the average value of the levels of pro-inflammatory cytokines was almost the same in the patients of the studied groups. The revealed increase in the level of TNF- α in patients indicates the activation of a Th2-dependent immune response, which may be the basis for the development of allergic reactions to dental materials and other antigens. An increase in the anti-inflammatory potential of the oral fluid indicates that galvanosis is associated with active immune inflammation, which affects not only locally, but also systemically. The entire mucous membrane, as an immune organ, is involved in the development of immune reactions. When assessing the content of immunoglobulins G in patients of the studied groups revealed that the level of antibodies in all groups was approximately the same and did not significantly differ [15].

This may be a consequence of chronic inflammation, the focus of which may be an orthopedic design, and the driving force is the potential difference generated by it [18]. The

anatomical and functional unity of the oral cavity, CSF and SJ, producing mixed saliva, because significant changes in the physicochemical properties of the oral fluid, found in both dental and somatic pathology [3].

One of the most poorly studied processes occurring in the oral cavity is a process aimed at the production of SRO, as well as its relationship with the activity of AOS enzymes [2]. Activation of lipid peroxidation processes contributes to damage to cell membranes, modulation of apoptosis, and the development of oxidative stress, which have a negative effect on the state of ESP [10].

A study of the intensity of the processes of free radical oxidation and the state of AOD enzymes in the blood during the replacement of dentition defects with orthopedic structures showed the presence of actively occurring lipid peroxidation processes and imbalance in the work of the AOD enzymatic unit [10].

Thus, the analysis of existing achievements in the field of studying the process of adaptation of patients when using dentures showed a lack of a clear idea of the temporal parameters of the adaptation process, as well as the dependence of the severity of adaptive rearrangements depending on the material from which the denture is made. Perhaps the use of accessible and informative research methods will solve a number of tasks.

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