DENTAL STATUS OF ELDERLY PATIENTS DURING PROSTHETICS WITH REMOVABLE DENTURES

(Review Article)

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ANNOTATION

In the presented article, the author provides an overview of the special literature on the problem of the peculiarities of the dental status of elderly patients.

Keywords: dental status, old age, prosthetics with removable dentures.

It is known that aging is a genetically programmed process accompanied by certain age-related changes in the body [1].

With age, the intensity of metabolic processes decreases. At the same time, the risk of developing atherosclerosis increases, hypertension, myocardial infarction, stroke, diabetes, tumor and other diseases. In old age, there is a natural and obligatory decrease in strength, a limitation of physical capabilities. These involutionary processes also concern mental activity, which expressed in a decrease in the mobility of mental processes. Elderly people are not as strong as in young years, unable to withstand prolonged physical or nervous stress; is growing dehydration of the body, which leads to many disorders, primarily from musculoskeletal system.

Due to the weakening of the sensitivity of the nervous system, the elderly and old people react slowly to changes in external temperature and are therefore more susceptible to the adverse effects of heat and cold. External manifestations are expressed in the weakening feelings of balance, in the uncertainty of gait, in loss of appetite, in the need for brighter illumination of space, etc. [26].

Features of morbidity in the elderly are expressed in a non-specific manifestation diseases, the unpredictability of their course, the speed of deterioration, the high frequency of complications and the need for subsequent rehabilitation [6].

In older age groups, not only the incidence rate is significantly higher, but also the number of diseases in each patient [25, 19, 37, 32, 41]. Compared to the faces of the young age, the elderly have twice as many diseases, and the elderly - 6 times and more [2].

On average, when examining patients of elderly and senile age, it is determined 3-5 diseases [23]. The author cites data from the Samara Regional War Veterans Hospital, according to which 70% of patients older than 70 have three or more diseases.

According to G.V. Aksamentov (2002), on average, one elderly patient of a geriatric hospital had 4.1 diseases, and the old one had 4.6 (only clinically pronounced nosological forms that manifested in patients for a number of years were taken into account).

By according to M. van den Akker et al. (1998), 78% of people aged 80 and over have two or more chronic diseases, while among children and adolescents under 19 years of age, the percentage of polymorbidity does not exceed 10. Due to the multiplicity of diseases, elderly and senile patients take a large number of different drugs [42, 43].

Two thirds of people over 65 take dentine. In the process of aging, the hardness of enamel increases, and age-related thickening of the vestibular, oral and contact surfaces of the teeth is noted [5].

With aging, the interprism spaces narrow, the porosity of the enamel decreases, the lumen of the dentinal tubules decreases, and the amount of free water in the tissues of the teeth decreases. FROM With age, the volume of the tooth cavity decreases, the dentin becomes less sensitive to preparation. There is a fatty degeneration of the nerves of the pulp, entailing the subsequent calcification, sclerosis, which ultimately significantly reduces the sensitivity of the pulp. The pulp irritation threshold rises to 8-20 mA. The pulp turns into a fibrous cord, practically devoid of cells, the network of microvessels is reduced and, as a result, reparative capabilities are reduced [18].

Often in the elderly and senile age, atrophy of the filiform papillae of the tongue is noted, change in taste sensitivity [5]. In old age, a noticeable involution of the salivary glands occurs, their secretion decreases, resulting in dry mouth, some difficulties in swallowing solid food [24].

Hyposalivation is observed in 70% of the elderly, which can worsen the course of inflammatory processes in the oral cavity [5]. It has been proved that in patients of elderly and senile age, indicators of medical and social and somatic status have close correlations with most indicators of dental status [9]. This is consistent with the notion that any pathological condition should be considered through the prism of the body's homeostasis [7].

E.T. Goncharenko (2006) recommended using the SIFS and CIRS(G) indices widely used in geriatric practice (total physical condition index and cumulative disease rating index) for determining the rehabilitation potential of patients of older age groups and as prognostic markers of the adequacy of the upcoming and ongoing dental orthopedic treatment. An important task of gerontostomatology is the preservation of teeth in the elderly and senile age. This allows not only to maintain the aesthetic and phonetic features of the oral cavity, but also facilitate the full function of chewing [17, 28, 36].

It should be noted that while maintaining at least 20 own teeth, a significant number patients do not experience violations of the main functions of the masticatory speech apparatus [12]. So called "index 20" is widely used in foreign countries to assess dental status (Pakhomov N.G., 1992). in Japan at the beginning of the 21st century, among examined persons aged 80 years, 15.7% retained 20 or more teeth [34].

Russian statistics of the late twentieth century. testifies to the following. According to E.N. Borisova (2001), out of the total number of those examined at the age of 55, almost every third patient had no teeth (32%), and after 70 years, tooth loss was noted in more than half of the examined (52%). Caries incidence rates in the elderly are not significantly different from those in younger persons; more often it is secondary caries - as a result of poor oral hygiene. The percentage of caries of the roots of the teeth is also significant.

The surveyed residents of the Krasnodar Territory aged 55-64 years, according to I.I. Kozyreva (1999), an average of 16.12 teeth was preserved, at 65-74 years old - 13.05 and at 75-84 years

old - only 9.1 teeth. 60.54% of elderly people need orthopedic treatment for partial loss of teeth, 39.46% - complete loss of teeth. In a study of the state of the oral cavity in 268 women older than 60 years, conducted A.I. Kirsanov and V.F. Nasovaya (1998) in the geriatric department of the Maximilian Hospital No. 28 in St. Petersburg, tooth loss was detected in 146 patients (54.5%).

Among the elderly, the loss of the function of biting and chewing when eating solid food is already impaired by the loss 4-6 teeth [12], respectively in 21, 43 and 20% of cases. With an increase in the number of lost teeth, the percentage of patients with a violation of these functions also increases. With an almost complete loss of their own teeth (missing 21-27 teeth) 3/4 of patients have difficulty biting and chewing (73.74%), and the adoption of solid food is difficult in 76.77%. The British National Nutrition and Diet Study surveyed 955 UK residents aged 65 years and older [39].

applied Oral Impacts questionnaire on Daily Performances (OIDP). Of all the respondents who indicated eating difficulties, 25% described them as serious, 42% of the respondents had such difficulties almost a hedgehog, daily. The examined patients noted that they could not (or could hardly) eat 16 types of food. Elderly people with complete loss of teeth chew longer and swallow larger pieces of food [33], which can lead to the development of diseases of the digestive tract.

According to WO Seiler and HB Stahelin (1995) obtained in Switzerland, 30 to 60% of people over 65 years of age have certain eating disorders; The authors believe that the main reasons for this polymorbidity and social isolation. With the loss of teeth, there are also violations of the function of the masticatory muscles. According to O.G. Omarova et al. (2002), in the absence of one pair of antagonist teeth, the biopotential of masticatory muscles decreases by an average of 30.4%, and in the absence of 4 pairs of teeth - by 59.5% compared with the norm. Dental pathology in elderly and senile people has a number of features and differs somewhat in the types of predominant diseases from younger age groups. Loss of teeth in the elderly and senile age is mainly due to two factors - caries and periodontopathies [5].

Examining elderly and senile patients (60-69 years old, 70-79 years old and 80 years and older) who applied for orthopedic care in 2002-2003. to one of the dental clinics in Moscow, G.N. Apresyan (2005) found that the prevalence of caries in the elderly and senile age reaches 100%. Moreover, up to 60-70% of all cases of caries in the elderly is caries of cervical localization. Almost every elderly patient has periodontal pathology. It is periodontal disease in older age groups that is the main cause tooth extraction.

The clinical course of periodontal disease in the elderly has a number of specific features. In particular, pathological processes are highly active. Abscess formation is common. Abundant dental deposits cause the severity of gingival inflammation and significant tooth mobility. Stabilization of chronic inflammatory processes in the periodontium is typical for people of deep senile age and centenarians. [14, 31, 11].

For elderly and senile people, increased abrasion is characteristic solid tooth tissues. One of the main causes of the above pathological condition is a violation of the endocrine system, including phosphorus-calcium metabolism [10].

According to E.E. Schwarzzaid (1990), in elderly and senile patients, a generalized decompensated form of increased tooth wear prevails, which is aggravated by the parafunction of the masticatory muscles and dysfunction of the temporomandibular joints. Violation of

regional circulation in the periodontium (according to reoparodontography) indicates an increase in sclerotic changes. In addition, the frequency increases with age. deformities of the dentition. HER. Schwarzzaid (1990) found them in 81.2% of the examined patients. elderly and senile age. It should be noted that a widespread factor that negatively affects the somatic and dental status of patients of older age groups is the low negotiability of the elderly population for examinations and professional oral hygiene. [29].

Thus, the analysis of the special literature showed that one of the primary tasks of the dentist is the correct motivation of elderly and senile patients. age, aimed at timely and adequate dental treatment, as well as at improving the level of personal oral hygiene.

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