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Adaptation to Prosthetics to Be Obtained in Older Patients

Jumayev A. H.
Bukhara State Medical Institute

Abstract: The problem of adaptation to orthopedic constructions remains versatile and not fully understood enough. The complex of adaptive reactions of various levels, which can be seen as adaptation, is the formation of a stable structural trace of adaptation, the full adaptation of its content to the factor that causes dysharmonia. In the process of adaptation, two interrelated components are psychological and functional adaptation. The adaptation is more labile, functionally dependent activity of the central nervous system and the type of high nervous activity. Functional adaptation is more difficult since it requires a significant reconstruction of habituation behaviors considering a new one orthopedic design.

Keywords: adaptation, older, tooth prosthetics.

One of the main tasks of orthopedic rehabilitation of patients is to adapt to the manufactured orthopedics of the lack of teeth (Mikhalchenko A.V. and others, 2008; Danilina T.F. Vs., 2015; 32). Koshelev K.A., 2016). Functional Rehabilitation of Patients Dental Prosthesis Is a Difficult Job (Grachev D.I., 2012; Koshelev K.A., 2016; Pojilova E.V. et al., 2016).

Morphological changes that develop due to functionality and lack of teeth affect all parts of the dental system, explaining difficulties in orthopedic rehabilitation of patients (Vinokur A.V., Ryzhova I.P., 2008). According to the literature, 37% of patients adapt to poor-quality dental structures and 25% of patients do not use prosthetics obtained due to adaptation problems.—Chirkova N.V., Komarova Yu.N., 2011. Involutive processes in the body together with polymorbidity lead to a narrowing of functional and adaptation capabilities, and with extensive rehabilitation, including medical, psychological and social aspects (Abolmasov N.G. et al., 2007), the patient's procedure for getting used to prosthetics will be longer (Adaeva I.A., 2003; Abolmasov N.N. Vs., 2010; Kovaleva I.A. Vs., 2013; Pojilova E.V. et al., 2016).

Psychophysical restructuring continues for a long time and depending on the speed of the nervous processes (Radkevich A.A., Galonsky V.G., 2009; Kussevitskiy L.Ya., 2013; Pojilova E.V. et al., 2016). The removed prosthetic is considered by the oral cavity tissue as an alien body and disturbs the nerve endings of the mucous membrane of the prosthetic body, resulting in an increase in saliva, disruption of speech functions; chewing and swallowing. The adaptation to the prosthesis occurs gradually and is expressed in the development of nerve-muscle coordination, the functions of restoring the damaged, the loss of sensing a foreign body (Radkevich A.A., Galonsky). V.G., 2009). Shala K.S. Vs. (2017) has determined the period of functional start adaptation to fully removable prosthetics. 88 people entered the study patients who received new fully obtainable prosthetics. In subsequent visits, a thickness sensitivity test was conducted. The observation period from the 15th week of use of in-derivable prostheses decreased on average from 88 mk to 36 mk. According to the authors, research can be a limit of sensitivity to the thickness of interoclusion, which is treated as an indicator of functional adaptation to full-that prosthetics.

The main factor determining the patient's habituation with prosthesis is 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 high nervous activity, state of the psychological patient. Most importantly, psychological adaptation is the patient's prosthesis - a collection of complex conditional reflex reactions of the patient; Satisfaction with prosthetics that determine their belonging and level of human emotions (Milikevich V.Y. and others, 1998; Mitin N.E.,Kuryakina N.E., 1998; Radkevich A.A., Galonskiy V.G., 2009). The manifestation of cortical inhibition, which occurs at different times,

is considered to be the end of adaptation to mobile prosthetics, varies on average from 8 to 33 days (Abolmasov N.N. et al., 2010). Kurlyandskiy V.Yu. (1962) Distinguished three stages of adaptation to the extracted prosthesis:

1) The stage of swarming - the prosthetic tail is observed in the kund, and the slacgen is increased, disorders of dictation, chewing gum, and chewing gum;
2) Partial thormization phase – processes occur from 1 to 5 days, during which speech, efficiency chewing gum, sock separation decreases, and cucush reflexes decrease;
3) Complete cylinder phase – occurs from 5 cunnes to 33 days after processing prosthesis, at this stage, the patient stops feeling the prosthesis as an alien body, feels discomfort in the absence of prosthetics (Copeikin V.N. etc., 2004; Trezubov V.N. V.N., 2011; Kussevitskiy L.Ya., 2013).

The duration of the compatibility period for a mobile prosthesis depends on many factors:the design of the prosthesis, the method of holding it, the availability / absence of a sense of pain, the method of transmitting chewing pressure, time, from the moment the teeth were taken to the time of their replacement (Verkhovsky A.E., 2015). The period of adaptation to the orthopedic structures to be removed is determined and the age of the patient. In older patients, especially those with Cognitive Disorders, it can rise up to a period of adaptation for several months, sometimes having no quality adaptation. The inhibitory effects of the cerebral cortex with FROM age are weakened by subcortical centers, while in older people the psychophysical aspect plays an important role in adaptation processes (Zholudev S.E., 2012; Grohotov I.O., Oreshaka O.V., 2015; Pojilova E.V. et al., 2016). It has a significant impact on patients adapting to removable prosthetics indicating a level 35 functional condition of the central nervous system, both personal and situational anxiety. The effectiveness of orthopedics Depends not only on the individual clinical and morphounctional characteristics of patients, but also on their psycho-emotional characteristics. status, characteristic characteristics of patients (Burlai D.S., 2006; Petrov P.I. Vs., 2012; A.K. Jordanashvili Vs., 2014; Barkan I.Y. and others, 2015; Pojilova E.V. et al., 2016).

Even relatively similar clinical situations, including the morphofunctional characteristicsdentoalveolar system and the general dental condition of patients, as well as the quality of the prosthesis, the process of adaptation to them, will continue differently. more than 40% of cases of adaptation to manufactured structures are not related to their design characteristics and performance, and are determined primarily by the patient's mental state (Istomina E.V., Abakarov S.I., 2007; Pojilova E.V. et al., 2016). According to the literature, the following methods can be distinguished to improve the patient's adaptation period and retention to the removable prosthesis and stabilize the prosthesis:

- ✓ method of correct selection and cylindering of cylinder material;
- ✓ production of high-quality prosthetics;
- ✓ use of adhesive preparations (Joludev S.E., 2005; Tsimbalistov A.V.,

Mikhailova E.S., 2005; Abolmasov N.G. Vs., 2010; Avdeev E.N., 2014). Optimizing the process of adapting patients to removable prostheses is the use of prosthetics and pharmacological tools. The current application from medicinal substances, applications and washing the mouth with antiseptic fluids: infusion of flowers is chamomile, oat tree boiling, etc. These drugs have an antiseptic and anti-inflammatory effect on the mucous membranes of the oral cavity and the shells of the pear tissue (Calivrajian E.S. etc., 2012; Pojilova E.V. et al., 2016). Improving clinical and laboratory performance is promoted through the topical application of prosthetic bed and oral condition ozone, which usually improves the effectiveness of orthopedic treatment for prosthetic patients with removable prosthetics (Grohotov I.O.,Oreshaka O.V., 2015; Pojilova E.V. et al., 2016).

Increasing orthopedics Rehabilitation depends on individual clinic and morphounctional characteristics of patients, but also on research psycho-emotional properties. Status, Personal Archetypal Characteristics (Burlai D.S., 2006; Petrov P.I. Vs., 2012; A.K. Jordanashvili Vs., 2014; Barkan I.Y. and others, 2015; Pojilova E.V. et al., 2016). Even a similar clinic clinic, this morphofunctional

development dentoalveolar system and patients' general dental condition, the quality of the disease prosthesis, the process of adaptation to them will continue differently. The participation of adaptation to production structures of more than 40% is not related to project design characteristics and basics, and the main characteristics of the patient's mental state (Istomina E.V., Abakarov S.I., 2007; Pojilova E.V. et al., 2016). According to the literature, methods can be investigated by the patient.blood prosthetics to improve the adaptation period and retention and improvement of prosthetics:

- method of correct selection and cylindering of cylinder material;
- production of high-quality prosthetics;
- Send from refrigerating drugs (J. S.E., 2005; Tsimbalistov A.V., Mikhailova E.S., 2005; Abolmasov N.G. Vs., 2010; Avdeev E.N., 2014). Optimizing the adaptation of patients to manufactured prosthetics takes them from prostheses and provides pharmacological assistance. A software program from the medicine, washing the foundation with practical antiseptic agents: infusion of flowers is chamomile, the boiling of an ore tree, etc. The fact that these products have an antiseptic and anti-inflammatory effect on the floors and direct examinations of the pear (Calivrayan E.S. and others, 2012; Pojilova E.V. et al., 2016).

Improving clinical and laboratory tests use ozone to promote the condition of prosthetic bed and mouth condition through topical application, this treatment of orthopedic treatment of food prosthetic patients (Grohotov I.O., Oreshaka O.V., 2015; Pojilova E.V. et al., 2016). Effectiveness of orthopedic treatment of patients with loss of teeth It depends not only on the qualifications of a healing physician and dentist, but also on selected medical and psychological tactics for providing material and technical equipment (Amirhanov M.T. and others, 2003; hashmurina V.R. and others, 2007; Shogenova M.X., Arutyunov S.D., 2010; Avdeev E.N., 2014; Arutyunov S.D. et al., 2014). It is also necessary to take into account information about the nature, individuality of patients during rehabilitation, age-related changes in patients and diseases with them (Gilmanova N.S., 2007; Istomina E.V., Abakarov S.I., 2007; Arutyunov S.D. et al., 2014). Arutyunov S.D. Vs. (2014) conducted a study in which the idea that the main hypothesis was subjective gratification was dental treatment of incomplete elderly patients; the ability of a medical doctor to choose effective medical and psychological is a treatment tactic, which is more dependent on the need for removable layered prosthetics.

The study divided the study into two groups, 118 patients divided: experimental (60 patients) and supervision (58 patients). The experimental group was treated by doctors who conducted socio-psychological training and age lecture sessions characteristics of the elderly. Patients have been visited five times. with removable laminar prosthesis. According to the study, indicators were eventually determined that the emotional state of the patients in the experimental group was consistently higher than that of each admission control. These indicators improved in both groups during treatment, the authors attribute this to increasing trust in the affiliater.

However, during the last mention, it is necessary to check patients' adaptation to the new prosthesis, emotional indicators need time to get used to the deterioration of the condition of patients in both groups as a removable prosthesis: in the experimental group, the emotional state decreased slightly and in control - its level dropped sharply. Despite the same level of treatment for patients in both groups, satisfaction with the treatment of patients in the experimental group was generated by the chosen medical and psychological tactics of treatment significantly higher than in the control group that the authors correctly linked. Positive or negative outcome Orthopedic therapy is considered based on the following factors: subjective evaluation of prosthetics by the patient; maintaining and stabilizing prosthetics; adhere to aesthetic standards in their construction; the purity of speech; opportunity to consume various foods (Abolmasov N.N. Vs., 2010; Koshelev K.A., 2016; Flying S. Vs., 1997; Korunoska-Stevkovska V. and others, 2017).

The use of prosthetics and patient satisfaction with orthopedics depend directly on the quality of the rehabilitation of prosthetics (Fenlon M.R. et al., 2008). To maintain and stabilize the prosthetic well, you need to reliably reflect the entire area of the prosthetic bed in a cylinder. Slight morphological

properties can increase the complexity of production of a fully removable prosthetic. The harsh atrophy of the alveolyar ridge represents a serious problem. Ridge atrophy then begins with tooth extraction, strained by the old patient's long wear of unhealed prosthetics.

Alveolar bone centrally avoidant resorption forms a centralizing row in the lower jaw and upper jaw difficulties in obtaining the correct occilysis. With a serious atrophy, the alveolar bone can have large volumes of moving soft tissue, hanging comb, which not only interferes with acceptance, but also when using prosthetics (Pietrokovsky J. et al., 2007; Andrey O.C. et al., 2016). This can cause tissue formation by removing teeth, as well as wearing older prosthetics (Karnam S. et al., 2015; Andrey O.C. et al., 2016). patient satisfaction with the treatment of patients in the experimental group was formed, despite the fact that the level of treatment of patients in both groups was the same

Quality of life is a multifaceted concept that can be affected by numerous factors. One of these factors is oral health. (Teixeira M.F.N. et al., 2015). Oral health of older people has traditionally been rated by epidemiologists as having a cleft of neuroscientists, mildness in the form of thyshrains. However, such a traditional approach does not take into account the impact of oral health problems on a person's life, psychological and social well-being. (Locker D., Allen F., 2007; Rebelo M.A.B. and others, 2016). The quality of life is related to the health of the cavity. Quality of life (Oral Health-Related Quality Of Life, OHRQoL) is a long-suffering conception, oral health or vital activity of oral diseases, is a multi-dimensional concept of prosperity and the overall quality of human life (Locker D., 1988; Masood M. Vs., 2014; Masood M. Vs., 2017). The association between oral health Clinical indicators and quality of life in older people has not been fully studied. According to a number of authors, regular visits to the OHRQoL dentist are related to the socio-economic status (Zaitsu T. et al., 2011; Lee I.C. Vs., 2012; Xsu K.J. Vs., 2014; Yen Y.Y. et al., 2015)

The presence of large numbers of soum teeth and the absence of defects in the thyshing cylinder have the most reasonable effect on the bite OHRQoL, the availability of acoustic rotting teeth, The impact of the population on the quality of life of the new world (Erić J. et al., 2012; Rebelo M.A.B. and others, 2016; Alzarea B.K., 2017). orthotedic orthal diseases can be viewed as one of the health components of the oral cavity in the elderly (Steele J.G. et al., 2004; Alzarea B.K., 2017). Older people with obtained prosthetics have an effect on the quality of life and the state of their prosthesis; satisfaction with prosthesis, activation of the prosthesis; pain in the oral cavity and damage to the mucous membrane, cylindric cylinder, cystomy (Zaitsu T. et al., 2011; Komagamine Y. et al., 2012; Yen Y.Y. et al., 2015). Demographic and socio-economic indicators can affect quality of life, oral health, and: a number of scientific publications note a direct link between social status OHRQoL in the elderly. (Fuentes-Garcia A. et al., 2013; Rebelo M.A.B. et al., 2016).

A number of studies have shown that people with lower socioeconomy conditions are diagnosed with clinical and subjective indicators of poor oral health (Tsakos G. et al., 2011; By E.I.V., 2012; Guarnizo-Herrenyo C.C. et al., 2014). Family status is also associated with health and a closely important mental state: married couples have lower anxiety, anxiety, and psychological stress than single people (Waldron I. etc., 2012). Associations between oral health problems and socioeconference and geographical imbalances show that negative factors operating at individual level and level are associated with a less favorable oral profile of people's lives (Cohen-Carneiro F. et al., 2011; Gabardo M.C.L. Vs., 2015).

Khoreva O.O. and others. (2014) conducted a survey on the basis of a survey of 1516 people from elderly institutions whose dental health was socially protected. The majority of respondents assess their state of health and satisfactory, and every fourth (25,3%) assessed his or her ill health. According to the authors, the unsatisfactory state of the oral cavity sharply reduces the quality of life for older citizens. for 66,3% of living respondents, social security institutions, the condition of the mouth cavity cause psychological discomfort. One of the many goals of geriatric medicine is to identify the effects of older people's oral health problems on everyday life, including their exposure to quality of life (Gabardo M.C.L. 2015). The development of methods for assessing the condition of the oral cavity and the improvement of scientific knowledge are important in geriatric stomatology.

The development of this field as a network of clinical assistance is partly dependent on the ability to demonstrate understanding of issues and ways to solve them (Kundapur V. et al., 2017). One of the most common quality assessment questionnaires is the OHIP (Oral Health Impact Profile) questionnaire for the life and daily activities of dental patients (Preciado A. et al., 2012; Cardoso R.G. Vs., 2016; Alzarea B.K., 2017). In 1994, Slade G.D., Spencer A.J. submitted a survey of OHIP-49 that included seven conceptualities ("functional limitation", "physical pain", "psychological discomfort", "physical disability", "psychological disability", "psychological disability" and "physical disability"); D. Locker (Locker D., 1988; Perea C. Vs., 2013).

This questionnaire itself is generally sufficiently reliable and reliable, but many questions can limit clinical use in clinical trials, practices and surveys (Awad M. et al., 2008; Perea C. et al., 2013) Has short questionnaires in the elderly with great oral health, great benefits when choosing scales for assessing connected quality of life (Hebling E., Pereira A.C., 2007). In 1997, Slade G.D. presented a short form with the same parameters of measurement, consisting of 14 questions (OHIP-14). There are five options for each question. Answer: "never" (0 points), "almost never" (1 ball), "sometimes" (2 points). points), "very often" (3 points) and "too often" (4 points). Total score 0 to 56 points, that is, the lower the overall score, the less oral condition affects the quality of life of the respondent and the greater his satisfaction and wellbeing (Perea C., et al., 2013). The OHIP OHIP-Edent questionnaire was developed and modified, adapted especially for patients who use fully removable prosthetics. The change in this Form consists of 7 questions divided into 19 sections: physical disability, social disability, psychological disability, physical disability, psychological discomfort, pain and functional limitation. Three per query. possible answers: never (0 points), sometimes (1 point), almost always (2 points). ball).

The total score of this questionnaire varies from 0 to 38 points: how high a summary is, how great the effect of oral health on well-being is and quality of life, decreased patient satisfaction (Cardoso R.G. and others, 2016). Motallebnejad M. Vs. (2015) evaluated quality of life in over 300 elderly patients (183 men and 117) women based on the OHIP-14 survey). The average age of patients was 71.4±5.6 years. Among the patients included in the study were 41 partially obtained prosthetics, 36 were conditional prosthetics, and 139 were fully obtained prostheses. According to the results, 128 patients (90.8%) are required to undergo predispositional treatment, 55 (39%) endodontic treatment, 60 (42.6%) surgical treatment, and 107 (75.9%) orthopedic treatment. 142 patients were found to have a complete absence of teeth, while 3 patients did not have orthopedic structures that they did not use. The average total value was 22.4±8.2 points. Psychological discomfort, where the highest rates are noted in the part. On average, total OHIP-14 was lower than patients with dyuymortopedic structures who did not undergo orthopedic rehabilitation.

Partially in patients without toothpaste, patients with a complete lack of teeth with higher survey results. Due to deterioration of patients who underwent examination, dental treatment was necessary oral, health-related living was lower oral cavity. Perea C. etc. (2013) assessed the effects of oral health on patients using fully removable prosthetics. The questionnaire itself consists of 19 questions divided into 7 sections: physical disability, social disability, physical physical, physical, physical discomfort, pain and functional limitation. Three per query. possible answers: never (0 points), sometimes (1 point), always (2 points). Ball).

The total score of the Ush questionnaire varies from 0 to 38 points: high current, greater effect of oral health on well-being and quality of life, decrease in patient satisfaction (Cardoso R.G. and others, 2016). Motallebnejad M. Vs. (2015) evaluated quality of life in over 300 elderly patients (183 men and 117) women based on the OHIP-14 survey). The average age of the patients was 71.4±5.6 years. Among the patients, 41 were partially diagnosed with amnesial prosthetics, 36 were conditional products, 13 were prostheses, and 99 were full-product prostheses. According to the results, 128 clinical patients (90.8%) required paedopodic treatment, 55 (39%) endodontic treatment, 60 (42.6%) treatment, 107 (75.9%) orthopedic treatment. 142 patients have been found to have a complete absence of teeth, and 3 patients do not have untreated orthopedic structures. The average value was 22,4±8.2 balls. Medical damage, which recorded the highest rates in the part. On average, the total OHIP-14 was

lower than that of patients with orthopedic structures who did not undergo orthopedic rehabilitation. Partially in patients without tooths, the survey is higher in patients with a complete lack of teeth. Dental treatment due to the ingestion of the patients who had been examined was the necessary mouth, the lower the health-related standard of living was the mouth. Perea C. Vs. (2013) assessed the impact on the market where the mouth is on the quality of life of employees from full-time prosthetics.

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