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Determining Dental Status In Patients With Cardiovascular Diseases

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Relevance. According to a survey of a representative sample, the age-standardized prevalence of hypertension in Russia is 39.0% among men and 41.0% among women. Hypertension together with coronary heart disease cause 53.0% of mortality. The stage and course of hypertension were determined according to the classification of the WHO Committee of experts (1999). Of those examined, 52 patients were examined in the first days after the hypertensive crisis in order to identify the features of oral pathology in this category of patients. After analyzing the data from clinical studies of periodontal tissues in 504 patients with GB and in 150 control group patients aged 30-39,40-49,50-59, 60 years or more, only 44 individuals (8.7%) in the main group and 57 (38.0%) in the control group under the age of 59 revealed intact periodontal disease, and These individuals maintained an adequate hygienic condition of the oral cavity. Along with this, there is a tendency to increase the frequency of deeper forms of periodontal tissue damage. We identified periodontal pathology in 460 (91.3%) patients with GB, out of 504 examined, which is significantly higher than in the control group - 93 patients, which corresponds to 62.0%. Much attention is drawn to the fact that in patients with GB, periodontal tissues are affected in 91.3% of cases. These data indicate the presence of a relationship between periodontal diseases and cardiovascular pathology. Superficial inflammatory processes (gingivitis, localized periodontitis) occur with small numerical differences in both the main and control groups, and as is typical for this form of the disease, in younger age groups. Thus, gingivitis in patients with GB under the age of 49 was detected in 36 people (7.1%), and localized periodontitis in 28 (5.6%) aged 40-59 years. In the control group, gingivitis occurred in 9 subjects (6.0%), localized periodontitis in 12 (8.0%). 60 patients with GB were diagnosed with periodontal disease (11.9%), in the control group it was found in 24 subjects (16.0%). In Europe, cardiovascular diseases (CVD) account for 3.9 million deaths (45% of deaths), with coronary heart disease, stroke, and hypertension (leading to heart failure) being the main causes of these CVD-related deaths. Periodontitis is also a chronic non-communicable disease (NCDs) with a high prevalence, being severe periodontitis affecting 11.2% of the world's population, the sixth most common human disease. The prevalence of noncommunicable diseases (NCDs) is increasing worldwide in line with an aging population, a refined diet and a sedentary lifestyle, and causes 41 million deaths annually, or 71% of all deaths worldwide (GBD Risk Factors Collaborators, 2016). Approximately 80% of people over the age of 65 in the United States suffer from one or more NCDs, and 77% have at least two NCDs, which creates a significant burden of disease for individuals and for the health economy. The largest global burden of NCDs arises from cardiovascular diseases (CVD), which account for 17.9 million deaths (one third of total deaths) and 45% of deaths caused by NCDs (Roth et al., 2017). In Europe, CVD is the cause of 3.9 million deaths (45% of deaths), and although CVD mortality rates are decreasing, absolute numbers have increased over the past 25 years due to an increasingly aging population (Wilkins et al., 2017).

In developed countries, heart defect is one of the main causes of disability and death of the working population (who, 2005). The most common causes of a heart defect are: ischemic heart disease (50-70%), arterial hypertension (12-17%), alcohol abuse (7-9%), Diabetes mellitus (10%), cardiomyopathy (3-4%) (Calyuzin V. .V., Kalyujin O.V., Teplyakov A.T. and others, 2006). The results of numerous studies confirm the direct participation of systemic and local inflammation in the onset and development of

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atherosclerosis and its complications (Young J.L. et al., 2002; Chyu K.Y. et al., 2002). In this regard, infectious diseases of the oral cavity are considered as a risk factor for the development of cardiovascular diseases (Gordon L.D., 2001; Besk J.D., 2001; Kuramisu H.K., 2001). Characteristic changes in the oral cavity of patients with cardiovascular Pathology were not detected (Danilevsky N.F. et al, 2001), but a statistically significant correlation was found in the development of atherosclerosis, coronary artery disease, hypertension, and periodontal disease (Zabolotny T.D., Ivashchenko Yu.Yu., 2006; Bartneva T.V., 2008; Bogatyreva A.M., 2010). When optimizing the existing standards for the treatment of oral diseases, it should be taken into account that heart defect syndrome is associated with damage to other organs and systems, including the state of dental health, which determines the relevance of this study. The purpose of the study. it consists in improving the methods of prevention of dental diseases in patients with cardiovascular diseases. Object of study. There are pathologies of the cardiovascular system patients with changes in the organs of the oral cavity were taken. When examining the vestibule of the mouth and the inner surface of the cheeks, attention was paid to the color and moisture content of the oral mucosa, as well as the presence of dental prints. After analyzing the data from clinical studies of periodontal tissues in 504 patients with GB and in 150 control group patients aged 30-39,40-49,50-59, 60 years or more, only 44 individuals (8.7%) in the main group and 57 (38.0%) in the control group under the age of 59 revealed intact periodontal disease, and These individuals maintained an adequate hygienic condition of the oral cavity. Along with this, there is a tendency to increase the frequency of deeper forms of periodontal tissue damage. We identified periodontal pathology in 460 (91.3%) patients with GB, out of 504 examined, which is significantly higher than in the control group - 93 patients, which corresponds to 62.0%. Much attention is drawn to the fact that in patients suffering from GB, periodontal tissues are affected in 91.3% of cases. These data indicate the presence of a relationship between periodontal diseases and cardiovascular pathology. As can be seen from Table 10.11, superficial inflammatory processes (gingivitis, localized periodontitis) occur with small numerical differences in both the main and control groups, and as is typical for this form of the disease, in younger age groups. Thus, gingivitis in patients with GB under the age of 49 was detected in 36 people (7.1%), and localized periodontitis in 28 (5.6%) aged 40-59 years. In the control group, gingivitis occurred in 9 subjects (6.0%), localized periodontitis in 12 (8.0%). 60 patients with GB were diagnosed with periodontal disease (11.9%), in the control group it was found in 24 subjects (16.0%). A dynamic comparison of the indicators of periodontal lesion in patients with GB and in the control group is presented graphically in the form of diagrams for general clarity. According to our data, the most severe and widespread periodontal pathology was chronic generalized periodontitis, which lasted for years with periods of remission and exacerbation, often leading to significant bone resorption, disruption of the retention apparatus of teeth and loss or removal of the latter. Generalized periodontitis was characterized by high prevalence in all age groups, with a tendency to increase, and even 100% periodontal damage at the age of 60 and over.

In the results of a study conducted in children with heart defects, a high significant frequency of occurrence of major dental diseases in the oral cavity was established in the comparative study of patients with healthy children in the control group. In children with acquired heart defects, patients with congenital heart defects, and in children with congenital heart defects, the detection rates for major dental diseases have shown significant high frequency incidence of major dental diseases compared to healthy children in the control group. In the course of the study, the acquired heart defect patient is particularly high in children compared to children with damage, both control and congenital heart defects.

Conclusion. The prevalence of caries in acquired form in children with heart defects is significantly higher in the first age group compared to the control group and 90.91±8.67% versus 36.67±11.88% respectively. In the second age group, the prevalence of caries in sick children is 100%, which is reliably high compared to control and the first age group. When the second indicator of caries was studied, its intensity showed a sufficiently large difference in these indicators in comparison with

healthy children in sick children with General heart defects. Conclusion. In the first age group in the form acquired in children by a patient with a general heart defect, this indicator was 4.85±0.08 against 2.14±0.06 in the control group. In the second age group, there was an increase in this indicator compared to the control group and the first age group.

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