

ASSESSMENT OF DENTAL STATUS IN PATIENTS WITH SCHIZOPHRENIA

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Abstract. *The issues of combining diseases of the oral cavity and internal organs occupy an important place in dentistry, since they allow you to reflect the essence of the genesis of many related diseases of the oral cavity and determine ways to develop comprehensive preventive measures.*

Key words: *Schizophrenia, condition of teeth, oral cavity, dentistry, prevention.*

Introduction. Pathological processes that occur in the human body due to systemic diseases are most often manifested in the peripheral tissues of the body. Damage to oral tissue is, in most cases, the first clinical sign of disorders in neuroendocrine, hematopoietic, digestive, cardiovascular system diseases [1].

It occurs against the background of many mental disorders, in particular schizophrenia, somatic disorders, metabolic disorders, dysfunction of the Endocrine-autonomic system, organic damage to the central nervous system, changes in the blood system, etc. [3, 5].

However, it is known that disorders that occur in the oral cavity in some cases aggravate the development of the underlying disease due to the formation of focal chronic infections, sensitivity of the body [2].

Of particular interest in solving this problem is the study of the mechanisms of development and development of oral diseases in patients with schizophrenia.

For the treatment of patients with schizophrenia, all types of psychotropic agents (tranquilizers, antipsychotics, antidepressants, anticonvulsants, correctors, etc.) are used, which, when used for a long time, change in the autonomic nervous system in patients, metabolic,

endocrine disorders, impaired salivary secretion, change in the patient's immunological state [6-11]. In patients with schizophrenia, significant pathological diseases were reported in the oral cavity, the likelihood of damage to teeth with caries, as well as its complications, increased [12-14].

Patients with schizophrenia rarely observe oral hygiene. Oral diseases in schizophrenia are more common in patients who have been in psychiatric hospitals for a long time. The more dangerous schizophrenia disease is and the more pronounced the negative symptoms, the more dental diseases are manifested [1-19].

Examination, diagnosis and treatment of such patients by a dentist is accompanied by increased anxiety, which complicates therapeutic manipulation. A visit to the dentist will exacerbate and exacerbate the neuropsychiatric disorders present in patients, as this is one of the most striking examples of emotional stress [20-23].

The purpose of the study dental condition in patients with various forms of the course of schizophrenia.

Research methodology. The study was conducted on the basis of the central Moscow clinical psychiatric hospital No. 1, where a dental examination of patients with schizophrenia was carried out for five years. An examination of 100 patients with schizophrenia between the ages of 20 and 35 was carried out. Topics are divided into 2 groups (each of 50 people): 1 - patients with a continuous form of the disease; 2 - patients with a form of paroxysmal course [24-28].

50 people without mental pathology with diseases of the gastrointestinal tract served as control.

The hygienic condition of the oral cavity was assessed using the Fedorov-Volodkina index.

The vestibular surfaces of the six lower front teeth were examined. The results of painting each tooth were scored: 1 - absence of staining; 2 - staining 1/4 of the surface of the tooth crown; 3 - staining 1/2 of the surface of the tooth crown; 4-staining the entire surface of the tooth crown [29-48].

The intensity of the caries was determined by the KPU index, which takes into account the number of carious teeth (K), filled (P) and removed (y).

The student's t-test was used to statistically assess the results of the study.

Research results and their discussion. The average index value is higher (11.64 ± 0.41) than the reliable ($p < 0.001$) control group (21.56 ± 0.81 ; 21.18 ± 0.97), which takes into account the number of caries teeth filled and removed in patients with schizophrenia. As for the components of the index, which takes into account the number of caries teeth filled and removed,

the average number of Cari - ozic and removed teeth in groups of patients with thesizophrenia was reliable ($p < 0,05$) higher than in control. Conversely, the value of the "P" component in the control group was more reliable ($p < 0,05$) than in patients with schizophrenia.

Examination of the oral cavity showed that the teeth of the mentally ill were abundantly covered with plaque and tartar. Most of these patients are harmful smokers, which further worsens the state of hygiene. It should be noted that during the period of exacerbation of the underlying disease, hygienic care of the oral cavity is completely absent.

The hygiene index was assessed as: 1,1-1,5 - good; 1,6-2,0 - satisfactory; 2,1-2,5 - unsatisfactory; 2,6—3,4 — bad; 3,5-5,0-very bad.

When analyzing the hygiene index in patients with schizophrenia, an "unsatisfactory" hygiene condition is noted, which confirms the condition of constant disadaptation, the manifestation of physiological stress in oral homeostasis.

When interrogating patients with schizophrenia, many of them noted that there is bleeding gums and tooth mobility: in the first group - 68 and 25%, respectively, in the second - 48 and 12 %. In the control group, bleeding of the gums is 20% and tooth mobility is 4% of the participants.

3 shows that in the first group of those examined, the prevalence of periodontal disease was 92%. Patients in this group are most likely to have a 4-5 mm deep periodontal pocket (1,88 sextants) and tartar (1,86 sextants). The average number of excluded sextants was 0,96, with 16% of periodontal sextants being removed from examination due to lack of teeth. The prevalence of bleeding from the gums was 9.4%, with an average intensity of 0,56 sextants. Advanced forms of inflammation in the form of a periodontal pocket 6 mm or more deep have been reported in 7% of those examined. 0,32 periodontal sextant was assessed as healthy. In the second group, the prevalence of periodontal disease was 90%. Most often, in these patients, we observed plaque or plaque (in 27,3% of cases) and other factors that delay bleeding from the gums (in 20,7% of cases).

The intensity of these signs of periodontal tissue damage was 1,72 and 1.24 sextants, respectively. Twenty-six percent of sextants were excluded. The average number of X code sextants in this group was 1.56. Periodontal pockets 4-5 mm deep were 3.5 times as large as 6 mm or more deep (14% and 4% respectively). The average number of healthy sextants was 0.40.

In the control group, the prevalence of periodontal disease was 76%. Most often, those examined by this group indicated bleeding from the gums (28.7%), with an average intensity of 1,72 Tartar was detected in 1,54 sextants, a feature with a prevalence of 25,6%. The average number of sextants with periodontal pockets of 4-5 mm and 6 mm or more depth was 0,64 and 0,06, respectively.

It is also important to note that only 0,06 excluded sextants have been identified in the control group. Healthy periodontium has been identified in 1,98 sextants.

Healthy periodontal rates in patients with schizophrenia are statistically much lower compared to control ($p < 0,05$). Thus, healthy periodontium in the control group occurs 6 times more often than in the first group, and 4 times more often than those examined by the second group. In the first and second groups, the difference in this indicator is statically incorrect ($p < 0,1$).

As for bleeding, statistically reliable ($p < 0,05$) values of this indicator in patients with schizophrenia are much lower compared to control. Bleeding gums in the control group increases by 19,3 percent compared to the first group and by 8 percent compared to the second. In patients in the first group, this rate is 2,2 times lower than in those examined by the second group ($p < 0,05$).

The presence of tartar or other plaque-retaining factors in patients of the first group is 4% higher ($p < 0,05$) than those examined by the second group, as well as 5.4% higher ($p < 0,01$) compared to the control group.

These data confirm the need for regularly scheduled oral cleansing in these patients. Among the treatment and preventive measures, patients who cannot use a toothbrush in their mental state should be prescribed mouthwash in the morning in the toilet and after meals under the supervision of medical personnel or relatives.

Conclusion. Oral hygiene is unsatisfactory in patients with schizophrenia, the intensity of dental caries in patients with schizophrenia is 2 times higher than in the control group, in patients with schizophrenia, the number of healthy sextants and sextants bleeding from the gums is lower than in the control group. Patients with schizophrenia have higher sextants than the control group, which are other factors that hold tartar and plaque. The number of sextants diagnosed with 4-5 mm or more periodontal pockets is lower in control group patients than in patients with schizophrenia.

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