

PSYCHOTHERAPEUTIC PREPARATION FOR ORTHOPEDIC TREATMENT OF DENTAL PATIENTS AND ADAPTATION TO PROSTHETICS

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Abstract. *A visit to the dentist is usually accompanied by intense emotional stress in many patients. The reaction to previous manipulations is represented by emotional stress in the dental office. A constant psycho-emotional reaction to pain, negative experience of previous treatment and fear of intervention lead to patients seeking dental care late.*

Key words: *dental patients, orthopedic treatment, psychotherapeutic preparation, emotional stress, psycho-emotional attitude.*

Introduction. In addition to providing specialized orthopedic care, the dentist is tasked with adjusting the mental state during treatment, taking into account the individual characteristics of the patient. The content and direction of psychotherapy is primarily determined by the mental and somatic state of the patient, his personal characteristics and the consequences of the disease. Accordingly, three main stages of psychotherapy are distinguished [1-3].

At the first meeting with the patient (consultation), the doctor sets the task of calming him down, instilling confidence in the successful results of dental treatment.

In the next period of communication, a relationship is created for the adequate perception of therapeutic manipulations, the correct ideas about the types of orthopedic structures are formed, the meaning and significance of therapeutic measures are explained [4-6].

After the end of treatment, psychotherapy should be aimed at forming a new direction of the patient's behavior and a worthy attitude to dental health.

Many somatic diseases are accompanied by deviations in the psyche of patients. Against the background of concomitant diseases, they are more prone to depression than somatically healthy people. Depression, in turn, affects the execution of medical prescriptions. Any improper effects of a dentist can cause psychotraum in a patient with direct and indirect consequences [7-11]. Direct effect refers to the direct reaction of the body, which is manifested in the exacerbation of the joint disease. With indirect actions, disorders in the patient's behavior appear, in particular, non-compliance with the doctor's recommendations [12]. It is necessary to gain the patient's trust and make compromises in solving his problems, i.e. increase the level of communicative tolerance.

Sometimes, before starting orthopedic treatment, it is necessary to visit 2-4 times for such communication and communication [13-16].

The purpose of this study was to assess the role of psychotherapeutic training of patients with joint diseases in the period of orthopedic treatment and adaptation to prostheses. The entire contingent of patients received for treatment (100 people) was conditionally divided into the following groups [17-23].

The "smart patients" category included 32 people: 17 with no comorbidities, 4 with medically compensated diabetes mellitus, 9 with hyperacid gastritis, 2 with neurotic disorders.

Questions were asked in a short form. Patients were interested in all options, prices, guarantees of orthopedic treatment. Orthopedic treatment for such individuals is carried out safely, there are no complaints and complaints about the quality of the doctor's work [24-30].

The group of "multi-word patients", the most complex, consisted of 31 people: 4 without comorbidities, 16 with medically compensated diabetes mellitus, 3 with hyperacid gastritis, 8 with neurotic disorders. Their thinking was sticky, vague, their attention was scattered. The volume of RAM is limited, personal claims are exaggerated. Communication with such patients before the start of treatment requires 3-4 visits. The doctor must show maximum patience and, together with it, draw up a treatment plan in order to subtly convey the patient to the essence of the problem [31-35].

"Concerned" patients were diagnosed with 29: 5, no comorbidities, 7 medically compensated diabetes mellitus, 3 hyperacid gastritis, 14 neurotic disorders. Patients have increased their activity, haste and anxiety, which is combined with irritability and interest in the professional training of the dentist, working time, expected result and quality of treatment. The doctor's tactic is to provide reasonable and calming information on which the psychological unit of the patient and the doctor's personality occurs.

The adaptation period lasts 3-4 weeks. The doctor will patiently dispel all doubts of the patient, sometimes connecting 2-3 specialists for advice, they will strengthen the positive effect of orthopedic treatment [36-41].

There were 8 patients in a "negative" mood: one without joint diseases, 3 with medically compensated diabetes mellitus, 2 with hyperacid gastritis, 2 with neurotic diseases. These patients show aggression, identify information of interest with the doctor with sarcasm, pessimistic about the results, cost and guarantee of treatment. The doctor's tactic is to patiently and intelligibly explain the essence of therapeutic manipulations, in no case requiring the performance of orthopedic work. During visit 2-3, the patient agrees to the proposed treatment plan, as if giving up the good. After the end of prosthetics, the patient is literally unhappy with everything. The adaptation period lasts 5-7 weeks. The doctor constantly, in cooperation with other specialists, assures the patient of the high quality of orthopedic work. In the future, such individuals will become regular customers, i.e. they can only entrust their health to this doctor [42-47].

In all patients who have undergone psychotherapeutic training, the level of trust in the doctor has increased, a positive attitude towards therapy has appeared, the assessment of the quality of orthopedic treatment has changed, and the period of adaptation to prostheses has decreased [48-50].

Conclusions. Thus, psychotherapeutic preparation for dental treatment of patients with joint diseases has its own characteristics and is the key to successfully carrying out work and subsequently adapting to prostheses. Such preparation for treatment does not require a doctor's specialization in the field of psychotherapy. Together, the pathogenetic relationship of the disease and the psychological state of the patient determines the need to take into account the mental state of the patient, as well as the interaction of doctors of various specialties in the process of treatment.

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