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**THE STUDY THE EFFECT OF COMPLEX TREATMENT OF PATIENTS WITH EARLY
CLINICAL MANIFESTATIONS OF INCREASED TOOTH ABRASION ON THE QUALITY OF
LIFE*****Narziyeva Nigora****Samarkand State Medical University, Uzbekistan****Abdullayeva Nilufar Ikrombekovna****Samarkand State Medical University, Uzbekistan***ABOUT ARTICLE****Key words:** Combined treatment, hypererosive teething, QOL.**Received:** 20.06.2024**Accepted:** 25.06.2024**Published:** 30.06.2024**Abstract:** To date, an increase in the number of dental erosions is one of the most common dental diseases. The most important factor in the correction of CAN is to compensate for the loss of hard tooth tissues. We propose a minimally invasive restoration technique for restoring dental defects with increased erosion, developed on the basis of experimental data studying morphostructural changes in hard tooth tissues. Combined treatment of cases of increased dental erosion resulted in a fourfold improvement in QOL due to dental health, according to the integral index.**INTRODUCTION**

To date, increased lacunar activity of teeth (PLD) has become one of the most common dental diseases [Kalamkarov H.A., 2004, Trezubov V.N., 2007, Bartlett D., 2007] The most common causes of the development of PLD are dysfunction of the hard tissues of the tooth, improper morphology, violation of the integrity of the tooth. There are many variations in the development of PDS and appropriate treatment [Garaza I.S., 2004, Novikov V.S., 2006, Hemmings K.W., 2006]. Hemmings K.W., 2002]; as a rule, patients with PSZ need multi-stage expensive orthopedic treatment [Kalamkarov H.A., 2004]. However, even in the early stages of PSP, the patient's appearance and smile can significantly deteriorate if his teeth change shape or become shorter [Radlinsky S.V., 2003, Lomiashvili L.M., 2006, Hetz G.F., 2002]. It should also be borne in mind that the loss of aesthetics can lead to psychological

problems affecting the patient's quality of life [Leontiev V.K., 2000, Leonova L.E., Maksimovskaya L.N., 2002, Kimmel K., 2003]. in 45-50% of cases. The initial PSZ is accompanied by dentin hypersensitivity [Kuzmina E.M., 2003], which further increases the patient's discomfort and requires treatment.

The aim of the study is: to study the effect of complex treatment based on new therapeutic and prophylactic orthodontic methods in patients with early clinical manifestations of PSZ on their quality of life due to dental health. Materials and methods of research Clinical examination and treatment of 256 patients aged 18 to 60 years with grade I PDD according to the classification of M.G. Bushan, code K03.0 according to ICD-10, in the interdisciplinary dental polyclinic of GBOU VPO UGMA. The observations showed a predominance of the female population, which accounted for 53% of patients. Men made up 47%. The average age of men was 40.83±1.56 years, women - 38.25±1.51 years (Fig. 1). The state of health was assessed according to the Health Status Questionnaire and the conclusions of general practitioners, endocrinologists, neurologists and other specialists. The most important factor in the correction of PSZ is the replacement of loss of hard tooth tissues. We have proposed a minimally invasive method for restoring lost teeth in PSZ, developed on the basis of experimental data on the study of morphostructural changes in hard tooth tissues (RF Patent No. 2360638 "Method for restoring a tooth with pathological erasability"). To study the effectiveness of restoration, 968 restorations with SDS lesions were studied. To control the quality of restorations, electric filling was performed according to the method of G.G. Ivanova-R.G. Buyankina and light transmission in a light guide according to the criteria of D.M. Karalnik-A.N. Balashov and I.M. Makeeva (for front teeth). The quality of the filling was evaluated after 1 week, 6 months, 12 months, 2 years and 3 years using measurement tests To improve hypersensitivity in patients with PSZ, it was proposed to use diode lasers. The effectiveness of hypersensitivity correction was assessed using a psychometric assessment of pain (Meyzerov E.E., Adashinskaya E.A., 2005) when monitored for one year. A questionnaire has been developed to assess the quality of life associated with dental care before and after complex treatment of PSS. When developing the questionnaire, the non-specific questionnaire SF-36 (Ware J.E., 1993), adapted for dental patients by Goryunova M.V., Ron G.I. (2007), was used as a basis.

RESULTS AND DISCUSSION OF THE STUDY

When analyzing the questionnaire for patients with PSS, a statistically significant decrease in the quality of life was noted in various categories; the greatest decrease in the quality of life was observed in the category of "psycho-emotional state" (subjective concern about the shape and color of teeth, the desire to change the appearance of a smile) - up to 74.6% of respondents. The highest percentage of symptoms was found in the following groups of patients. The integral indicator of quality of life in connection with

dental health in the group with early clinical symptoms (group 1) was 32.44 ± 0.92 points, which is characterized by a slight decrease in quality of life. In the group with more pronounced clinical symptoms (group 2), the integral QOL index was 40.4 ± 1.01 points, which was interpreted as a significant decrease. In both groups, the indicators of the categories of psychoemotional status of patients significantly decreased after combined treatment of PSS (5.6 times in group 1 and 6.3 times in group 2), which indicates a positive effect of combined treatment on the psychoemotional status of patients. Social functioning (2.4 times higher in group 1 and 3.1 times higher in group 2), role functioning (1.3 times higher in group 1 and 1.4 times higher in group 2), life activity (3.7 times higher in group 1 and 5.3 times higher in group 2) and self-perception (1.9 times higher in group 1 and 2.8 times higher in group 2). The integral index of QOL related to dental health decreased by 3.7 times in group 1 and 4.3 times in group 2 compared with the integral index before treatment, which corresponds to a higher level of QOL. After complex treatment of PSS, there was an improvement in QOL associated with dental health. The index of the category of emotional status of patients decreased sixfold, which indicates the positive effect of complex treatment on the emotional status of patients. The integral QOL index for dental health decreased four times compared to the integral index before treatment, which corresponds to a higher level of QOL; The analysis of the differences in the integral QOL index for dental health after combined treatment, depending on the severity of PSS, did not reveal significant differences between groups 1 and 2 ($p > 0.05$). This means that after combined treatment, all patients improved their QOL due to dental health and reached a higher level compared to the indicator before treatment; the deterioration of QOL is directly proportional to the degree of increased tooth abrasion.

CONCLUSION

Comprehensive treatment of patients with increased dental abrasiveness improves the quality of life associated with dental health by four times, according to the integral index.

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