

Hygienic Condition Of The Oral Cavity And The Level Of Hygienic Knowledge Of Silk Motor Workers

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Resume.

The article presents information about the hygienic state of the oral cavity, the state of periodontal tissues, the level of hygienic knowledge and measures of therapeutic and prophylactic measures among workers of silk-winding production. The object of study was 97 workers of the alkaline-winding industry "Bukhara Brilliant Silk", who are exposed to industrial noise, as one of the harmful production factors, also the dustiness of the air in working rooms in various workshops and, in terms of importance, harmful, production factors are microclimatic conditions, at the age of 29 59 years. The control group consisted of 44 employees of the administrative and managerial apparatus, whose work process excludes the impact of factors of the working environment. The results of the research revealed the total prevalence of diseases of hard tissues of teeth (99.1%) and periodontal disease (100%) among workers of the alkaline industry "Bukhara Brilliant Silk", a high prevalence of diseases of the oral mucosa - 58.7%, a low level of oral hygiene and hygiene knowledge. There is an obvious need to develop a targeted prevention program, including a comprehensive - individual, professional oral hygiene and health education.

Key words: silk-winding production, workers, oral cavity, level of hygiene knowledge, periodontitis, dental status.

1. RELEVANCE.

Dental health for workers in various industries is currently very relevant [2], since maintaining health is an important state, medical and social problem [4]. According to most studies, it was found that a complex of occupational factors contributes to the development of chronic diseases of the oral cavity, such as inflammatory diseases of the oral mucosa, periodontal tissues, carious and non-carious lesions of hard dental tissues [2, 4, 5, 6, 7]. The number of works devoted to the question of the level of knowledge about individual oral hygiene and its analysis convincingly testifies to a rather low level of hygiene knowledge and skills, especially among the population of working age [4]. Determination of hygienic indices contributes to the timely and objective implementation of health-improving and preventive measures among workers associated with exposure to harmful production factors. In the conditions of modern production, the body of workers is affected by a complex of pathogenic factors, such as toxic substances, vapors and aerosols, dust, temperature, humidity and air movement, industrial noise and vibration and a number of other influences. They cause

metabolic disorders in the body and thus lead to pathological changes in the organs and tissues of the oral cavity [5, 6, 7].

2. THE PURPOSE OF THE STUDY.

To study the oral hygiene and the level of hygienic knowledge, as well as the state of periodontal tissues in silk-winding workers.

3. MATERIAL AND RESEARCH METHODS.

One of the leading enterprises in Bukhara, which brings a significant share in the formation of the country's budget, was chosen as the base of the study: the alkaline-winding industry "Bukhara Brilliant Silk", which is one of the largest production complexes of the modern, alkaline-winding industry [1]. Subject of study: 97 workers of "Bukhara Brilliant Silk", who are exposed to a great deal of importance in industrial conditions, have acquired industrial noise as one of the harmful production factors, as well as the dustiness of the air in working rooms in various workshops and, in terms of importance, harmful, production factors are microclimatic conditions 29-59 years old. The patients applied for dental care at the 2-Dental Polyclinic of the Bukhara region. The control group consisted of 44 employees of the administrative and managerial apparatus, whose work process excludes the impact of factors of the working environment. Clinical quantified assessment of dental status was performed before starting treatment. The principles of the International Classification of Diseases (ICD-10), approved by WHO, became the diagnostic criteria for inclusion in the observation group. When making the diagnosis, the classification of periodontal diseases was used, adopted at the XVI Plenum of the All-Union Scientific Society of Dentists in 1983 and approved at the Plenum of the Periodontology Section of the Russian Academy of Dentistry in 2001. signs of illness, the appearance of new symptoms, and also found out if these symptoms were present before starting work. During the survey, the presence or absence of bad habits, the regime and nature of the diet were established. To assess the level of knowledge on hygiene and prevention of dental diseases, and, consequently, the quality of oral hygiene, a questionnaire survey was conducted. During the examination, attention was paid to the general condition of the examinee, regional lymph nodes were palpated, and the condition of the temporomandibular joint was assessed. Examination of the oral cavity included examination of the oral mucosa, determination of the depth of the vestibule of the mouth, the position of the teeth in the dental arch, bite, defects in the dentition and their anomalies. The condition of the hard tissues of the teeth, the quality of the fillings, the presence of contact points, the available prostheses were assessed.

The presence or absence of supercontacts, blocking occlusion, shape and degree of tooth abrasion were checked. We paid attention to the condition of the periodontal tissues: color, moisture, swelling of the gums, the depth of periodontal pockets, tooth mobility, the presence of supra- and subgingival dental deposits. The examination was carried out using a periodontal probe with a ball at the end with a diameter of 0.5 mm. The hygienic state of the oral cavity was studied using the simplified Green-Vermillion index (OHI-S - Oral Hygiene Index-Simplified). The state of tongue hygiene in patients was assessed using the WTC index, proposed by N. G. Dmitrieva [3]. The CPITN (Community Periodontal Index of Treatment Needs) according to WHO was calculated as an integral indicator of the need for treatment of periodontal diseases. The severity of gingival inflammation was determined by the reversible PMA index modified by C. Parma (1960), the severity of destructive processes in the periodontium - by the periodontal PI index (A. Russel, 1956), the degree of gingival bleeding - using the papillary index of bleeding PBI according to UP Saxer and MR Muhlemann (1975). In order to clarify the diagnosis, an X-ray examination was performed, which included the analysis of orthopantomograms and targeted X-ray images. The

processing of the obtained research results was carried out taking into account the current requirements of evidence-based medicine. The severity of gingival inflammation was determined by the reversible PMA index modified by C. Parma (1960), the severity of destructive processes in the periodontium - by the periodontal PI index (A. Russel, 1956), the degree of gingival bleeding - using the papillary index of bleeding PBI according to UP Saxer and MR Muhlemann (1975). In order to clarify the diagnosis, an X-ray examination was performed, which included the analysis of orthopantomograms and targeted X-ray images. The processing of the obtained research results was carried out taking into account the current requirements of evidence-based medicine.

4. RESULTS AND ITS DISCUSSION.

The analysis of complaints of patients identified during the questioning made it possible to obtain the data presented in Table 1. Table 1 Complaints identified during the questioning of patients Complaints n (%) Bleeding gums 59 (60.8) Pain from various stimuli 45 (46.4) Burning tongue 40 (41.2) Dry mouth 20 (20.6) Bad breath 79 (81.4) It was found that 31% of 97 people had their oral cavity sanitized. Periodontal pathology was found in 100% of patients. As a result of the assessment of the state of dental health of patients, the periodontal status was found to correspond to the diagnostic criteria of chronic generalized periodontitis of mild, moderate and severe degree: chronic generalized periodontitis of mild degree was diagnosed in 17 (17.53%) patients, of moderate severity - in 46 (47.42 %) patients, severe - in 34 (35.05%). During the index assessment, the following data were obtained: the average value of the OHI-S index was 3.6 ± 0.6 ; PMA - 69.5 ± 3.1 ; PI - 4.6 ± 0.4 . Almost all patients had first and second degree of bleeding of the gums. As a result of the survey, a low value of the OHI-S index, corresponding to a good hygienic state of the oral cavity, was found in only 8 workers, which is 8.25% of the total number of those surveyed with an average value of the WTC index equal to 0.9. The hygienic condition of the oral cavity was satisfactory in 19 (19.59%) patients, and the mean WTC was 3.6. An unsatisfactory level of oral hygiene with an OHI-S value of 1.9 and higher was observed in 69 (71.13%) workers with an average WTC index of 6.3. There was a clear relationship between the state of oral hygiene and tongue, which were unsatisfactory in almost a significant part of the surveyed (71.13%). Therapeutic dentistry Original studies and the declared hygienic knowledge of the examined persons indicates the need to brush not only the teeth, but also the tongue and characterizes the objective picture of the state of tongue hygiene. It was found that 17 workers brushed their teeth 2 times a day and rinsed them after meals, 29 workers - 1 time a day and mainly in the morning before eating, the rest of the workers noted that they practically did not brush their teeth. In this regard, cleansing the tongue, along with brushing teeth and using rinses, should become a prerequisite in the complex of individual hygiene. The hygienic procedure for cleaning the tongue should be started using special cleaners (scrapers with a brush) or a softer toothbrush with even bristles. Particular attention should be paid to the hygiene of the tongue for persons who often accumulate mucus, plaque, which is a favorable environment for the vital activity of microflora, which contributes to the development of dental caries and inflammatory processes of the soft tissues of the oral cavity and periodontium. In this regard, cleansing the tongue, along with brushing teeth and using rinses, should become a prerequisite in the complex of individual hygiene. The hygienic procedure for cleaning the tongue should be started using special cleaners (scrapers with a brush) or a softer toothbrush with even bristles. Particular attention should be paid to the hygiene of the tongue for persons who often accumulate mucus, plaque, which is a favorable environment for the vital activity of microflora, which contributes to the development of dental caries and inflammatory processes of the soft tissues of the oral cavity and periodontium. Among the factors favoring

the occurrence of dental deposits, the most important are: general bacterial contamination of the oral cavity; variety of bacterial flora (saprophytes, pathogenic, opportunistic microflora); hyposalivation and increased saliva viscosity; frequent use of easily digestible carbohydrates; low level of individual oral hygiene. In persons working in conditions of harmful industrial exposure, the above factors can be aggravated by poor nutrition, a high level of indicators of dental morbidity.

The main recommendations for rational oral hygiene for workers in contact with harmful and hazardous working conditions: therapeutic and prophylactic toothpastes with anti-inflammatory, antimicrobial components of combined action, containing extracts of medicinal plants, salts, antiseptics, enzymes, vitamins, trace elements. The selection of toothpaste should be individual, taking into account the dental status; toothbrushes of medium hardness with medium and small head size, no more than 30mm and a width of 7.5-11mm, with a multilevel arrangement of bristles and a conical shape of fiber bundles; rinses containing components that inhibit the formation of plaque - triclosan, chlorhexidine, hexetidine. These agents neutralize the acidic environment, contributing to more effective treatment of lesions of the periodontal tissue and oral mucosa. It was found that workers in the structure of the formation of moral values do not need to take care of their own health: for example, 33.1% of workers visit the dentist less often than once a year, 89.6% of people - only when pain appears. To the questions asked what prevents from receiving timely treatment from a dentist, 21.1% of converts answered that they could not stand it and were afraid of pain, 47.6% had no financial means to carry out paid treatment, and 31.3% had no time to visit dentist. All of the above indicates that workers do not pay adequate attention to the state of the oral cavity, which indicates a low level of hygiene knowledge. Self-assessment of the state of the oral cavity in workers of enterprises was carried out according to three criteria: good, satisfactory and unsatisfactory. Of those who applied, only 5.8% assessed the state of the oral cavity as good, 55.2% - as satisfactory and 39% - as unsatisfactory. According to the data of the conducted dental examination, in 99.1% carious lesions of the hard tissues of the teeth were revealed, in 38.9% - non-carious lesions, in 100% - periodontal disease. Half of the workers (50.4%) knew about the negative impact of harmful production factors on the state of the oral cavity organs, 33.2% of workers knew that fluoride increases the resistance of teeth to caries, 72.7% had no information about additional oral hygiene products, and 18.2% believed that the prevention of dental diseases is a visit to the dentist in order to fill the teeth. The low level of hygienic knowledge of workers is confirmed by the results of dental examination and is characterized by an average value of the index of 3.3 ± 0.33 , interpreted as "very bad".

5. CONCLUSIONS.

Thus, the research results indicate the total prevalence of diseases of hard tissues of teeth (99.1%) and periodontal disease (100%) in workers, high rates 23-27 Problems of dentistry The actual problems in dentistry (Russia) 27 The prevalence of diseases of the oral mucosa - 58.7%, low level of oral hygiene and hygienic knowledge of workers. alkali industry "Bukhara Brilliant Silk". There is an obvious need to develop a targeted prevention program, including a comprehensive - individual, professional oral hygiene and health education. The use of an intensive comprehensive program that combines individual and professional oral hygiene will, on the one hand, increase the effectiveness of treatment, and on the other, maintain inflammatory periodontal diseases and diseases of the oral mucosa in remission for a long time.

6. LITERATURE

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