

EPIDEMIOLOGICAL STUDY TO ASSESS THE PREVALENCE, INTENSITY OF INFLAMMATORY PERIODONTAL DISEASES

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Relevance. Inflammatory periodontal diseases, as a rule, are chronic, occur with periodic exacerbations, and therefore require the patient to undergo repeated courses of treatment with a periodontist and perform preventive measures at home on the recommendation of a doctor (A.I. Grudyanov, 2007). However, it was found that the degree of compliance of patients to dental treatment is not high enough (I.V. Firsova, 2008; J.A. Bynes, 1993; T.A. Verweij, 1998), and the frequency of visits to a periodontist in 58.4% is limited by pronounced stomatophobia (N.V. Bulkina, 2012; E.A. Savina, 2013; I.H. Aartman, 2000; S.M. Cohen, 2000). It is known (T.N. Modina, 1998; I.V. Bezrukova, 2000; A.S. Grigoryan et al., 2001; P. Fedi et al., 2003; L.Y. Orekhova, 2004; H.-P. Muller, 2004; G.M. Barer, 2008; L.M. Tsepov et al., 2009; L.A. Dmitrieva et al., 2010; G.S. Pashkova, 2014; S.L. Blashkova, 2015) that the development of periodontitis is the result of an imbalance between the microflora of the oral cavity and the immune defense of the body.

Various antibacterial agents (antiseptics, antibiotics, phytopreparations) are used for inflammation (D.A. Nemeryuk et al., 2014; L.M. Tsepov et al., 2015; T. Todkar et al., 2012). However, recently there have been forms of periodontitis caused by atypical infectious agents (viruses, fungi) (A.I. Bulgakova, 2015), or resistant to antibacterial therapy (V.N. Tsarev, S.A. Surkova, 2012; O.S. Gileva, 2013; S.V. Melekhov et al., 2013; G.D. Beybulatov, 2014), as a result of irrational use of antimicrobial drugs that negatively affect representatives of the obligate microflora of the oral cavity and thereby further reduce local factors of antibacterial protection (I.V. Chebotar, 2012; S. Tomita, 2014). A reasonable alternative to antibacterial therapy for periodontitis are various methods of biotherapeutic effects involving local and systemic use of probiotics, phage preparations

and other agents (A.I. Grudyanov et al., 2006; O.S. Gileva, 2011; L.A. Dmitrieva, Yu.M. Maksimovsky, 2015; R. Chopra, 2013; A. Morales et al., 2016; M.R. Messoria et al., 2016; R. Martin-Cabezas et al., 2016; S. Penala et al., 2016).

Conclusion. Periodontal diseases to treatment does not exceed 20+3.3%, do not follow the recommendations of the patient's doctor. Chronic generalized periodontitis, the main cause of which, most often, are local factors (hygiene, bad habits, malocclusion pathology), do not strive to maintain a healthy periodontal condition, ignoring the doctor's recommendations, and in 57.2% of cases, even routine hygiene methods are not followed. It was found that only 30+3.8% of patients with chronic generalized periodontitis go to the dentist for maintenance therapy once every 6 months, 20.9+3.4% of people go to the doctor only for pain, and the remaining 50+4.2% carry out maintenance therapy as needed (once a year or once a year 2 years), not taking into account the timing of preventive examinations.

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