

PREVENTION OF MAIN DENTAL DISEASES IN CHILDREN

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Abstract: This article provides materials for mandatory implementation by dental services throughout Uzbekistan. It includes the main areas of preventive effects: control of dental plaque and oral hygiene, rational nutrition and the use of fluoride.

Keywords: teeth, artificial feeding, prevention of dental diseases, milk occlusion.

INTRODUCTION: Prevention of dental diseases is the prevention of the occurrence and development of oral diseases.

This direction should be a priority in modern dentistry. The experience of many countries shows that a simple quantitative increase in personnel, funding and material support for dental services is becoming insufficient to change the current situation in the prevalence and intensity of dental caries and periodontal diseases. World dental practice has convincingly proven that the implementation of prevention programs leads to a sharp decrease in the intensity of dental caries and periodontal diseases, a significant reduction in the incidence of tooth loss in childhood and an increase in the number of children and adolescents with intact teeth. A significant argument is that the cost of preventive methods is, on average, 20 times lower than the cost of treating existing dental diseases [1].

MATERIALS AND METHODS: At present, it does not make sense to continue to devote significant material resources to the treatment of conditions that can be prevented by simple and inexpensive means. Therefore, the prevention of dental diseases should include the introduction of a system of public and individual comprehensive preventive measures aimed at creating conditions that eliminate risk factors for the occurrence of dental diseases. Dental morbidity in our country is quite high, and its further increase should be expected unless the conditions influencing the development of diseases are changed in a favorable direction. Currently, there is no doubt about the advisability of directing the efforts of the entire society to the prevention of dental diseases, especially among children [2].

60 children aged 3–7 years were examined. Two groups were formed: main and control. The main group included 45 children attending 52 preschool institutions. In the control group, 15 children attending this institution were observed.

RESULTS AND DISCUSSION: At the first stage, sanitary and educational work was carried out with the parents of children attending this institution. During the conversation, parents were familiarized with the standard method of brushing teeth and using floss. Recommendations are given for the individual selection of children's toothpaste and brushes. The children were offered toothpaste containing fluoride.

Parents were advised to supervise their child's twice daily brushing of teeth. The importance of reducing the excess content and duration of presence in the oral cavity of foods rich in carbohydrates, namely sugars, was explained. Recommendations for a balanced diet are given. The use of iodized-fluorinated salt in food has been proposed as a carrier of fluoride additives. During the conversation, individual voluntary consent was obtained from parents to examine children and carry out hygienic and preventive measures. At the second stage, health lessons were held in children's groups "How to keep your teeth healthy",

"Method of brushing teeth", "Rational nutrition and healthy teeth". Conversations were held with kindergarten teachers, during which the need for teaching high-quality oral hygiene during the

period of primary teeth was emphasized. The fact was taken into account that it is at this age that the authority of the teacher plays an important role for children. The teachers took an active part in the health lessons.

At the third stage of the study, the initial hygienic state of the oral cavity in children was determined. Dental status was assessed using the simplified Green-Vermillion index (OHI-S, Green-Vermillion, 1964) according to generally accepted methods. The initial level of individual oral hygiene (OHI-S0) in children was unsatisfactory (from 1.91 ± 0.15 to 2.31 ± 0.17). The data obtained indicate that parents pay insufficient attention to the hygienic condition of their children's teeth.

At the fourth stage, the level of independent individual oral hygiene of children was assessed. For this purpose, a conversation was held with the pupils, during which the importance of regular brushing of teeth, the use of toothbrushes, pastes, floss, and mouth rinses was explained in a clear and understandable manner for their age. Particular attention was paid to nutrition issues, the frequency of consumption of foods rich in carbohydrates, namely sugars. All children were then taught the standard method of brushing their teeth using models. After 1 month, the children's level of individual oral hygiene was again determined. Indicators of the simplified Greene-Vermillion index improved slightly, the level of individual oral hygiene in the examined children became satisfactory (OHI-S1).

CONCLUSION: Motivation for regular hygiene measures in the oral cavity, conversations about rational nutrition, namely about reducing the amount and frequency of exposure to foods containing sugar in the oral cavity, an explanation of the importance of the use of fluorides for dental health, conducted with children and their parents, educators, contributed greatly significant improvement in the hygienic condition of the oral cavity of children during the period of primary occlusion. Indicators of the simplified Green-Vermillion index returned to normal a month after the motivational work, which corresponded to satisfactory oral hygiene. Repeated training in the standard method of brushing the teeth of children aged 3–7 years, individual selection of hygiene products, namely toothbrushes and toothpastes, and training in the use of floss led to a slight decrease in OHI-S hygiene index scores. Regular brushing of teeth supervised by a dentist was quite effective.

REFERENCES:

1. Inoyatov A.Sh., Sodikov B.R., Saidova M.A. Study of risk factors for the birth of children with defects of the maxillofacial region // *Pediatric Bulletin of the Southern Urals*, 2016. No. 2.
2. Pulatova Sh.K., Safarova M.S. Improving methods for treating injuries of the maxillofacial area // *Materials of the VI Congress of the Association of Emergency Medical Doctors of Uzbekistan*. Tashkent, 2018. P. 128.
3. Rakhimov Z.K., Pulatova Sh.K., Safarova M.S. Long-term results of the use of Wobenzym in the complex treatment of purulent-inflammatory complications in fractures of the lower jaw // *Collection of articles of the All-Russian scientific and practical conference "Current issues in dentistry"*. Ufa, 2015. pp. 183-186.
4. Рашидов Диловар Нажмиддинович, & Холбоев Йигитали Авганович (2022). Корхона ва ташкилотларда ижтимоий ҳимояга муҳтож шахслар учун иш ўринларини йўналишлар кесимида захиралашнинг самарадорлигини ошириш. Трансформация моделей корпоративного управления в условиях цифровой экономики, 1 (1), 73-78. doi: 10.24412/cl-36899-2022-1-73-78
5. Najmiddinovich, R. D. (2023). Increase jobs for transport companies in uzbekistan by increasing the purchase of products manufactured by people with disabilities. *American Journal of Business Management, Economics and Banking*, 12, 128-130.