

**PREVENTION IN DENTISTRY — ITS MAIN DIRECTIONS AND SOLUTIONS**

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**Annotation:**

The relevance of prevention lies in the fact that dentistry, as the most widespread medical specialty, is characterized by a high, almost continuous morbidity, a clear connection with specific environmental factors (nutrition, the level of social and economic living conditions).

**Keywords:** dentistry, teeth, modern medicine, medical help, dental diseases, dental health model.

A research program for the prevention of dental diseases, the main directions of which are:

- epidemiological dental examination of the population and the formation of a database of dental morbidity;
- substantiation of new methods and means of prevention (experimental and clinical studies);
- development, implementation and monitoring of prevention programs among various population groups in a number of regions of the country;
- creation of a dental health model and identification of risk factors contributing to the occurrence of dental diseases.

During the formative years of dentistry as a science, the formation of a preventive direction began. When improving methods and means of preventing dental caries and periodontal tissue diseases, dentists have always put general biological, general medical principles in the first place.

Fluoridation of drinking water is under the control of state sanitary supervision authorities, both in our country and in other countries where it is carried out. The assessment of this event can only be given in conjunction with hygienists, pediatricians, health care organizers and other specialists. Dental health implies freedom from birth defects, acute and chronic pain, cancer and other problems in the head and neck that pose a physical and psychological threat to overall health and well-being, reducing human activity and quality of life. The purpose of prevention is to preserve a person's existing level of health.

Depending on what this initial level is, prevention is conditionally divided into three components:

- primary prevention, designed to preserve undisturbed health, for which it is necessary to minimize the impact of natural and social factors that can cause pathological changes;
- secondary prevention aimed at early detection of the disease, prevention of the progression of the painful process and its possible complications;

- tertiary prevention, aimed at preventing the transition of the disease to a more severe form or stage, preventing exacerbations and relapses, reducing temporary disability, disability, and mortality. Hygienic education of the population plays an important role in achieving the effect of prevention. Hygienic education is the instillation of useful skills based on knowledge of the rules of a healthy lifestyle and the need to fulfill them. Hygienic education in dentistry plays a very important role, since the etiology and pathogenesis of dental caries are largely due to negative human habits: improper consumption of sugar, violation of self-cleaning of the oral cavity, low level of hygiene.

Hygienic education should go in two directions: sanitary and educational work and training in oral hygiene skills. The most effective methods of preventing dental diseases include the development and implementation of preventive dental programs, which may have different volumes, goals, scales and methods of implementation. Programs should be either State, regional, or institutional in nature. The main role is assigned to administrative authorities at various levels, although they are performed by dentists and their assistants. Without attracting the attention of the whole society, the dental community, without investing in the creation of prevention programs for the population, especially for children, it is difficult to reverse the situation, especially with the commercialization of dental care. In addition to dentists, psychologists, teachers, etc. should participate in dental education. Traditional medicine dealt with issues related to secondary and tertiary prevention, i.e. diagnosis and treatment of diseases. The idea that it is easier to prevent the occurrence of a disease than to cure a sick person has been known since the time of Hippocrates and Avicenna.

The scientific basis of medical prevention is the knowledge of risk factors for the development of a particular disease, as well as factors that provide natural and iatrogenic (recommended and/or organized by a doctor) protection from damage. Etiotropic prophylaxis, which affects the cause of the disease, prevents its occurrence in 70-100% of cases; pathogenetic prophylaxis, which affects individual mechanisms of pathology development, is effective in 40-50% of cases. The development of etiotropic and pathogenetic measures for the prevention of dental diseases requires the involvement of knowledge from a wide variety of fields of medicine: embryology, histology, normal and pathological physiology, pathological anatomy, pharmacology, microbiology, virology, immunology, hygiene, epidemiology, etc. The main cause of oral diseases should be considered the microbial landscape of the oral cavity, which tends to change under the influence of general and local factors. The key point should be considered the selection by the dentist of the most sensitive and optimal diagnostic examination criteria, which would allow for the most objective assessment of the clinical situation in the oral cavity, taking into account all risk factors for the development of dental diseases.

Timely, dynamic and objective assessment of the clinical picture in the oral cavity will allow us to offer the necessary complex of therapeutic and preventive measures for the prevention

of dental diseases, taking into account all individual risk factors. Prevention of dental diseases is the prevention of the occurrence and development of diseases of the oral cavity. The introduction of prevention programs leads to a sharp decrease in the intensity of dental caries and periodontal diseases, a significant decrease in cases of tooth loss at a young age and an increase in the number of children and adolescents with intact teeth. The cost of preventive methods is, on average, 20 times lower than the cost of treating dental diseases that have already arisen. The dental morbidity in our country is quite high, and it should be expected to increase further if the conditions affecting the development of the disease are not changed in a favorable direction. The goals and objectives of prevention:

- Reducing the intensity and prevalence of dental caries;
  - Increasing the number of people without caries.
  - A decrease in the percentage of people who have signs of periodontal tissue damage;
- A decrease in the number of sextants with bleeding, tartar and pathological pockets in the key age group in accordance with the index of need for treatment of periodontal diseases.

Methods of prevention of major dental diseases:

- 1) dental education of the population;
- 2) training in the rules of rational nutrition;
- 3) training in the rules of hygienic oral care;
- 4) endogenous use of fluoride preparations;
- 5) the use of local prophylaxis;
- 6) secondary prevention (sanitation of the oral cavity).

Methods of dental education are conversations, lectures, seminars, health lessons, games, etc. Methods involving the interested participation of the population are called active. Their advantage is the direct relationship and interaction between the specialist and the audience, which ensures the best impact effect. Methods that do not require active participation of the population are called passive. They do not require the presence of a medical professional, they affect a long time and a large audience. The disadvantage is the lack of feedback between patients and a specialist. Dental education, depending on the number of people involved in educational work, is divided into 3 organizational forms: mass, group, individual. However, to date, specific functional responsibilities for a dental hygienist working in organized children's groups and his interaction with a dentist have not been developed. Functional responsibilities of a dental hygienist:

1. Implementation of sanitary-hygienic and disinfection-sterilization regime in the office.
2. Preparation of the workplace for the reception of patients.
3. Examination of the patient's oral cavity and registration of the condition of the hard tissues of the teeth, periodontal and oral mucosa.
4. Determination of the hygienic condition of the patient's oral cavity and monitoring of oral hygiene.



5. Training in dental cleaning and oral care techniques.
6. Selection of individual hygiene products.
7. Instrumental removal of soft and hard dental deposits.
8. Local application of fluoride-containing products (varnishes, gels, applications, rinses).
9. Carrying out remineralizing therapy.
10. Sealing of teeth fissures.
11. Conducting dental education for children and adults on the occurrence and prevention of dental diseases, promoting a healthy lifestyle.
12. Design of the stand with hygiene and prevention products.
13. Maintaining accounting and reporting documentation (filling out medical history, statistical coupons).

Health education is an obligatory part of the activities of every medical institution, the professional responsibility of every medical worker. This is natural, since the role of the personal (behavioral) factor is great in preventing diseases and in early seeking medical help. This factor affects the timing of recovery, the effectiveness of further treatment and recovery, and the prevention of exacerbation of diseases.

Currently, the regulations on medical and preventive institutions of all types (polyclinic, outpatient clinic, hospital, etc.) provide for work on sanitary and hygienic education of the population, insufficient attention is paid to group and individual forms of work. Sanitary and educational work in a medical and preventive institution is a complex of differentiated, purposeful sanitary and educational measures providing for the hygienic education of various contingents of the population and organically related to the activities of medical and preventive institutions. Sanitary and educational work is carried out in accordance with local conditions and the tasks facing various types of medical and preventive institutions. The general management and control over the organization and conduct of sanitary and educational work is carried out by the chief physician of the medical and preventive institution, who must ensure the active work of doctors and secondary medical workers in the sanitary and hygienic education of the population both within the walls of the medical and preventive institution itself and in the serviced territory. There are 3 main links in the sanitary and educational work: sanitary education in the polyclinic, hospital and on the site.

Health education in the work of outpatient clinics. The strengthening of the preventive activities of outpatient clinics, the expansion of the scale of preventive examinations and dispensary supervision, the gradual transition to the medical examination of the entire population have an impact on the organization and forms of sanitary and educational work. Carrying out endogenous and exogenous drug and non-drug prophylaxis, increasing the level of hygienic knowledge will improve dental health, quality of life, and prevent dental caries in children. In the dental office, it is necessary to organize: training in rational oral hygiene with controlled brushing of teeth, assistance in the selection of basic and additional hygiene

products; sanitation of the oral cavity; professional hygiene; remineralizing therapy to increase the resistance of tooth enamel.

Of particular importance is the organization of educational work on the prevention of dental diseases and motivation for the care of children's teeth immediately after their eruption. The implementation of a complex of therapeutic and preventive measures undoubtedly improves the state of dental health as a population. The relevance of prevention is a powerful incentive for the development of dental science in general, making it in demand and promising.

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