

**THE TIMING OF ADAPTATION TO DENTURES IN PATIENTS WITH  
DIFFERENT TOPOGRAPHY OF THE DEFECT, AGE, AND STATE  
OF THE PSYCHO-EMOTIONAL SPHERE**

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**Abstract:** In recent years, there have been significant advances in providing quality care to patients in the world dental practice. This was facilitated by certain achievements in the study of the etiology of dental diseases, the creation of effective methods of their treatment using the latest achievements in dental materials science and modern medical equipment. At the same time, as evidenced by clinical experience, doctors increasingly have to deal with patients who complain of a poorly made prosthesis, which is, nevertheless, a foreign body, due to pain and tactile discomfort for the first time after their establishment in the mouth.

**Keywords:** dental prosthesis, fixation, quality of life, psychoprophylactics.

Any prosthesis, being a therapeutic and prophylactic agent, simultaneously acts in the oral cavity as an inadequate irritant. The tissues and organs of the prosthetic field respond to this with appropriate reactions. There is no doubt that the development of the reactions of the prosthetic field is based on various pathogenetic mechanisms due to such qualities of the prosthesis as the property of the material, the method of its fixation, the method of transmitting chewing pressure, occlusive relationships, the magnitude of the prosthetic basis, etc. Without studying these connections, it will probably be difficult to evaluate the therapeutic properties of prostheses and plan the prevention of negative reactions.

For effective rehabilitation of dental patients, it is necessary to have reliable diagnostic information about anatomical and functional landmarks, which is reproduced and implemented in the design of artificial dentition, subject to the use of articulators and functional diagnostic systems.

However, according to all the rules, a manufactured prosthesis with the use of modern technologies and materials can cause dissatisfaction with the patient in connection with the individual characteristics of his psycho-emotional sphere. Sources found in the literature show that the fundamental factors of human adaptation to orthopedic dental structures are individual personal, psychophysiological and vegetative characteristics and features of the response to stressful effects in conditions of changed afferentation from the receptor zones of the oral cavity.

Anxious-depressive manifestations, rigidity and individuality, emotional lability with a tendency to demonstrativeness characterize a patient with potentially unsatisfactory adaptation to an orthopedic dental structure. In this regard, methods of psychoprophylaxis in adaptation to dentures to improve the results of orthopedic treatment are proposed.

Dental prosthetics play a crucial role in the choice of food, its quality, type, degree of processing and preparation. A person with missing teeth is not only deprived of the opportunity to eat what he loves, but at the same time he gradually, due to the subconscious choice of food available to him, develops protein and vitamin deficiency, chewing laziness, the function of the salivary glands and self-cleaning of the oral cavity are sharply impaired. He ceases to feel comfortable, which he resigns himself to. The result is a decrease in the quality of life in one of the most important indicators - nutrition.

The second important factor in the influence of teeth on the quality of life is their great importance in creating the appearance of a person. The words "dazzling smile", "Hollywood smile", "teeth like pearls", "white-toothed smile" and others have become synonymous with beauty and well-being, good luck and wealth. Indeed, it is difficult to imagine a happy, lucky person with the absence of several teeth, with an unpleasant smile.

There are several conditions for the beauty of teeth: they must be all in their places, without exception, must have a good natural color and shine; Beautiful shape, normal size, one of the physiological types of bite, should look wide and beautiful when talking, smiling, laughing.

The criterion of quality of life is one of the main criteria for assessing the effectiveness of medical care and has been widely used in foreign medicine since the late 1970s as an integral part of the concept of health. Quality of life, as defined by WHO, is a characteristic of a person's physical, psychological, emotional and social functioning, based on his subjective perception.

Indicators of the quality of life and the characteristics of the picture of the disease change during treatment, depending on the patient's condition. This allows you to monitor the treatment and, if necessary, adjust its course. The patient's participation in the assessment of his health is also a valuable and reliable indicator of his general condition.

However, there are not enough works devoted to this problem, the psycho-emotional characteristics of patients with dentition defects have not been studied, depending on their topography, emotional and personal relationships of the patients themselves, the parameters of the quality of life have not been used to assess the results of their orthopedic treatment, which was the basis for this work.

The aim of our study is to optimize the results of orthopedic treatment of patients

with dentition defects and to develop criteria for a comprehensive assessment of its effectiveness. To achieve this goal, the following objectives were set:

1. To assess the dental status of patients with dentition defects and give a clinical description of patients.
2. To study the psychovegetative status and features of neurological disorders in patients with dentition defects during orthopedic rehabilitation.
3. To study the bioelectrical activity of the brain (EEG) with varying degrees of suggestibility of patients with dentition defects during a complex of therapeutic and preventive measures.
4. To develop a method for assessing the quality of life of patients with dentition defects and to study the dynamics of indicators in the process of their orthopedic rehabilitation.
5. To develop an algorithm for diagnosing and comprehensively assessing dental, neurological, psycho-emotional disorders and their correction in patients with dentition defects in the process of orthopedic rehabilitation.

In a comprehensive study of patients with dentition defects, including the study of dental and neurological status, electroencephalographic indicators (EEG), for the first time the dependence of the severity of emotional and personal disorders on the topography of the defect (in the visible part with a smile or the invisible part of the dentition) was established, the features of these disorders were determined, as well as the dynamics of parameters in different periods of rehabilitation treatment. For the first time, an algorithm for a comprehensive assessment of psycho-emotional disorders and quality of life during the rehabilitation of patients with dentition defects has been developed.

A special questionnaire has been developed and validated to assess the quality of life in patients with dentition defects. The role of suggestibility of patients with partial absence of teeth for the individualization of psycho-emotional correction of dental patients has been established. The conjugation of the features of psycho-emotional disorders and EEG changes in patients with dentition defects, depending on the degree of suggestibility in the process of their orthopedic treatment with fixed dentures, has been objectively proved. The features of the dynamics of quality of life indicators and their relationship with the process of adaptation to dentures in patients with dentition defects in the frontal area (in the visible part of the dentition and in the lateral areas, in their invisible part), as well as during prosthetics using dental implants during their rehabilitation, are shown.

Additional preventive measures have been established to prevent complications in the course of orthopedic treatment of patients with dentition defects, taking into account the individual characteristics of their emotional, personal and vegetative spheres.

The developed algorithm for a comprehensive assessment of psycho-emotional disorders and the quality of life of patients with dentition defects, used in the course of orthopedic treatment, contributes to the optimization of its results, timely and complete correction of psycho-emotional disorders and the active participation of the patient himself.

A simple method of determining the suggestibility of the patient before treatment and conducting adequate psychoprophylaxis give positive results, help to accelerate the time of adaptation to dentures and an adequate assessment of the results of treatment by the patients themselves, reducing the number of unreasonable complaints on their part.

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