

**RESULTS OF THE ASSESSMENT OF THE QUALITY OF LIFE OF ELDERLY DENTAL
PATIENTS ON THE BASIS OF QUESTIONNAIRES**

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Resume. Based on the results obtained below, a method for assessing the condition of periodontal tissue in elderly and elderly patients from different social groups living in the Bukhara region is recommended. Among patients of gerontological age in different social groups, the intensity of dental care, the increased intensity of periodontic diseases, and the high level of unsatisfactory status were identified.

Keywords: periodont, old, CPI index.

Log in. As a result of epidemiological studies in many countries of the world, it is cited that the dental condition of the oral cavity in older people is unsatisfactory. Tooth loss occupies a high ranking due to dental changes in the oral cavity [7–11]. It is known that in the principles of social gerontology, in assessing the criteria for the health of the elderly, along with an integral assessment of health, such an indicator as the number of teeth preserved is used in assessing the level of mobility of people, their social activity, the preservation of their ability to see and hear [12].

An example is the percentage of secondary adentemia among elderly patients living in different countries of the world. The incidence of disease in old age has a number of features associated with the nature of aging. This is a special manifestation of the disease, in the presence of an abundance of somatic pathology, unrelated course of diseases and the rapid deterioration of the condition, high frequency of complications, the need for subsequent rehabilitation. Dental health is the most important social quality in the life of an elderly person, it is an integral part of his whole health, which is an integral part of the life of the elderly in order to eat properly, socialize with other persons, fulfill their role in the social life. The high prevalence of periodontic disease is a common medical and social problem, therefore, the improvement of therapeutic treatments to combat and prevent this disease, including the preventive component of measures to combat it, remains a constant urgent problem of medical sciences and practice.

The prevalence of inflammatory diseases of the periodontic tissue in the adult group of the population (from 97 to 100%) indicates that this problem is of significant importance in dentistry. Some researchers say that people over 40-45 years of age and the elderly are characterized by an increased severity of periodontitis [20]. However, according to a number of studies, the severity of the disease is not as widespread as is generally believed. However, the progressive form of the disease is still observed in 15-20% of these age groups.

Periodontitis, being a chronic disease, remains the number one problem in dentistry and is causing significant treatment difficulties for doctors. Worldwide, periodontal inflammatory disease is the most common type of disease among the elderly [73]. This is confirmed by the latest data from WHO, according to which the prevalence of periodontic disease (PC) among adults in the world reaches 98%, in the 15-19 age group - 55-99%. The highest percentage of young people suffering from periodontal diseases of varying severity in this group was identified in Africa (90%) and Southeast Asia (95%). In the Americas, the share of healthy young people is 18%, and in the European region it is 19-20%. In the 35-44 year group, the global wage spread is 65-98%. In Europe,

10-15% of the population has deep pockets, with five or more sectorians affected. About 70% of the adult population in the United States suffers from periodical inflammation of paradontitis, with 20–30% of people having a particular tooth removed due to paradontitis.

Research Verification Methods. We used the OHIP-14 questionnaire in our study to determine patients' quality of life based on oral cavity status. This questionnaire consists of 14 questions, which are divided into three blocks: problems with eating, problems with communication, and problems with everyday life. The sum of all answer points corresponds to the patient's standard of living.

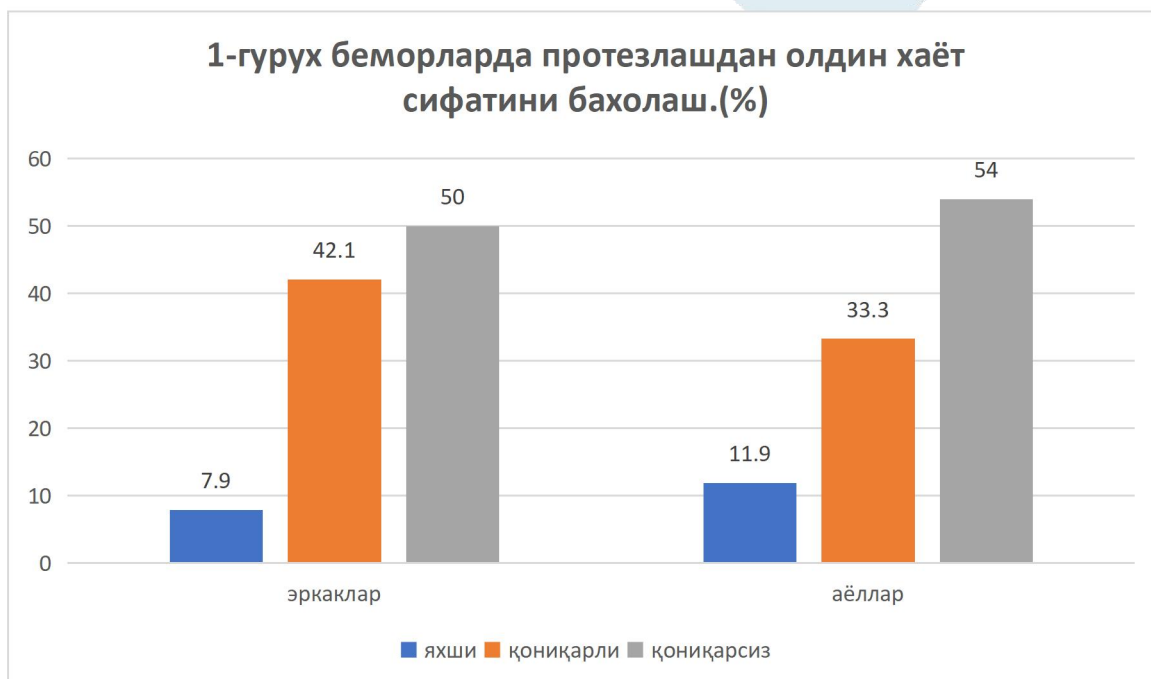
The questionnaire was carried out for all patients before the start of treatment and during the follow-up on the 33rd day after the placement of the dentures.

An analysis was conducted between each group and groups to examine in detail the impact of dental health on quality of life among the patients included in the study. To do this, the average values of the results of the OHIP-14 questionnaire were determined before treatment in each group and after the completion of orthopedic rehabilitation, as well as the number of patients who rated their quality of life level as good, satisfactory or unsatisfactory according to the results of the survey. Patients were divided by gender to assess the quality of life of patients within the group.

Distribution of Group 1 patients by quality of life before and after orthopedic treatment

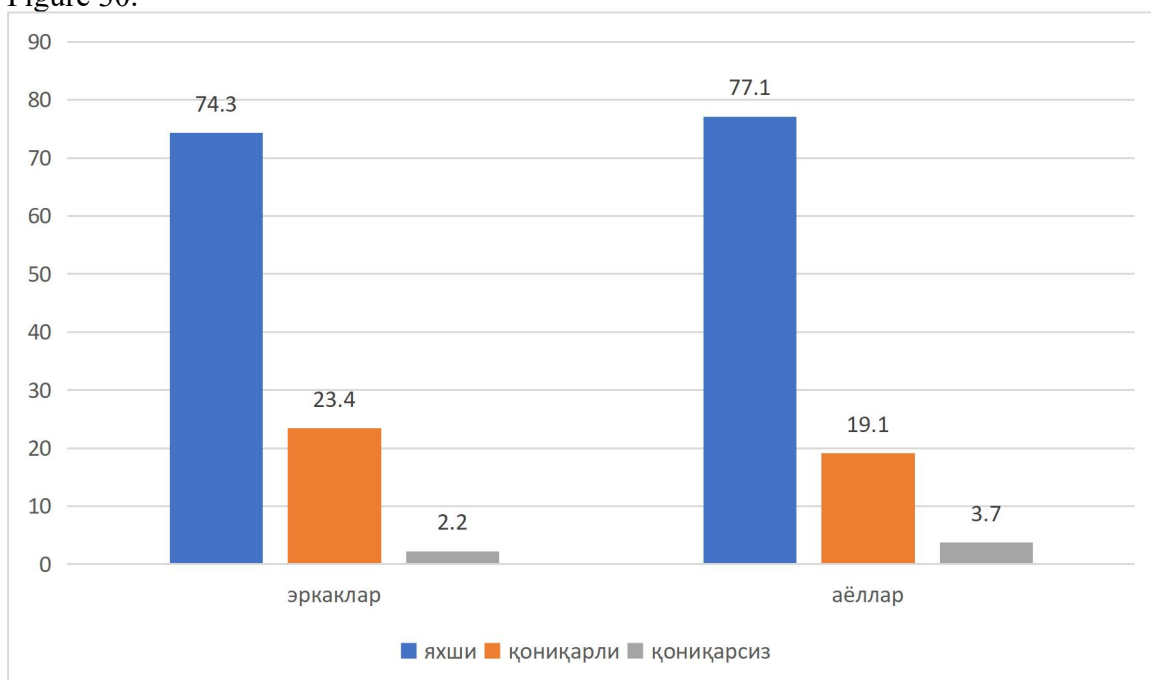
Quality of life	Before prosthetics		After prosthetics	
	males	Women Abs., %	males Abs., %	Women Abs., %
It's fine	3 (7,9%)	5 (11,9%)	28 (73,7%)	32 (76,2%)
Satisfying	16 (42,1%)	14 (33,3%)	9 (23,7%)	8 (19%)
Unsatisfactory	19 (50%)	23 (54,8%)	1 (2,6%)	2 (4,8%)

Results from the study. According to a survey conducted before the start of treatment, 7.9% of men and 11.9% of women rated their standard of living as good among group 1 patients. 42.1% of men and 33.3% of women saw a satisfactory standard of living, and the majority of group 1 patients saw 50% and men and women 54.8%, respectively (Fig. 29)



Distribution of patients in group 1 by quality of life before orthopedic treatment.

1-After prosthetics in group patients, the number of men and women who defined their quality of life as good after prosthetics increased. The highest quality of life for men (74.3%) and for women (77.1%) was the highest quality. Men (23.4%) and women (19.1%) rated their quality of life as satisfactory. Men (2.2%) and women (3.7%) rated their quality of life as unsatisfactory. Men rated their quality of life as unsatisfactory (2.2%) and women (3.7) as (3.7) in Figure 30.



Distribution of Group 1 patients by quality of life after orthopedic treatment.

When analyzing the questionnaires completed before treatment, it was noted that among the men in group 1, the assessment of quality of life included problems with nutrition (questions 1-5 in the "Problems with eating") and difficulty in pronouncing words ("questions 7 in the "Problems in communication" block). Female patients in group 1 had the greatest impact on quality of life among

the following problems, as well as difficulties with eating (questions 1-5) and difficulties in communication (question 9).

Values of OHIP-1 questionnaire outcomes before and after orthopedic treatment in patients (scores)

After treatment, both the men and women in Group 1 showed about double their mean score values in the three blocks of the questionnaire. Thus, the average assessment of the presence of pain in the mouth in men in group 1 ranged from 4.21 points to 0.11 points to 0.11 points, and in women from

No voprosa	Men		Women	
	Do lecheniya	Posle lecheniya	Do lecheniya	Posle lecheniya
1	4.05±0.15	2.26±0.12	3.95±0.16	2.17±0.14
2	4.21±0.11	2.21±0.11	4.17±0.12	2.24±0.15
3	3.92±0.12	2.08±0.17	3.95±0.17	1.98±0.15
4	3.92±0.18	1.71±0.13	3.69±0.17	1.71±0.13
5	4±0.18	1.97±0.15	3.92±0.16	1.83±0.17
6	3.68±0.17	1.9±0.12	3.69±0.16	2.05±0.11
7	3.95±0.14	2.24±0.16	3.74±0.15	2.07±0.17
8	3.79±0.13	2±0.1	3.76±0.15	1.9±0.13
9	3.79±0.17	1.5±0.09	3.81±0.15	1.52±0.12
10	3.47±0.19	1.63±0.13	3.64±0.19	1.55±0.1
11	3.05±0.22	1.63±0.16	2.91±0.2	1.6±0.13
12	3.55±0.16	1.45±0.09	3.52±0.17	1.52±0.1
13	3.68±0.15	1.79±0.13	3.52±0.17	1.38±0.09
14	3.42±0.18	1.34±0.1	3.17±0.2	1.29±0.12
Summa	52.5±1.55	25.71±1.22	51.45±1.66	24.81±1.33

4.17 points to 0.12 points to 2.24 points. Among Group 1 patients, all values of the questionnaire showed approximately the same results, both before treatment and after orthopedic rehabilitation.

Mean Values (Scores) of OHIP-14 Before and After Orthopedic Treatment in Group 1 Patients

	OHIP-14 Value	Reliability of Results

	Before treatment	After treatment	t (Stewart Criteria)	R (%) (reliability)
Mujchins	52.5±1.55	25.71±1.22	T>2	P>99.9
Jenshchina	51.45±1.66	24.81±1.33	T>2	P>99.9

The data in Table 26 show that the mean total value of the OHIP-14 questionnaire decreases by an average of 52.5 points in male patients in group 14 after orthopedic treatment. (satisfactory quality of life) up to 25.71 points (good quality of life), for women of group 1 - 51.45 points (satisfactory quality of life) to 24.81 points (good quality of life) to 1.33 points (good quality of life). This variation is very significant and reliable (P>99.9%) with a very high level of accurate prediction.

Figure 31 shows a graphical representation of the dynamics of mean total values before and after orthopedic treatment in group 1 patients of the OHIP-14 questionnaire, indicating a significant decrease in their rates in both men and women.

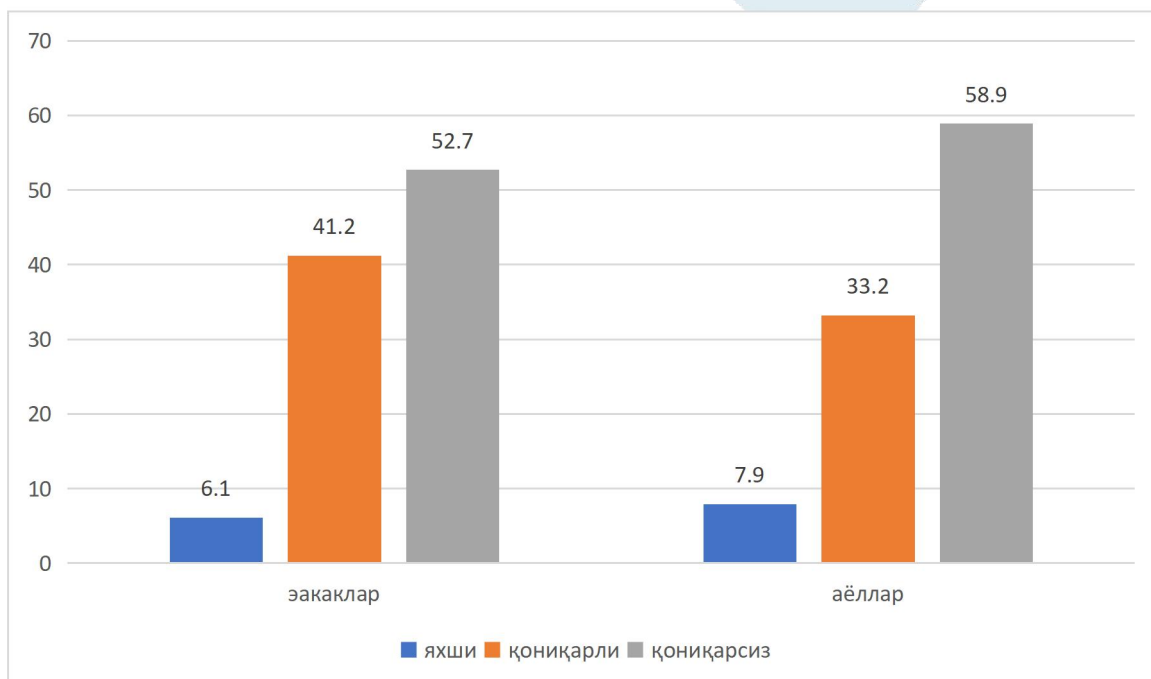
The results of the survey and the assessment of the quality of life of Group 2 patients are presented in Tables 27-29 and Figures 32-34.

Distribution of Group 2 Patients by Quality of Life Before and After Orthopedic Treatment

Quality of life	Before prosthetics		After prosthetics	
	males Abs., %	Women Abs., %	males Abs., %	Women Abs., %
It's fine	2 (6.1%)	3 (7.9%)	9 (27,3%)	14 (40,2%)
Satisfying	13 (41.2%)	12 (33.2%)	15 (45,8%)	14 (39,7%)
Unsatisfactory	17 (52,7%)	20 (58,9%)	8 (26,9%)	7 (20,1%)

The data in Table 30 and Figure 35 show that before the start of treatment, the majority of patients in group 2 rated their quality of life as unsatisfactory: 52.7% of men and 58.9% of women.

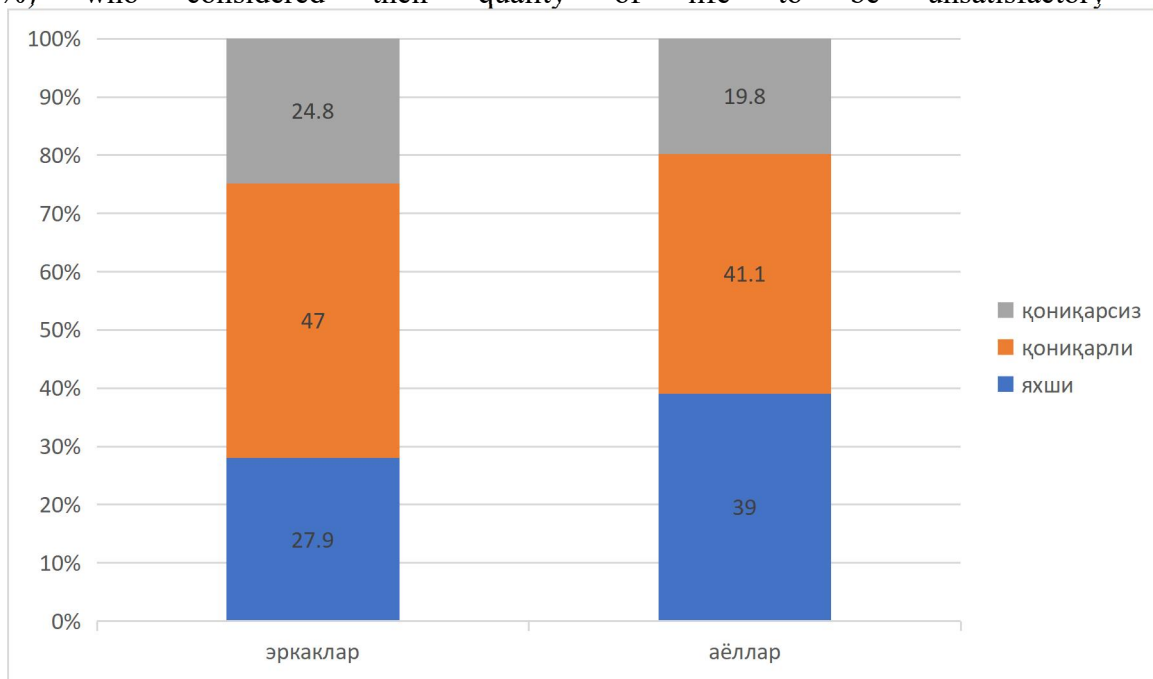
41.2% of men and 33.2% of women considered their standard of living to be satisfactory. A small proportion of patients rated the standard of living of 6.1% and 7.9% of men and women, respectively, as good.



Distribution by quality of life of group 2 patients prior to orthopedic treatment.

After orthopedic treatment, as well as in other groups, the composition of patient distribution on quality of life assessments changed significantly: the majority of male and female patients began to consider it satisfactory (46.9% of men and 40% of women, respectively).

According to the treatment results, the proportion of men who rated their quality of life as good and unsatisfactory was approximately the same: 27.9% and 24.8%, respectively. Among women in group 2, there were more patients (40%) who considered their levels to be good, and fewer patients (20%) who considered their quality of life to be unsatisfactory (Figure



36).

Distribution of Group 2 patients by quality of life after orthopedic treatment.

2- Relevance of OHIP 14 questionnaire outcome values before and after orthopedic treatment in the group (score)

Savoolar Number	males		Women	
	Before treatment	After treatment	Before treatment	After treatment
1	4.14±0.17	2.69±0.21	4.4±0.14	2.69±0.15
2	4.01±0.13	2.63±0.23	4.09±0.17	2.66±0.22
3	4.14±0.13	2.34±0.23	4.06±0.19	2.29±0.22
4	4.01±0.16	2.34±0.2	3.83±0.18	2.11±0.2
5	4.1±0.13	2.28±0.23	3.94±0.2	2.2±0.21
6	3.44±0.16	2.72±0.2	3.94±0.15	2.43±0.2
7	3.88±0.15	2.69±0.22	3.94±0.16	2.34±0.21
8	3.63±0.19	2.53±0.22	3.51±0.16	2.34±0.2
9	3.63±0.18	2.47±0.2	3.43±0.15	2.37±0.17
10	3.28±0.22	2.13±0.18	3.11±0.19	2.09±0.17
11	3.44±0.17	2.56±0.19	3.14±0.18	2.2±0.2
12	3.72±0.19	2.81±0.25	3.83±0.19	2.34±0.22
13	3.25±0.2	2.59±0.2	3.34±0.17	2.09±0.21
14	3.34±0.19	2.28±0.19	3.51±0.16	1.89±0.19
total	52.06±1.78	35.06±2.56	52.09±1.75	32.03±2.38

Table 31 shows the mean scores that correspond to the responses of Group 2 patients when filling out questionnaires before and after orthopedic dental treatment.

The greatest impact on the quality of life of male patients in group 2 was associated with indicators such as problems with nutrition (questions 1-5), as well as difficulties in pronouncing words (question 7 from the block "Communication problems").

1. An analysis of the mean scores of the OHIP 14 questionnaire showed that among female patients in group 2, problems with eating (questions 1, 2, 3, and 5) and communication problems (discomfort due to the condition of the oral cavity-question 6, difficulty in pronouncing words-question 7) were more prevalent. It was found that quality of life had the greatest impact.

After treatment, it can be observed that both men and women in Group 2 had little change in mean score values for all three blocks of the questionnaire. In men in group 2, the highest mean value before treatment was the answer to questions 1 and 3 (insensitivity to food taste and difficulty chewing food). The average value of the equivalent of the answer to question 1 ranged from 4.16 points to 0.18 points, from 2.69 points to 0.21 points, and to question 3 from 4.16 points to 0.16 points to 2.34 points. In Group 2 women, the highest average value of the score equivalent was for the answer to question 1, and the value ranged from 4.4 points to 0.14 points to 2.69 points. Among

group 2 patients, all mean values of the questionnaire before and after orthopedic rehabilitation turned out to be very close.

Mean total values (scores) of OHIP14- before and after orthopedic treatment in group 3 patients

	Quantitative indicators of OHIP-14		Results confidence difference	
	Before treatment	After treatment	t (Student's criterion)	R (%) (accuracy)
males	52.06±1.78	35.06±2.56	T>2	P>99.9
Women	52.09±1.75	32.03±2.38	T>2	P>99.9

It should be noted that, in general, the quality of life of men and women of group 2 did not change, remained satisfactory, but after orthopedic treatment, the average overall indicators for men of group 2 ranged from 52.06 points to 1.78 points to 35.06 points, and for women of group 2 from 52.09 points to 52.09 points.from 1.75 points to 32.03 points to 2.38 points (Table 32). This variation is very significant and reliable (P>99.9%) with a very high level of accurate prediction.

Distribution of patients to three groups based on their level of quality of life before and after orthopedic treatment

Quality of life	Before treatment		After treatment	
	Group 1, %	Group 2, %	Group 1, %	Group 2, %
It's fine	8 (10%)	5 (7,5%)	60 (75%)	23 (34,3%)
Satisfying	30 (37,5%)	25 (37,3%)	17 (21,25%)	29 (43,3%)
Unsatisfactory	42 (52,5%)	37 (55,2%)	3 (3,75%)	15 (22,4%)

According to the results of a survey conducted before orthopedic treatment, approximately the same indicators were obtained among patients in groups 1 and 2: the majority of patients considered their quality of life to be unsatisfactory (52.5% and 55,2%, respectively), slightly more than a third of patients considered the level of quality satisfactory (37,5%). % of patients in group 1 and 37.3% of patients in group 2). Only 1% of patients in group 1 and 7.5% of patients in group 2 rated their standard of living as good.

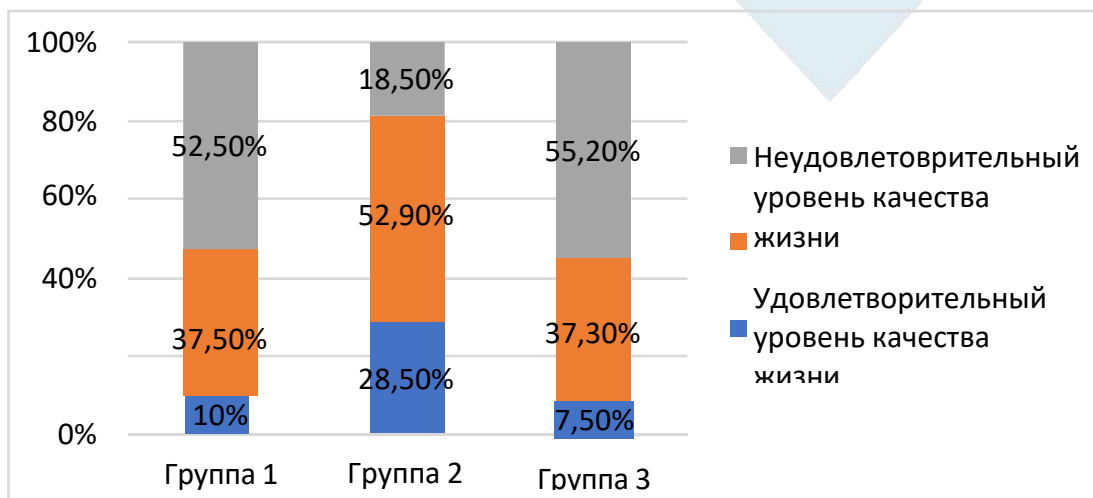
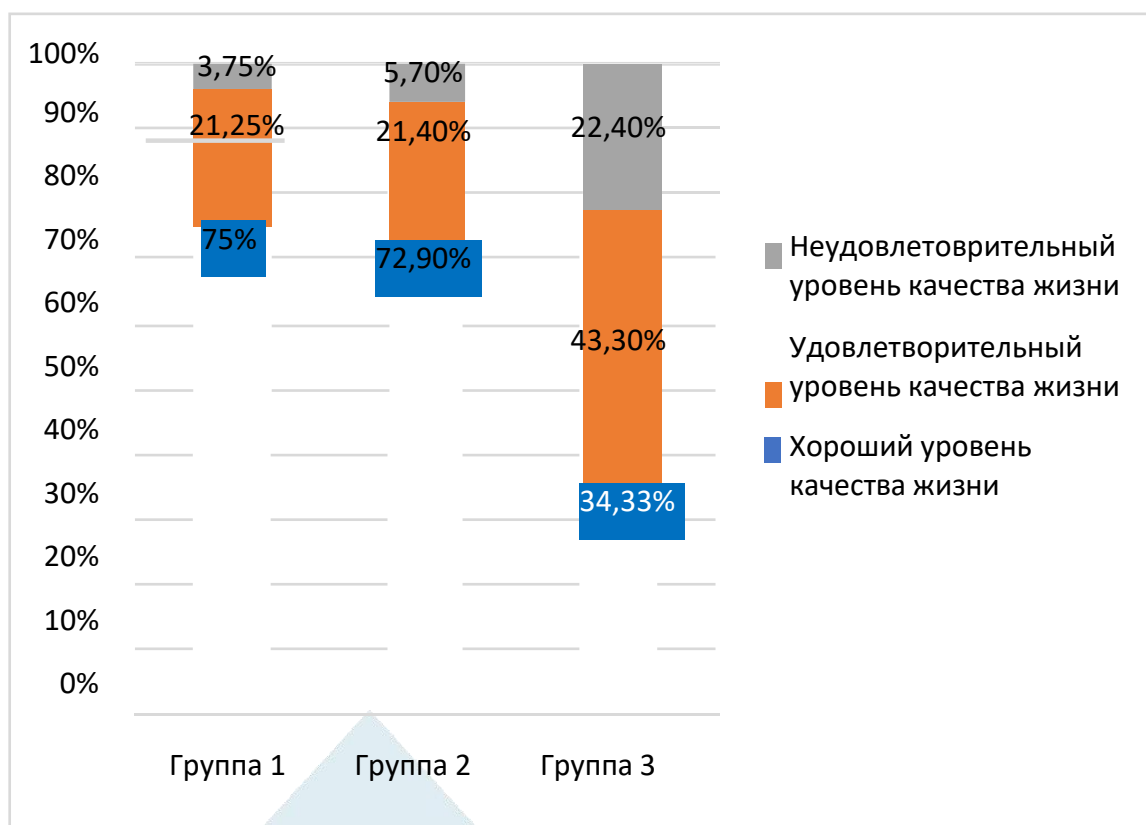


Figure 38. Distribution of patients prior to orthopedic treatment to three groups based on quality of life

However, after orthopedic treatment, the prevalence structure of patients on the quality of life assessment

changed significantly: the majority of patients in Group 1 and Group 2 began to rate their stand



ard of living as good (75% and 72.9%, respectively), while only 34.3% of patients in Group 3 gave the same assessment. It was determined that 21.25% of patients in group 1 and 43.3% of patients in group 2 stated that their quality of life was good. The largest share of patients who considered their quality of life to be unsatisfactory was found in group 2 (22.4%), while in group 1 the share of such patients was minimal: 3.75%, respectively (Figure 39).

Figure 39. Distribution of patients to three groups based on their level of quality of life after orthopedic treatment.

Severity of OHIP-14 questionnaire outcome values before and after orthopedic treatment in patients in the three groups (score)

No voprosa	Gruppa 1		Gruppa 2		Gruppa 3	
	Do Lecheniya	Posle Lecheniya	Do Lecheniya	Posle Lecheniya	Do Lecheniya	Posle Lecheniya
1	4.26±0.11	2.21±0.09	3.19±0.13	1.96±0.13	4.28±0.11	2.69±0.12
2	4.19±0.08	2.23±0.1	3.36±0.13	2.1±0.12	4.06±0.11	2.64±0.16
3	3.94±0.1	2.03±0.11	3.09±0.13	1.99±0.11	4.11±0.12	2.31±0.16
4	3.8±0.12	1.71±0.09	2.8±0.14	1.83±0.1	3.97±0.13	2.22±0.14
5	3.96±0.12	1.9±0.12	2.87±0.15	2.04±0.13	3.97±0.13	2.24±0.16
6	3.69±0.12	1.98±0.08	3.27±0.12	1.77±0.13	3.7±0.11	2.57±0.14
7	3.84±0.1	2.15±0.12	3.21±0.11	2.03±0.11	3.91±0.11	2.51±0.15
8	3.78±0.1	1.95±0.08	3.14±0.14	1.73±0.12	3.57±0.12	2.43±0.15
9	3.8±0.11	1.51±0.08	2.99±0.13	1.9±0.11	3.52±0.12	2.42±0.13
10	3.56±0.13	1.59±0.08	2.79±0.15	1.54±0.11	3.19±0.14	2.11±0.12
11	2.98±0.15	1.61±0.1	2.4±0.17	1.74±0.11	3.28±0.13	2.37±0.14
12	3.54±0.12	1.49±0.07	3.03±0.12	1.8±0.12	3.78±0.13	2.57±0.17
13	3.6±0.11	1.58±0.08	2.91±0.12	1.6±0.09	3.3±0.13	2.33±0.15
14	3.29±0.13	1.31±0.08	2.1±0.15	1.46±0.11	3.43±0.12	2.08±0.13
Summa	51.95±1.14	25.24±0.9	41.14±1.46	25.49±1.24	52.08±1.24	33.48±1.74

Among the factors influencing the assessment of quality of life, patients in group 1 mainly identified problems with nutrition (questions 1-5), as well as problems with communication (questions 6-9). A similar distribution of the maximum values of the point equivalents of answers is given in group 2: patients identified questions 1 and 2 (block "Problems with eating"), 6 and 7 (block "Problems in communication"). Problems with nutrition and communication problems were also identified among group 3 patients. It is important to note that in none of the studied groups did patients identify problems in daily life as having the greatest impact on quality of life. When comparing the mean values of questionnaire scores after treatment among patients of group 1 and group 2, it can be noted that the average obtained values were less than half from the start of treatment. A decrease in mean score values is also observed among group 3 patients, but a decrease in relation to initial values is observed in about one-third.

Mean total values (scores) of OHIP-14 before and after orthopedic treatment in patients in the three groups

	Summarnoe znachenie OHIP-14		Dostovernost Raznosti Rezultatov	
	Do lecheniya	Posle lecheniya	t (criterion Steudenta)	R (%) (veroyatnost tochnogo prognosa)
Gruppa 1	51.95±1.14	25.24±0.9	T>2	P>99.9
Gruppa 2	41.14±1.46	25.49±1.24	T>2	P>99.9
Gruppa 3	52.08±1.24	33.48±1.74	T>2	P>99.9

It is important to note that in patients of group 1, the change was maximum: from 51.95 points to 1.14 points to 25.24 points to 0.9 points, and the level of quality of life changed from satisfactory to good. The initial overall values of the OHIP-14 questionnaire in patients of group 2 were significantly lower than in patients of group 1 (41.14 XNUMX XNUMX points), however, the final value was 25.49 points and was 1.24 points, and the level of quality of life also changed from satisfactory to good. The smallest change between the total values of the questionnaire was in group 3 patients: 52.08 to 1.24 points, 33.48 to 1.74 points; In general, the level of quality of life did not change – remained within the range of satisfactory values. These changes with very high and very reliable accurate forecast of very high ($P > 99.9\%$).

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