OPTIMIZATION OF THE PROVISION OF DENTAL CARE FOR MENTALLY RETARDED CHILDREN IN SPECIAL SUPPORT SCHOOLS

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ANNOTATION
The state of oral health is an important component of the physical, mental and social well-being of every person. Today, tooth decay and periodontal disease remain the most common dental disease not only among adults, but also among younger people throughout the world. According to recent epidemiological studies conducted on healthy children, the incidence of dental pathology is high, and the prevalence of caries among healthy age groups of 12-15 years is 63.3-83 years, 4% and 81.7-88.7%, intensity 3.02-3.75 and 4.65.3, and the prevalence of periodontal disease in the group of healthy 12-year-olds ranged from 37.8% to 50%, in the 15-year-old group of children, it ranged from 57.7% to 84.7%. The prevalence of caries is also high in children with mental retardation of preschool and school age, while the intensity of caries is higher in children aged 13-18 years with mild mental retardation (LUO). These indicators increase with age and depend on the severity of the underlying disease.

Key words: dental caries, periodontal tissue diseases, occlusion pathologies, mentally retarded children, oral hygiene, a special program for the prevention of dental diseases

INTRODUCTION
According to the WHO, about 15% of the world's population is disabled. That applies to 650 million people, 200 million of whom are children. The prevalence of mental retardation (AZ) in the population ranged from 1% to 3% [12]. The most common form of mental retardation is mild mental retardation, characterized by the appearance of minor defects in mental development and making up 75-89% of the total mentally retarded population; Moderate mental retardation was found to be about 10%, and severe and profound mental retardation were found to be 4% and 1%, respectively [7, 10]. L.L. According to Faizullina (2010), mild mental retardation in children with primary disability due to mental retardation is 49.6%; moderate mental retardation - 45.8%; the proportion of children with severe and profound mental retardation is slightly lower, at 2.3% and 2.3%, respectively. As of 2017, 670,866 persons with disabilities were registered in Uzbekistan, of which 100,827 (15.0%) were children under 18 years of age. Among minors under the age of 18, 45.9 percent or 45,134 of persons with disabilities are women. The main part of the causes of disability is 51.9% "due to common diseases", followed by 42.5% “childhood disability” and the remaining causes 5.6%. According to the distribution of the causes of disability (classes of diseases and individual diseases), the largest share, ie 19.2%, corresponds to "Mental and behavioral disorders" [11]. Statistical accounting of persons with disabilities is based on preliminary data of the Republican Commission of Medical and Social Expertise of the Ministry of Health of the Republic of Uzbekistan.

MATERIALS AND METHODS
Although a number of studies have been conducted and various measures have been taken, the prevalence and intensity of dental disease in mentally retarded children is high, and these indicators increase with age and depend on the severity of the underlying disease. The clinical manifestations of mental retardation are not limited to intellectual disabilities and are accompanied by a number of concomitant diseases: psychopathological diseases (95.5%), neurological pathology (43.8%), somatic diseases (58.9%). N.R. According to a study by Lebedeva
(2009), the most common case of neurological disease in mentally retarded children is cerebral palsy. This pathology was observed in 5.4% of children with mild mental retardation, 16.3% of children with moderate mental retardation, and the maximum number of these pathologies was observed in children with severe mental retardation - and 60.0%. Hydrocephalus occurs in 11.2% of children with mild mental retardation, 27.9% of children with moderate and 43.3% of children with severe mental retardation.

Mentally retarded children regularly take a number of medications for major neurological disorders, including neuroleptics, antidepressants, tranquilizers, nootropics, and they can lead to hyper- or hyposalivation, and chronic forms of dental disease due to reduced pain sensitivity. helps to transition to the state. Mentally retarded children often have behavioral problems, such as locomotor disorders and speech impediments, which make it difficult to communicate with them in dental care and require treatment under general anesthesia. but the accompanying severe somatic pathology in many cases precludes such a method as well. In addition, not all institutions of this type also have dental departments. All this requires the search for new forms of dental care for children with disabilities, and one of their important components should be prevention. To date, there have been attempts to implement dental disease prevention programs in mentally retarded children worldwide, but most of them have been targeted at children with mild mental retardation and have not been highly effective. The methods of teaching these children oral hygiene skills do not take into account the formation of their living conditions and are not mutually exclusive. Thus, the development of a dental disease prevention program for mentally retarded children should take into account not only the level of mental retardation, but also their oral care skills, as well as the child’s living conditions and nutrition. This situation is one of the most important and urgent problems not only in the field of medicine, but also in the social life of society.

DISCUSSIONS AND RESULTS

Improving the effectiveness of therapeutic and prophylactic dental care, taking into account their disabilities, through the introduction of a program for the prevention of oral diseases among children with intellectual disabilities.

This study was conducted in special schools No. 1 and 62 for mentally retarded children in Samarkand region, No. 5 boarding school for mentally retarded children in Kattakurgan district and No. 63 boarding school for mentally retarded children in Akdarya district. The hygienic condition of the oral cavity, dental caries and periodontal tissue diseases were studied among 6, 9 and 12 year old pupils, and special mental retardation for the prevention of dental diseases was studied. a child-centered program was applied. The children under the study were divided into several groups according to their age, sex, diet, type of major neurological disease, presence of Down syndrome and their level of socialization. The level of effectiveness is determined by applying a special program for a certain period of time. The study was conducted on the basis of statistical, clinical, questionnaire, laboratory-microbiological, methods of determining the indices of oral hygiene.

CONCLUSION

The study examines the effectiveness of a special program for the prevention of oral diseases in mentally retarded children in special schools aged 6 to 12 years. Children with intellectual disabilities are studied in groups based on their characteristics, such as age, level of socialization, major neurological diseases, the presence of Down syndrome, diet and self-care skills. In organized groups, indicators such as hygienic index, periodontal tissue status index, oral microflora are determined. In the origin of dental diseases, the importance of the diet of children with mental disabilities, lifestyle, the type of their main neurological diseases, the presence or absence of Down syndrome in them is studied. The study is expected to result in periodontal disease, a significant reduction in the prevalence and intensity of caries, and the development of oral hygiene skills among mentally retarded children.
REFERENCE