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Results of Career Intensity and Spread

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Annotation: A person's aging, like the aging of other organisms, is a biological process - the gradual degradation of parts and systems of the body and the loss of mental capacity, for example, as a result of this process can be a clear example. (Matthew 24:14; 28:19, 20) Jehovah's Witnesses would be pleased to discuss these answers with you. Psychological and social economic well-being also play a vital role.

Keywords: carees, aging age, KPO index

INTRODUCTION

People of old age and old age often need medical care, including dental care. Failure to contact a dentist in a timely manner can cause changes in the KPO index and, consequently, partial or complete bite. According to the International Association of Gerontologists, preventing early aging and maintaining the functional and social activity of the population long-term is a priority of medical science [4-16].

Complete loss of teeth can lead to morpho-functional changes in the entire dental system and a sharp decrease in chewing gum efficiency. Medical, social, and automatic status indicators in older patients are closely linked to dental status. [23-310) Jehovah's Witnesses would be pleased to discuss these questions about the type and body cavity.

As patients get older, orthopedic treatment becomes difficult for them, and the time for the healer to get used to the orthopedic structure lasts longer. The level of study of orthopedic prosthesis depends on the state of the healing body, age, absence of related diseases, the functioning of the nervous system, and the psychological state [2-7].

The dental status of oral cavity of older patients is an indicator of the social support, lifestyle and general health of this age category of the population. During the period of dental care for patients of this age, it is necessary to take into account not only the age of the patient, but also his social, psychological and physical condition [3-9].

An external sign of aging of teeth is a change in the color of enamel and the appearance of cracks. The shape of the teeth changes due to friction, the loss of grooves makes the enamel surface smoother [12].

Quality of Life (Oral Health-Related Quality Of Life, OHRQoL) is a multi-dimensional concept that affects the vitality of oral health or dental diseases and overall quality of human life [23-29].

In older people, the association between oral health clinical indicators and quality of life has not been fully studied. According to a number of authors, OHRQoL regular visits to a dentist are associated with the socio-economic status [9-21].

The presence of a large number of healthy teeth and the absence of defects in dental rows have the most reasonable effect on bite OHRQoL, but rather the presence of rotten teeth, the presence of defects in dental rows, has a different effect on quality of life [21-32].

The purpose of the investigation. Determine the intensity of dental caries and the level of intensity of diseases in paradont tissue for older and older patients belonging to various social groups living in the Bucharest region

Inspection materials and methods. This study included patients in need of orthopedic rehabilitation who had partial and complete bitelessness. However, the intensity of paradont disease could only be assessed in patients with partial toothlessness, so we did not take into account older patients with full toothlessness in our study (Table 1).

We used the CPI index in our study to assess the intensity of the paradont disease. It should be noted that in our study, we did not recognize healthy tissue.

Table 1

The division of patients into gurus in a study that is partially toothless. (%)

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Research groups	Men %		Women %		total %	
Group 1 Women's House for People with Disabilities in Bucharest	19	55,8%	15	44,1%	34	36,1%
Group 2 Patients living in the care of relatives	17	47,2%	19	52,7%	36	38,2%
Group 3 Patients Living Alone	11	45,8%	13	54,1%	24	25,5%

Results obtained. While a clinical trial was carried out during the data collection phase, higher incidences of dental caries were recorded in patients. In this regard, it was decided to evaluate only the intensity. Our study used the KPO index, which represents a quantitative assessment of the intensity of dental caries. Indicators of career intensity in patients tested. In order to investigate dental caries intensity in detail between, the patients included in the study were analyzed in each of the cross-groups and groups.

Analysis of KPU Index Quantitative Indicators in Group 1 Patients

Table 1

	Index Value			
	K	P	O	KPOt
Men	2.89±0.61	2.92±0.46	19.01±0.97	24,83±1,01
Women	2.94±0.51	2.89±1.03	18.54±0.98	25,61±1,08
Reliability differences in results	t=0.6 P<93.53%	t=1.2 P<94.8%	t=0.1 P<94.8%	t=0.6 P<95.5%

To do this, the value in each group was determined clinical symptoms of cariosis lesions (cariosis, filled and extracted teeth). The data are presented in tables 1-4 and figures 1-4. Evaluation of the intensity indicators of carivalic lesions within the group for patients is divided according to gender. The indicators of the intensity of the cariosis process in patients in Group 1 are presented in Table 1 and Figure 1.

Group 1, the average value of the K index in men is 2.89 ± 0.61, in females 2,94±0.51. The average number of teeth filled in females is slightly higher than that of men in group 1 (as compared to 3,93±0,64). 2.92±0.46). Among all components, the highest quantitative indexes were recorded in comparison with Y index values: 18,9±1,24, and in men and women, respectively, 19,05±1,34. Compared to group 1 CPOt indicators, both for men (25,47±0,75), and for women (26,12±0,83), a career lesion with very high intensity recorded. All the values received are sufficient, but there are significant differences between which statistical processing has shown that these indicators are not (t<2). The indicators of the intensity of the cariosis process in patients in Group 2 are presented in Table 2 and Figure 2.

Table 2

Quantitative indicators of the KPU index in Group 2 patients.

	Index Value			
	K	P	O	KPOt
Men	3.89±0.52	1.49±0.48	17.1±0.42	24,49±1,64
Women	3.68±0.7	2.98±0.58	18,.7±1,27	25.14±0.58
Differences in Reliability Results	t=0.6 R<95.5%	t=0.8 R<95.5%	t=0.6 R<95.5%	t=0.5 R<95.5%

Compared to the incidence of caries in patients, the average value of the K index in men in Group 1 was 3.89±0.52, and 3.68±0.7 in women, respectively. The average rate of plumbed teeth was 2.98±0.58 in group women and 1.49±0.48 in men.

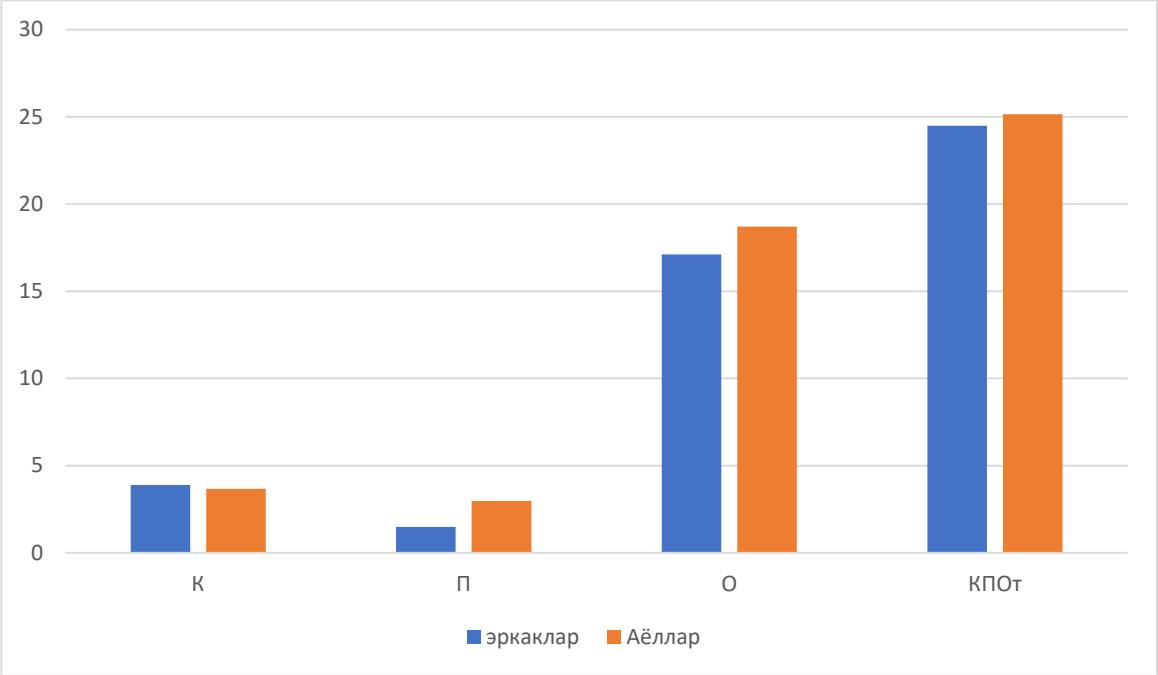

Figure 2. Group 1 Manifestations of quantitative indicators of the KPU index in patients.

The highest among KPO indicators is index O, 18..7±1.27 in women, In men (17.1±0.42), teeth in men slightly more than the number of removed in Group 2 were both in men (24.49±1±1.64) in men (25,14±0.58) high intensity detected. All the values obtained are very close to each other, but statistical treatment has shown that these indicators do not have a difference in mutual reliability (t<2).

Quantitative indicators of the KPU index in Group 2 patients.

	Index Value			
	K	P	O	KPOt
Men	4.01±0.51	2.59±0.48	17.19±0.42	25.45±0.98
Women	3.88±0.7	2.03±0.58	17,76±1,27	25.51±0.78
Reliability differences in results	t=0.6 R<95.5%	t=0.8 R<95.5%	t=0.6 R<95.5%	t=0.5 R<95.5%

The average value of the K index in Group 2 was 4.01±0.51 in men, respectively, at 3.88±0.7. The quantitative indicators of the P index were very close values, 2.59±0.48 women had 2.03±0.58. the average was slightly higher than the males (17.76±1,27) (17.19±0,42). The average group 2 KPOt was 25±45±0.98 in men, 25.51±0.78 in women.

All the values obtained are very close to each other, but statistical treatment has shown that these indicators do not have a difference in mutual reliability (t<2).

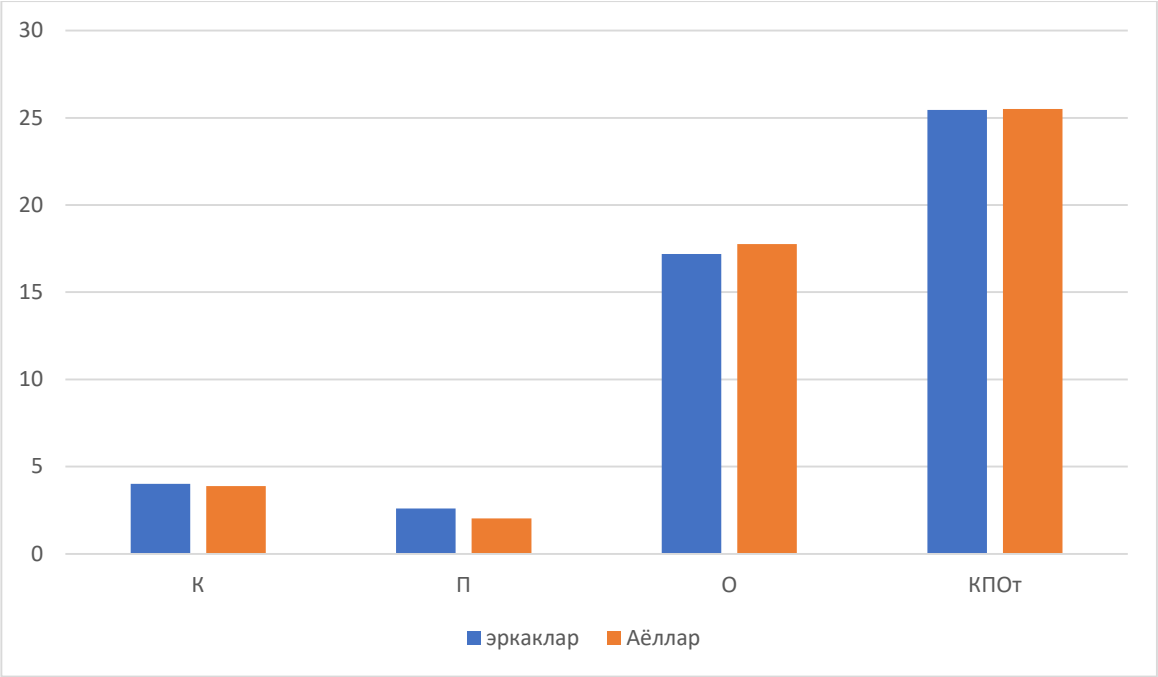

Figure 3. Group 2 Display of KPU Index Quantitative Indicators in Patients

The data on the comparison of the severity of the quantitative indicators of the CPI index in patients in the two groups are presented in Table 9 and Figure 16. Values that they show that groups of K index patients were made 1 and 2 almost identical (0.39 at 0.39 and 0.47 at 3.93 respectively) and values of the increased patient group 3 (0.44 at 2.73). However, the indicators obtained are not eaten to statistical reliability (t<2, P<95.5%).

When the number of teeth plumage in both groups increases, you can see that in Group 1, 2.45 is 2.43 in Group 2. As you can see from these results, the average value in Group 2 is significantly higher. When we also analyzed the average value of the number of teeth received , it was 17.98±0.9 in Group 1, and group 2 saw a significant increase in this value of 18±16±1.09.

Quantitative indicators of the KPO index in patients in both groups.

KPU Index Importance	Group 1	Group 2	Results Differences Reliability	
			t (Styudenta criterion)	R(%) (probable accuracy analysis)
K	2.91±0.51	3,94±0,27	0,9	<95.5%
P	2.90±0.3	2.31±0.4	0	<95.5%
O	18.77±0.7	17,47±1,07	0,6	<95.5%
KPOt	25,22±0.46	25.48 ±0.64	0,4	<95.5%

Similarly, we can see a significant difference in the quantitative performance of the KPOt index results average. This value was 24.81±0.56 in Group ±1.2 shows that when

comparing KPU values when the reliability difference between quantitative indicators is determined , the reliability of significantly exceeding the total value of the KPO index in Group 2 patients indicates that reliability is higher.

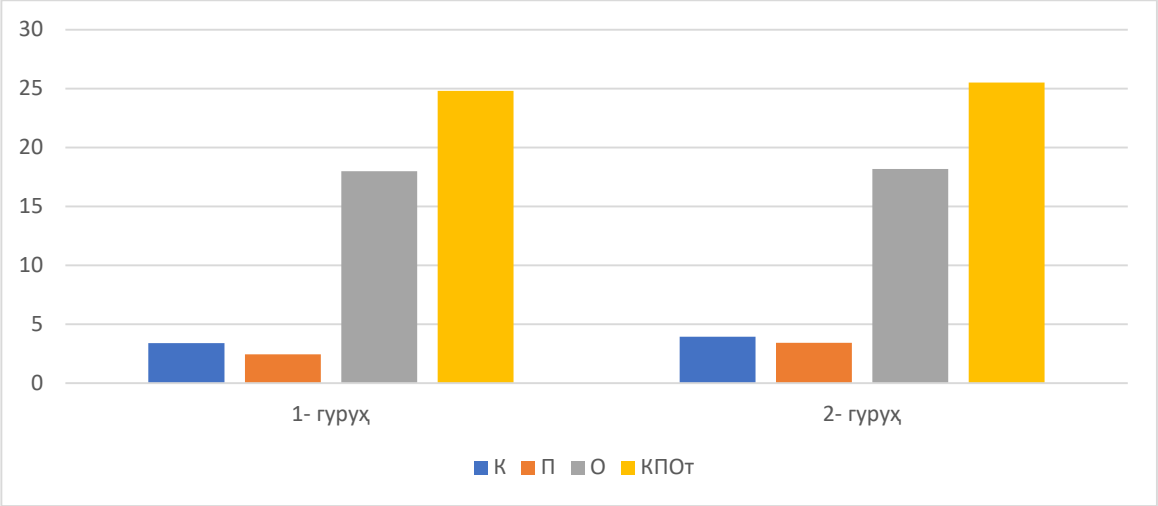

Figure 4. A preview of the quantitative indicators of the KPO index in patients in both groups.

Conclusions. In the era of determining the specifics of adaptation to dental prosthetics obtained in older patients, their living conditions, lifestyle and environment have shown that they are affected by the continuity of the adaptation process to removable prosthetics.

Based on the results obtained, it can be said that molding through the modified method of the proposed individual spoon is more useful than molding in a standard way, and at the same time as the dental patient raises the quality of life, accelerates the patient's adaptation to removable dental prosthesis. At the same time, it reduces the number of requests for re-applications for low-prosthetic correction. The reason for this is that stomatology of these patients itself is a problem.

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