



## TREATMENT OF OLD PEOPLE ACCORDING TO AGE SPECIALTIES

**N.B.Nurov**

Bukhara State Medical Institute  
Department Of Orthopedic Dentistry and Orthodontics

### Article history:

**Received:** August 28<sup>th</sup> 2021  
**Accepted:** September 28<sup>th</sup> 2021  
**Published:** October 30<sup>th</sup> 2021

### Abstract:

Due to the fact that in recent years the proportion of elderly and senile people in developed countries has been steadily growing, the interest of specialists in the health and quality of life of elderly people has increased significantly (Kairbekov A.K., 2009; Baysultanova A.Sh., 2009; Turebekov D.K. et al., 2009). Anatomical and topographic features of the structure of both jaws suggest that the best department for the effective installation of a sufficient number of implants in this group of patients is the frontal section of the upper and lower jaws, where there is always a sufficient amount of bone tissue for bicortical and intercortical installation of 4-6 implants of the appropriate diameter and length (Botabaev K.A., 2010).

**Keywords:** Elderly And Senile People, Anatomical and topographic features

### RELEVANCE.

Due to the fact that in recent years the proportion of elderly and senile people in developed countries has been steadily growing, the interest of specialists in the health and quality of life of elderly people has increased significantly (Kairbekov A.K., 2009; Baysultanova A.Sh., 2009; Turebekov D.K. et al., 2009). Anatomical and topographic features of the structure of both jaws suggest that the best department for the effective installation of a sufficient number of implants in this group of patients is the frontal section of the upper and lower jaws, where there is always a sufficient amount of bone tissue for bicortical and intercortical installation of 4-6 implants of the appropriate diameter and length (Botabaev K.A., 2010).

When developing scientific directions of dental implantation, patients over 60 years of age are considered from a standard point of view, as a rule, without emphasis on this age category. At the same time, elderly and senile people have specific age characteristics and associated risk factors that significantly complicate the use of the dental implantation method, and in some cases completely exclude the possibility of its use in this category of patients. Therefore, it is necessary to pay special attention to the adequate construction of the algorithm of therapeutic tactics and to develop a comprehensive methodological approach to the functional and aesthetic rehabilitation of elderly and senile patients with various forms of adentia, which can really reduce the risks of complications and adverse outcomes and contribute to adequate dental prosthetics and improve the quality of life of older age groups [1.3.5.6.7.9.11].

In the elderly (65 years and older), changes in the dental system are aggravated. As a result of the analysis, it was found that elderly people are in dire

need of high-quality prosthetics to preserve dental health. Preservation of the integrity of existing dentitions or compensation of existing defects with high-quality dentures is a scientific justification for planning and conducting the most rational orthopedic treatment for the elderly [2.4.6.8.10].

Each qualitative step in the individual development of man is characterized by a number of morphofunctional features, the study of which is a task of great practical importance, since without these studies it is impossible to construct a scheme for age-related periodization. At the special International Gerontological Symposium, the following agreement was reached on the issue of "age boundaries" (A.P.Voronov, 2006). Age 50-64 years considered average, 65-74 years - pre-old (the elderly), 75-90 years - senile. However, clinicians, and primarily psychiatrists, consider the age of 45-50 years as the beginning of the involutionary period in humans. The entire involutionary segment of ontogenesis splits into three periods: the first - 45-60 years - the climacteric or post-productive period, the second - 60-70 years - presenilny, the third - 70 and higher - the senium. Speaking of late age, one must bear in mind the entire involutionary segment of ontogenesis, beginning after 46-50 years. Aging is characterized by many morphological, functional and metabolic shifts. With the increase in the number of lived years (calendar age), the frequency and severity of these shifts increase, which allows us to consider them a natural measure of the degree of aging [12.13.15]. However, it is well known that two individuals of the same calendar age can differ sharply in terms of the signs of aging. This reflects the individual variability in the rate of age-related changes and determines the need for a reliable indicator of aging. This indicator is the biological age



that characterizes the physiological state of the individual, in contrast to the calendar age, which corresponds to a more or less wide range of vibrations of morphological and functional parameters in a given population. Aging, old age - a normal physiological phenomenon, characteristic of all multicellular organisms, it is characterized by impaired functional abilities of the organism, the activity of all organs decreases [14.16.18]. A number of changes occurring at the molecular and cellular levels, leads to disruption of the functioning of organs and the organism as a whole. For old age, as for other periods of a person's life - childhood, adolescence, maturity, age characteristics, age norms are characteristic. If in a youth the phenomena of progressive development prevail with the increase of possibilities for adaptation to the environment, then in the period of withering and reverse development (involution), regressive phenomena predominate that worsen the adaptive capabilities of man (I.Yu.Lebedenko, 2006). All life's paws from birth to old age are complex, contradictory processes. Not all cells, tissues, organs and their functions are aging at the same time and to the same extent. For all that, the process of physiological aging is naturally harmonious [16.17]. Although there is not always a coincidence between calendars (age) and actual (bodily and psychic) aging, there may be both premature and delayed aging, nevertheless, in the main, late age determines senile changes. Science, which studies various problems of aging, is called gerontology (gcron is an old man). It has three aspects:

- biological - in this aspect of gerontology, the fundamental aspects of aging are considered;
- clinical - this area includes the study of diseases of "old age", such as cardiovascular, cerebrovascular diseases of the brain, malignant tumors, arthritis, rheumatism, autoimmune diseases, and the development of methods for their treatment. It is called geriatrics;
- Socio-psychological - this area deals with the social and psychological problems of old and retired people.

It is known that in the prevention of premature aging of man, the full function of the chewing apparatus is important. From this point of view, prosthetics should also be considered as a factor in combating the phenomena of aging. Important are the study and assessment of adaptive capabilities and reserve forces of the body, its compensatory mechanisms. Undoubtedly, the age-related decrease in the adaptive capacity of the organism, the morphological and functional changes in tissue structures are factors that determine the features of age-related changes in the system of neurohumoral regulation, as well as the structural fund of organs. Complete or significant loss of

teeth occurs most often at the age of 60 years and older. Elderly age determines the main feature and complexity of orthopedic treatment of this group of patients in connection with a decrease in the adaptive capacity of their body. Orthopedic treatment of elderly and elderly people requires taking into account the patient's mental and physical status as a whole, as well as the condition of the organs of the maxillofacial area due to the appearance of age-related changes and disturbances in them [10.13.16]. With complete loss of teeth, the body and branches of the jaws become thinner, and the angle of the lower jaw is more blunt, the tip of the nose drops, the nasolabial folds are sharply expressed, the corners of the mouth and even the outer edge of the eyelid drop. The lower third of the face decreases in size. There is flabbiness of the muscles, and the face acquires an old age expression. In connection with the patterns of atrophy of bone tissue, the so-called senile progeny is formed on the upper and lingual on the lower jaws to a greater extent from the vestibular surface, which is characterized by a change in the ratio of the jaws in the transversal direction. With complete loss of teeth, the function of the chewing muscles changes. As a result of reducing the load, the muscles decrease in volume, become flabby, atrophy. There is a significant reduction in bioelectrical activity, while the phase of bioelectric dormancy over time prevails over the period of activity. For people of senile age, the extinction of metabolic processes, the decrease in the functions of the endocrine glands, the slowing of the reparative processes, the prevalence of dystrophic and atrophic processes that are most pronounced in the bone tissue of the human skeleton, skin integuments are characteristic. Also, age changes affect all organs and tissues of the maxillofacial system: joints, muscles, jaw bones, the remaining teeth, periodontium and the oral mucosa. It is known that with age, the epithelial layer of the mucous membrane of the oral cavity is atrophied, the elastic fibers disappear in the submucosa, the mucosa becomes sensitive, easily vulnerable, and the wound healing process is disrupted. Vascularisation of soft tissues and bone base worsens, general dehydration of tissues is observed. The metabolic disturbances in the body, in particular the calcium balance and the increased leaching of calcium from the body lead to a depletion of the cortical and spongy components of the jaw bones; therefore, in elderly patients, even with normal prosthetic load, the manifestation of atrophic processes in bone tissue is aggravated and leads to irreparable losses. In the old age, degenerative changes in the salivary glands are possible, which leads to a decrease in salivation and an increase in the content of mucin in saliva. The saliva becomes thick and viscous. It should be noted that in this category of patients a low level of hygienic state of



removable dentures. Partly because of the difficulties associated with the fact that patients, given the age, cannot service themselves, in part because of the high cost of hygiene products for cleaning dentures. The joint fossa is flattened; the head is displaced backward and upward. Loss of teeth as a result of complications of caries and periodontal diseases determines the high need for prosthetics. Removable prosthesis is difficult due to age and pathological changes in the alveolar process. In a number of cases, patients who are accustomed to grind food with a thickened mucous membrane covering the alveolar process do not want to be prosthetized. A specific of using removable dentures in this category of people is a long and uncontrolled use of them for 10-15 years or more.

There are several reasons why elderly and senile people refuse dental care:

- fear of pain during medical procedures;
- visiting the dentist is postponed until the moment of acute necessity;
- Indifference to yourself, your health;
- lack of confidence in the treatment;
- poor health, difficulty in moving;
- remoteness of the dental clinic from the place of residence and inconvenience associated with a trip in public transport;
- poor state of health and short duration (in the opinion of patients) of the remaining life.

A significant part of dental patients (age group over 60 years of age) seek help from the orthopedic dentistry clinic for the purpose of repeated prosthetics. However, this type of prosthetics in many cases is ineffective or ineffective, although, at first glance, treatment is carried out by the same prosthesis designs. In such cases, patients continue to use old prostheses, and a new, repeated prosthesis is even more difficult. Quite often, patients in old age use their old prostheses for 15-20 years. As a rule, because of the abrasion of the plastic teeth, the interalveolar height decreases and the lower jaw is not set in the central occlusion, but in the "usual" one. At the same time, occlusal curves are formed on the prostheses, to which the patients are accustomed and whose changes in new prostheses do not bring relief to the patients, but rather to turnover. Therefore, such a group of patients cannot always adapt to new qualitatively manufactured prostheses. Do not hurry with the manufacture of new dentures for the elderly, who have old, stable and comfortable prostheses for them. This is especially true in cases when there are no motivating reasons (caring for appearance) in the patient himself. Given that the adaptive capacity of the elderly is very low, in some cases, it is necessary to limit the correction of old prostheses (by slightly restoring the height of the lower third of the face and improving the fitting of the prosthesis to the tissues of the prosthetic bed by

laboratory relocation). In the case of the manufacture of new prostheses, the location of the teeth, the width and length of the dental arches, the size of the lingual space and the optimal border for the given prosthesis should be copied from the old prosthesis. In order to prevent complications associated with the use for a long time of removable plate prostheses, it is advisable to reconstruct and make new prostheses individually. Orthopedic treatment using removable plate prostheses presents certain difficulties associated with the transfer of masticatory pressure to tissues physiologically not adapted to its perception. The effectiveness of orthopedic treatment depends not only on the technology of making complete removable dentures, but also on the quality of determining individual characteristics of the functioning of the maxillofacial organs in combination with orthopedic functions.

### **CONCLUSION.**

The dental health of most elderly and elderly people depends on improving the quality of dentures, enhancing their functional and aesthetic properties. The operation of complete removable prostheses, despite their specific adaptability, represents an element of a permanent physical stimulus that does not fully replace the natural jaw structure and often contributes to the development of secondary pathological changes in the oral cavity, gastrointestinal tract and the body as a whole. Thus, working with elderly and senile patients, it is necessary:

- receive functionally-sucked impressions under the force of the chewing pressure of the patients themselves;
- to produce removable plate prostheses with a soft gasket;
- in order not to change sharply the dynamic stereotype, worked out by the old prostheses, to restore the existing prostheses; apply artificial saliva «Biotene»; use periodic mechanical cleaning of prostheses in devices such as microcline, as well as enzymatic tablets "Feoton" for disinfection during storage of dentures
- for the accelerated adaptation and treatment of pressure sores, it is desirable to use the film "Protoplen-M", which improves the fixation of prostheses, relieves pain symptoms and accelerates the healing of pressure sores;
- at the stage of adaptation to new prostheses, apply an adhesive powder with a fungicidal component. The state of health of the population of the elderly and senile has its own peculiarities that make appropriate requirements for medical and social services for this contingent of patients. Increasing interest in the living conditions of the elderly, as well as assessing their dental status, can contribute



to the development of various dental care programs.

## LITERATURE

1. Nurov N.B., Teshaeв SH.J., Morphometric parameters of the craniofacial area of elderly people with partial and complete adentia. // International journal on human computing studies. Volume: 02 Issue: 6 November-December 2020. C.25-2717.
2. Nurova Sh.N. Etiology, diagnosis, treatment and prevention of Dental deformities in children associated with Otorhinolaryngological diseases. World Journal of Pharmaceutical Research SJIF impact Factor 8.084 ISSN 2277-7105 Volume 9, Issue 6, 267-277.
3. Nurova Sh.N., Gaffarov S. A. Maxillofacial anomalies in children with chronic tonsillitis and immunity factors, hypoxia and endogenous intoxication for the development and formation of pathology. «International Journal of Pharmaceutical Research» September 2019 Vol 11 Issue 3. C.1018-1026
4. Nurov N.B., Nurova Sh.N. Maxillofacial anomalies in children with chronic tonsillitis and immunity factors, hypoxia and endogenous intoxication for the development and formation of pathology. // Journal of Natural Remedies Vol. 22, No. 1(2), (2021) P. 103-111
5. Eronov Yo. K. Disease incidence and statistical indicators in children with cerebral palsy // International engineering journal for research development .Vol. 5 Issue 4.2020. - P 31-32
6. Eronov Yo. K. Implementation of comprehensive prevention of dental caries in children with cerebral palsy // International Journal of Human Computing Studies Vol 2 № 6 2020. JHCS - P 22-24
7. Eronov Yo.K. Indications for oral hygiene in sick children with cerebral palsy // International Journal of Regulated Education Vol 3, Issue VI, June, 2020.-P. 26-27
8. Eronov Yo. K. Evaluation of stomatological investigations in children diagnosed with cerebral palsy. "Актуальные вызовы современной науки" Украина выпуск 4(48) Часть-1.-P. 45
9. Eronov E.K. Criteria for evaluation of oral hygiene behavior in children with cerebral palsy // "Актуальные вызовы современной науки" Украина выпуск 4(48) Часть-1.- P.45
10. Eronov Yo. K. Oral hygiene in sick children with cerebral palsy // "Actual problems of children's dentistry" India 22 may 2020.-P.19-20
11. Eronov Yo. K. Caries and statistical indicators in children with cerebral palsy. "Actual problems of children's dentistry" // "Actual problems of children's dentistry" India 22 may 2020. - P. 26-27
12. Мирсалихова Ф.Л. Минимально инвазивный метод лечения кариеса зубов у детей. // «Стоматология детского возраста и профилактика» Москва. 1. 2018 2-70.С 9-12
13. Мирсалихова Ф.Л. Отсроченное пломбирование при кариесе постоянных зубов у детей с несформированными корнями. // «Клиническая стоматология» Москва, 2018 1/85/ январь-март. С 4-7
14. Мирсалихова Ф.Л. Минимально щадящий подход к лечению кариеса зубов у детей. // Материалы межрегиональной заочной научно-практической конференции с международным участием, посвященной 85-летию профессора В.Ю.Миликевича «Актуальные вопросы стоматологии». 2. Волгоград. 29 апреля 2017 г. С- 238-241.
15. Нуров.Н.Б., Нурова Ш.Н. Тиш протезларини тайёрлашда адгезив воситалардан фойдаланиш. // Биология ва тиббиёт муаммолари .№ 4,1 (98) 2017г .Б.164-165.
16. Нуров.Н.Б., Нурова Ш.Н. Қари кишиларда уларнинг ёши хусусиятларини ҳисобга олган ҳолда ортопедик даволашнинг ўзига хос хусусиятлари // «Актуальные проблемы стоматологии» Нукус 2018. С.77-78.
17. Нуров Н.Б., Нурова Ш.Н. Роль функциональных нарушений и особенности минерализации тканей зубов у детей школьного возраста // Тиббиётдаянги кун. Тошкент. 2015.№2. (10) С.61-65.