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SOME PROBLEMS OF ORGANIZING DENTAL CARE FOR YOUTH AND ITS IMPORTANCE

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Abstract. This article provides information about some of the problems in organizing dental care for young people and its importance. It contains a number of factors, objectives and basic criteria necessary for the implementation of dental care, and these recommendations and standards are of great importance for ongoing dental health. In addition, based on the analysis, external factors causing dental diseases, constant non-compliance with doctor's instructions, untimely dental examination, as well as the main causes of other diseases were analyzed.

Key words: prevention, treatment defects, dental prosthetics, pathological process, oral cavity, periodontitis.

One of the main roles in the dental health of the population is played by the system of organizing dental care, which determines its accessibility and quality [1,3].

Maksimova E.M. came to the conclusion that the influence of the health care system in maintaining the health of the population does not exceed 15% [4,2]. For example, in cities with sharply different levels of dental care for the population, there is no statistically significant difference in the prevalence and intensity of dental caries [7].

Like all services, all medicine, including dental services, is a product with its own specific value; market relations and the commercial orientation of the private dental sector quickly became obviously profitable from a business point of view [5,1,8].

The budgetary sector of dentistry is represented by: "...municipal city or district dental clinics, dental departments or offices of general clinics, as well as departmental dental structures" [11].

Financing of such dental units is carried out at the expense of budgetary funds of some level and often has some kind of deficit, strict regulation of expenses, the cost of services provided, wages and medical workload [9,10]. The salary of medical staff practically does not depend on the quantity and quality of work performed [6,8].

This sector of dental services is often criticized by patients and only 4% of patients are satisfied with their services [3,7].

Bondarenko N.N. states the low quality of budgetary dental services: "...the presence of treatment defects was revealed in 70-80% of filled root canals and carious cavities, filling of root canals in complex cases in 95% of patients is carried out poorly" [12,14].

The standard 20 minutes for each patient does not allow for high-quality treatment or adequate specific prevention of dental pathology during this time [10,13].

Antonov A.N. notes greater satisfaction with public dental care compared to private clinics [16,21]. Kurbanov O.R. writes: "...50% of public sector patients are completely satisfied with the quality of treatment and the qualifications of the staff" [15,19].

Most dental institutions financed from the state budget provide a limited amount of therapeutic and surgical dental services, do not provide dental restoration, do not treat periodontal diseases and many other pathologies, and do not carry out preventive work with the population [23].

Kurbanov O.R. expresses the following opinion on this issue: "... in urban and regional dental institutions, the sector of shadow paid services is widely developed, when the patient pays for treatment directly to the doctor, bypassing the clinic's cash desk, in such cases, new technologies, personal instruments, and doctor's consumables can be used, which improves the quality of treatment, but causes concern among health care providers and dissatisfaction among many patients" [29].

Private dental clinics: "...have significant differences from the state dental service, they are independent dental organizations - clinics, offices, centers, owned by individual doctors, groups of founders or legal entities, open and closed joint-stock companies, including those formed on the basis of privatized state dental institutions, as well as individual labor activities carried out by individual doctors without the formation of a legal entity" [21,24].

The private dental sector has its own nuances: "... in private offices with 2-4 chairs, their owners are predominantly employed - dentists; in private clinics - hired personnel receive wages as a percentage of output; there are business managers, and the hired ones Doctors of private clinics, as a rule, have difficult relationships with the owners; the most pressing problems are the volume of work, profits, quality of dental care, and responsibility for relationships with patients" [14,20].

A trend is developing such as networks of private dental or general clinics, in which, in addition to dentists, there are certain management, advertising, financial departments and personnel [26,31].

Alimsky A.V. and co-authors wrote the following: "... on the one hand, the private practice system, as a rule, is associated with good technical working conditions, it quickly responds to the wishes of patients regarding the timing and cosmetic aspects of treatment, and also almost always satisfies the professional needs of dentists, the private sector is interested in introducing new technologies, modern forms and methods of work, it is determined to receive additional profits by providing new and high-quality services" [5, 31].

We should not forget that: "...in the private sector, the preventive focus in the activities of dentists has practically disappeared, because Curative dental care and dental prosthetics for private dentists are much more profitable from an economic point of view than prevention" [32,18].

Privately practicing dentists do not object to prevention, but economic interests are an almost insurmountable obstacle to the implementation of preventive activities, health education and promotion of individual oral hygiene [22].

Kartsev A.A. came to the conclusion: "... as a result of the low sanitary culture of the population and the high cost of dental services, the demand for dental care has decreased, the number of sanitized patients has decreased significantly, this also applies to the youth contingent, who have an increased need for dental treatment, an increase in the number of caries complications and an increase in number of teeth removed" [29, 30].

According to A.A. Makarova: "... about 83% of patients are short on funds, which is the reason for refusing oral sanitation and prosthetics." Which gradually destroys dental health more and more and causes displeasure among certain social strata of the population [31].

Okushko V.R. provides the following data: "...comprehensive national prevention programs in the United States, begun in the 70s, brought tangible results after 10 years, they were implemented in schools, colleges, and universities, while the cost was 2 dollars per person per year, which represents a small fraction of what would be spent on treating these people" [26].

Saradzhev V.V. and Bagdasarova O.I. propose to implement state preventive programs: "... it is advisable to develop preventive programs and specific plans for the improvement of individuals, taking into account the characteristics of various age and social groups of the population" [28.4].

In Uzbekistan, social optimization of dental care for certain segments of the population remains relevant. A flexible, accessible system of dental care that is tailored to an individual's diverse needs and ability to pay is required.

In our opinion, in Uzbekistan, the most accessible, cost-effective and effective prevention of dental pathology, especially among students, is medical examination, mainly aimed at preventing pathology, rather than treating teeth and oral pathology.

Bagdasarova O.I. writes: "... clinical examination is regular monitoring of the state of the dental system, active detection of diseases in the early stages, carrying out all necessary therapeutic measures until the state of complete sanitation of the oral cavity, preventive measures, sanitary and hygienic education and training, its special effectiveness is due to the fact that it combines measures of primary and secondary prevention of dental diseases, and is manifested both in reducing the prevalence and intensity of damage to the teeth and periodontium, and in stabilizing the emerging pathological process, preventing its relapses and the transition of pathology from acute to chronic forms, it is necessary not only for the early detection of newly emerging pathology, but also for the timely detection of secondary caries" [25.7].

Vusataya E.V. believes: "... clinical examination is a method of active dynamic monitoring of the health status of the population, which includes medical registration, periodic medical examinations for the purpose of active early detection of diseases, developmental disorders, as well as factors of increased risk of developing diseases, providing those in need with a complex of health and therapeutic measures, conducting medical and professional consultations taking into account gender, age and health status" [20].

Samodin V.I. believes: "...state budgetary dental institutions in Russia will no longer be able to establish medical examinations that would allow reducing dental morbidity among the population, including students" [13,24].

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