



## STRATEGIES OF THE REPUBLIC OF UZBEKISTAN TO INCREASE PUBLIC AWARENESS ABOUT PERIODONTAL DISEASES

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### ABSTRACT

*Dental higher education institutions in Uzbekistan are obliged to play a major role in the training of component professionals. Future Uzbek dentists will be able to tackle the challenge of reducing the prevalence of periodontal disease by leading interdisciplinary teamwork in healthcare.*

Relevance. Gingivitis is a common type of periodontal disease in people of all ages, including children and adolescents. However, epidemiological data on gingivitis in Uzbekistan are scarce, especially in relation to nationally representative studies [1,2,3]. In addition, in the study of gingivitis, some methodological difficulties arise, such as the lack of a uniform definition of a case of gingivitis, a critical point for determining its presence, the variety of periodontal indices used and the use of partial records that can overestimate or underestimate the prevalence of the disease [3,5,6] ... The most commonly used indices are the periodontal community index and the periodontal treatment need index from the community, both of which correspond to the partial registers proposed by the World Health Organization (WHO) [6].

With regard to periodontitis, most data are not available for Uzbekistan. are still directly or indirectly based on the characteristics of the periodontal scanning depth [3]. Measuring the loss of periodontal attachment will lead to an estimate of the total destruction of the periodontal, while the depth of the periodontal

scan ignores the destruction of the periodontal, accompanied by gingival stagnation, or the position of the gingival margin in relation to the size of the periodontal pocket [5,6]. Consequently, the use of periodontal probing depth estimates will lead to conflicting video information. Several concepts of periodontitis cases have been proposed and combined; also, during the World Workshop 2017 (A Meaningful Report from Work Group 2 of the 2017 Worldwide Workshop on the Classification of Periodontal and Peri-implant Inflammations and Conditions) [7]. A unified definition of periodontitis has been proposed, indicated by either loss of interdental clinical attachment (CAL) found in areas of two or more non-adjacent teeth, or literal or oral CAL  $\geq 3$  mm with periodontal pockets  $> 3$  mm in at least 2 teeth [2,3,6, 7]. However, there are currently no Uzbekistan studies using this definition of a case of periodontitis. A recent literature review suggests, in fact, that inflammatory periodontal disease is widespread in Latin American children and young adults. Grossly gingivitis overwhelms 34.7% of young people



from Latin America, while the infinitely longest intrazonality of the banquet was found in Colombia (77%) and Bolivia (73%), and infinitely low in Mexico (23%). In other kingdoms (Russian Federation, Japan, Country, etc.), intrazonality of gingivitis swings from 31 to 56%. In Uzbekistan (22-35%). In this way, due to the longest prevalence of gingivitis, it is necessary to find and use in young people, all the more demanding its logos as an indicator of the notch for the development of periodontitis, sometimes these people are produced mature. Currently, all kinds of civilized and socio-economic barriers to professional support prevent the population from adopting equitable preventive approaches, earning early diagnosis and dispensing with topical treatment, which leads to limited progress in improving periodontal well-being.

Periodontal diseases are socially determined. For an effective war against this disease, action and social geopolitics of justice, oriented to limit social inequality, are required. Prevention is appropriate, to exist as a fundamental boundary of actions, policies and programs in the area of oral hygiene to maintain the well-being of the oral cavity and prevent periodontal diseases by effectively treating gingivitis and promoting a great lifestyle as at the level of the population, similarly at the individual level. This can be done by dentists and doctors, which provide customers with installations for effective independent hygiene of the oral cavity, for example, as if specifically to polish bread-bites and to polish interdental spaces; in addition to a comprehensive and population-oriented approach to health education with an emphasis on a common risk agent. Above all, it is fitting to emphasize the concept that every person is forced to represent functional values in awareness of oral health, boundaries after self-care, strengthening of well-being

and prevention of diseases for optimal oral health and corporate well-being throughout life. In addition, it is advised to increase the preparedness of the population about the importance of identifying early signs of periodontal disease, instructing people to understand the significance of gum inflammation, the presence of bleeding gums and independently examine the gum tissue in the prevention of these diseases. In order to achieve more monolithic data, social bonds can be a useful tool, some should be explored, given that they provide fast, comfortable and numerous information dissemination assets that can facilitate the implementation and widespread use of strategies in order to teach our patients with periodontics. For example, it is possible to dispose of a self-report questionnaire defined for population surveillance following adolescent gingivitis. In addition, these platforms can increase the preparedness of the public and professionals about periodontal health. A long-term stable policy of universal oral health should exist centered on enhancing oral health and disease prevention by controlling their shared and modifiable score points based on an integrated link between oral health and general well-being. Consequently, the blighted diseases of the oral cavity, including periodontal disease, are appropriate, subject to effective prevention, control, care and healing from the side of all doctors by means of a corporate alignment to achieve a corporate state of health. However, despite the need for more research in Uzbekistan, the current certificate is endlessly useful for the development of public policies for health promotion, prevention and treatment of oral diseases with an emphasis on cumulative care.

In almost all variants, destructive periodontal disorder can be reduced, or avoided, if prevention and treatment of difficult gingivitis occurs at an early age. The



likelihood that untreated periodontal diseases can negatively affect the general state of well-being of people reveals an additional effect for the periodontal health improvement in young men in Uzbekistan. However, periodontal disease is one of the predominantly public health problems, unfortunately, they are often overlooked in public health strategies and policies. This has led to significant socio-economic consequences in terms of health care costs, lack of work to study, and yes for the sake of prosaic life and self-esteem of people.

Periodontal disease and non-communicable diseases have corporate risks such as tobacco consumption. Therefore, it is immensely essential to integrate oral well-being into the overall health agenda with the goal of the benefits of wellness and overall well-being. It is in this context that dental schools are appropriate, to represent the paramount importance in training professionals with an emphasis on the promotion, prevention and early diagnosis of oral diseases, starting periodontal disease, taking into account the notch and

knowledgeable biopsychosocial and ethical components. Consequently, upcoming Latin American dentists will be able to meet the challenge of reducing the prevalence of periodontal disease by leading an interdisciplinary health education service. Consequently, corporate dentists are appropriate, to exist impeccably prepared for the healing of most patients with periodontal disease for light and more typical stages of periodontitis (stages I and II, unanimously systematizing the infirmities and conditions of periodontal disease in 2018) and to be able to predetermine the subjects, this should be focused on specialists in periodontal disease.

#### Conclusions.

1. The use of goal setting, self-control and planning are effective measures to improve oral hygiene in patients with periodontal disease.

2. Therefore, we need future dentists who understand the severity of periodontal disease and the benefits of behavioral change in periodontal patients in the context of comprehensive human care.

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