

THE PREEXPOSURE PROPHYLAXIS OF STOMATOLOGICAL DISEASES AMONG THE POPULATION OF UKRAINE IN THE PRACTICE OF THE FAMILY DOCTOR AND THE PEDIATRICIAN

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ABSTRACT

Introduction. The dental health is one of the direct measures indicators of the population's health, integrated indicator of the nation's health, its invigoration and preservation are the most important medical, social and economic problems.

The aim to investigate the position and the role of a family doctor and a pediatrician in the preexposure prophylaxis orthodontic pathology among the population of Ukraine.

Materials and Methods. The book-semantic analysis of the scientific literature; the content analysis – research of the regulatory and legal framework; the system analysis – analysis of the system of doctors' carrying preexposure prophylaxis of the stomatological diseases.

Conclusions. The health system reforming will allow approaching the preexposure medical aid to the population, providing its quality, a doctor's responsibility for his patients. One of the direction of a pediatrician's and a family doctor's work will be the prevention and early diagnosis of the orthodontic pathology, the advocacy promotion of the health alimentation and the healthy lifestyle for adults and children, saving the dental health in general.

KEY WORDS: a family doctor, a pediatrician, a preexposure prophylaxis of the stomatological system, a preexposure health care.

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INTRODUCTION

Stomatological diseases have a significant prevalence and occupy the third place in the structure of general morbidity of the population of Ukraine [3]. Unfortunately the state of stomatological health of the adult and child population of Ukraine is deteriorating worse every year. Nowadays every adult has average 9 carious teeth, and 2,2 teeth have been removed. There is an average of 10, 5 cavities in these teeth, only 6 of these teeth are filled. Even schoolchildren have average 3-4 carious permanent teeth, and at the time of leaving school every fifth child has 1 removed permanent tooth. The prevalence of caries of temporary occlusion among six-year children is 87, 9 %, among twenty-year people – 72, 3 %. The morbidity of parodontium is growing rapidly now. The prevalence of chronic catarrhal gingivitis among teenagers aged 12-15 is from 70 to 98 %, and the stomatological anomalies among children and the youth 7-18 years old exceeds 80 %. Besides, 60 % of adults needs the treatment of diseases of parodontium tissue [3, 7, 8]. Almost everyone after 50 years needs the prosthetics.

Only methods of the preexposure prophylaxis can change the situation for the better, improve the health of growing generation and adults. Awareness and responsibility of each person both for themselves and for their children, as well as the joint work of doctors of different specialties play an important role.

THE AIM

The intention of this research is to investigate a role of the family doctor and the pediatrician in the stomatological

diseases prophylaxis. The mission is to study and to analyze the position of a family doctor in the stomatological diseases prophylaxis among the adults and children.

MATERIALS AND METHODS

The following methods were used for the research: book-semantic – for the analysis of the scientific literature; content-analysis – for the research of the legal framework; system analysis – for the analysis of the system of the stomatological diseases prophylaxis at the preexposure health care level.

OVERVIEW

Ambulatory stomatological care for the urban population is rendered in specialized medical institutions and in the stomatological rooms or in the regional and departmental hospitals. These include:

- the stomatological polyclinics and departments (for adults and children);
- the stomatological offices (rooms) in the regional and departmental polyclinics, the health posts and health centers in enterprises;
- the stomatological rooms in hospitals, antenatal clinics, prophylactic centers, schools and preschools, high schools and specialized secondary schools.

In addition, the stomatological care is provided by the private stomatological offices and by the clinics of various specializations.

Despite the fact that there are many public and private medical institutions, providing stomatological care, the level of stomatological disease among adults and children increases. This fact shows the lower level and the ineffectiveness of the prophylaxis work. By the modern economical conditions, the effectiveness of the prophylaxis work was decreased and it has negative influence on the stomatological health of population, especially in the regions, where the level of the stomatological care does not always satisfy the necessary requirements and the prophylaxis work is on the very low level or stops out. The proof of this unfavorable situation is the high indication of the distribution of stomatological diseases in different regions in our country.

Highly qualified stomatological aid is available not to all levels of the population, as most of institutions are located in relatively large cities. Besides the prophylaxis system is completely lost and neither the state nor the private dentistry cannot resolve this problem. However the private is developing intensive by now.

There are following levels of the stomatological diseases prophylaxis:

- the preexposure prophylaxis of diseases is used to protect the undisturbed health and has as both general therapeutic type (the health lifestyle and nutrition) and the special purpose (the identification of the risk factors of stomatological diseases).
 - the postexposure prophylaxis is used to prevent the evolution of diseases complications and their reappearance. Its main measure is on oral cavity sanitation that is planned system of stomatological therapy and others oral cavity organs, the regular inspection, which must be carried out twice a year.
 - the tertiary prophylaxis is aimed to restore functions that have been lost as a result of complications of diseases and also complications that have been arced from this disease.
- The dentists of all specialties should realize the postexposure and the tertiary prophylaxis, but the preexposure is a common cause both dentists and preexposure care physicians – family doctors and pediatricians.

Methods of main stomatological prophylaxis are divided into 3 groups:

1. the communal methods (they are fluoridated water, salt and milk that people eat every day)
2. the group methods (the prophylaxis work in enterprises communities, kindergartens, schools, antenatal clinics. These methods give attainments about personal hygiene, an nutrition, healthy and bad habits, the necessity for inspection of an oral cavity)
3. the individual methods (these methods are appointed and conducted individually in accordance with the health identified and dental system)

The prophylaxis isn't only medical, but also special private cause of every person, the main role of it is the hygienic aspect. The main prophylaxis event that must be appointed by all people is an abundance of the oral cavity hygiene.

As representatives of the preexposure level health care family doctors and pediatrician play reform an important

role in solving this problem. A family doctor and a pediatrician must be competent in the problems of the preexposure care and take a leading place in the prophylaxis and revealing diseases including stomatological ones.

The quality and the timeliness of the preexposure health care depend on a family doctor. A general practitioner is a doctor of the first contact of the patient with the system of the health care service. He gives a patient the preexposure medical care and can decide 60-80 % of all problems which the patient has and speak to the doctors without redirecting to another specialist. A family doctor must know the medical history of all the family; also he must send their patients to the best specialists. And of course he must watch the course of treatment.

The pediatrician observes a child since his birth, knows his family and his relatives, the living conditions, correctness and irregularity of his nutrition and care. The direct duty of a pediatrician must be hygienic education and propaganda of the health lifestyle, diet adjustment and the most important thing is the early revealing risk factors of a disease.

The first-contact doctors have special meaning in the countryside, where specialists are principally in the regional hospitals. People from the countryside consult the family doctors about almost all health problems.

In The Annex to the order of The Ministry of Healthcare of Ukraine from February 23, 2001 № 72 «The qualifying medical characteristics in the specialty «the general medical practice – the family medicine» is a certain amount of the knowledge and skills which a family doctor must have is stated particularly: «Stomatology. Prophylaxis of the stomatological diseases. The characteristics of a clinical course and medical tactics at the inflammatory process and tumors, at the tumor-like stomatological diseases. The alterations of an oral cavity through the viscera. The identification of the risk factors for diseases and the diseases prophylaxis. The propaganda of the health lifestyle and the diseases prophylaxis. The inspection of an oral cavity by dint of speculum, sound, forceps. The conduction the oral cavity antiseptic preparation» [1]. Unfortunately most doctors have at best the theoretical knowledge about prophylaxis, diagnostics and treatment of the stomatological diseases, and sometimes they have nothing at all.

It should be marked that the family doctors' training and the training of the intern-pediatricians at the dentistry is very brief and woefully inadequate. Besides, there is a lack of specialized literature. According to the opinion of the domestic specialists, it is necessary to provide the family doctors and the pediatricians with the special methodological stomatological literature wherein a clear algorithm will be reflected: «a disease name» - «illustration» - «the clinical signs» - «the treatment guidelines» [5]. The single textbook in dentistry for the family doctors should be created. The providing preexposure care doctors with the educational literature will enhance the awareness of the stomatological diseases, it also helps to identify in time these diseases and doctors can send their patients to a dentist for further diagnosis, treatment and prophylaxis.

There are no clinical protocols and standards of the provision of the stomatological care by family doctors and pediatricians. In these clinical protocols and standards should be clearly defined the order and the sequence of the provision of the stomatological care, the volume of these care and the criteria for assessing the quality and the efficiency.

Besides holding of the thematic improvement on dentistry for family doctors and pediatricians is expedient [2, 5]. It must include the techniques of revealry and the stomatological disease preexposure prophylaxis in the course. Especially it must include the information about the interaction of stomatological diseases with other pathologies in other organs. The vast majority of people know that the dental health and the tunica mucosa of mouth are closely connected which to the level of all organism health. On the one hand actively destroyed teeth and bone tissue which surrounds and holds a tooth through a bad state of the nervous and endocrine systems and the gastrointestinal tract. On the other hand a large number of the affected teeth, the presence of the inflammation in the surrounding teeth bring on the renal, heart and liver diseases. The loss of teeth and consequently chewing efficiency provoke the exacerbation of the gastrointestinal disturbances. But in many cases this knowledge are only theoretical. As it has no practical advice and prescriptions from family doctors.

Another example is the situation of the parodontium diseases prevention. There are many theories of the pathological process in periodontal tissues and the main etiological factors (are identified the violation of the microcirculation vessels, the neurodystrophic violations, the enhancement of the lipid peroxidation), the different treatments are offered. Nevertheless, there are no notable achievements on the population level: 99 % of the population suffers from periodontal diseases in a varying degree. And primary involvement – gingivitis – is manifested in the early age (8-12 years old) [9]. These pathological states are formed at first imperceptibly. And this is their deceit. The process can take years, and when visible manifestations begin to appear (a gingival hemorrhage, a hyperesthesia of the tooth exposure neck, teeth mobility), it is too late anything radically. It means that only a set of preventive and therapeutic measures can resist effectively to parodontosis and parodontium. These activities include early revealry, explanation by family doctors and pediatricians and consulting with a specialist on the part using the special funds for the care of teeth and oral treatments and prevention of complications from the general dentist and dentist-parodontist.

One of the main directions of family doctor's work should be a stomatological diseases prophylaxis [5]. A family doctor must pay special attention to hygienic education and the training of population, and this education and training should be conducted in the following lines:

- informing parents about hygiene skills and training at different stages of child's development;
- getting carbohydrate intake cultural skills and hygiene oral cavity among children and adults;
- conducting timely diagnosis of dental pathologies in clinical manifestations.

In a family doctor's arsenal is such an effective «tool» as health education which has a variety of means and methods. The health education is useful and informative, but unfortunately it is often used not fully and fairly formal. According to the paragraph 11.9 «The standards of accreditation oh the health care institutions» approved by the order of The Ministry of Healthcare of Ukraine «About improving the accreditation of health care institutions» (14.03.2011) № 142 [6], the health care institution should have and demonstrate the availability of information for the health education and promotion of healthy lifestyles during the accreditation [4]. Doctors and nurses should use oral (conversation, group discussion, themed evenings, lectures, etc.) and visual (wall newspapers, health bulletins, health corners and so on) methods during outreach [3]. In addition, the diversity of subjects of this work the prophylaxis of stomatological diseases is given very little attention or not paid at all, despite the importance of dental health for people health as a whole.

CONCLUSIONS

A restructuring and reforming the health system will bring not only the preexposure medical care to the population, but also ensure its quality and the responsibility of a pre-exposure care doctor for a family from a young patient to the elderly people. It is very important that doctor will be responsible for the patient's health, consult him all his life and carry out prophylaxis than treatment. A pediatrician and a family doctor should be not only highly skilled, but also a subtle psychologist, able to build long-term relations in confidential contacts with their patients. The prophylaxis and the early revealry of stomatological diseases, the promotion of good nutrition and healthy lifestyle for children and adults and preserving a stomatological health not the last of their value in the «first-contact» doctor's work. Only at first glance, health is a lack of diseases, however, health is a state of complete physical, mental and social well-being and the healthy lifestyle corresponds to the optimal and harmonious development of personality, and the main task of the preexposure care doctor is to convey this knowledge to their patients and to help implement them in everyday life.

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