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**Annotation:** In order for the provision of dental care was high quality, it needs to be tailored to a variety of systemic and chronic diseases from which the patients suffer. This feature of dental care is due to the fact that different approaches and methods of providing such assistance contributes, first of all, to improve the health of patients, improve their quality of life. The article describes the features of dental care for patients with chronic non-communicable diseases. According to the author, the Feedback of the dentist, endocrinologist and therapist also plays an important role in improving the quality of care for patients with diabetes, as the dentist taking into account the recommendations of the endocrinologist (the use of certain drugs) and timely referral to the dentist of such patients by the therapist and endocrinologist will allow regular monitoring of the state of the teeth and oral cavity of patients. The author comes to the conclusion that patients suffering from diabetes mellitus are included in a special group of dental patients who should be under special control of the dentist and receive his help in a timely manner to prevent the development of complications of the underlying disease and dental pathologies.

**Key words:** dental care, chronic noncommunicable diseases, diabetes mellitus.

Despite the active development over the past century of modern medicine with the development and implementation in clinical practice of innovative methods for diagnosing and treating acquired general somatic pathological conditions and the pharmaceutical industry, with the production of the latest forms of increasingly effective drugs, at the moment there are still diseases, the complete relief of symptoms of which and Unfortunately, 100% cure of these patients is not yet possible. One of these diseases is the scourge of our time - diabetes mellitus. According to a recent national screening study for type 2 diabetes mellitus, it was found that this form of endocrinopathy was detected in 5.4% of those examined, of which half - 2.9% - were not previously diagnosed. According to statistics, 1 out of 11 people in the world suffers from diabetes, and 5 million people die every year. According to the federal register, 9 million patients have been registered to date, which is 5.7% of the Russian population [8, 14]. According to forecasts, by 2025 the number of patients will double, and by 2030, according to the calculations of the International Diabetes Federation, there will be 500 million people with this diagnosis. Almost half of diabetic patients are in the 40-59 age group. Type 2 diabetes is diagnosed in 80-97% of patients, mainly in the elderly.

Dental markers of type 2 diabetes mellitus include the condition of the oral mucosa due to an increase, by almost an order of magnitude, compared with healthy people, of glucose content, an increase in calcium levels and a decrease in phosphorus levels, in which there is a violation of the secretion of the salivary glands, manifested as xerostomia. Disturbances in periodontal tissues occur as a result of mutually aggravating processes, on the one hand, type 2 diabetes mellitus has a destructive effect on the periodontium through pathogenetic pathways leading to the development of diffuse diabetic osteoporosis with varying degrees of bone tissue atrophy, peripheral diabetic polyneuropathy, impaired oral fluid secretion and immunological status ; on the other hand, the presence of periodontitis in a patient, by increasing the body's resistance to insulin, leads to an increase in the level of glycemia. Type 2 diabetes mellitus has a destructive and inflammatory effect on the state of all organs and tissues of the oral cavity. An orthopedic examination revealed that in patients taking insulin therapy and using various types of removable orthopedic structures, the dental status is characterized by progressive atrophy of the edentulous alveolar processes of the jaws, as a result of progressive bone resorption. Violation of salivation in the direction of its decrease leads to

irritation of the oral mucosa, burning sensation and pain syndrome, in addition, there is a perversion of taste sensitivity. A decrease in immunoresistance, coupled with poor oral hygiene, is accompanied by manifestations of candidiasis. Gingivitis and periodontitis of varying severity occur in the periodontal area of existing teeth. These phenomena lead to a rapid loss of the remaining teeth, which subsequently leads to a shortening of the service life of existing prostheses and the speedy replacement of partial removable structures with complete removable prostheses.

To maintain the proper level of oral hygiene before the start of prosthetics, all patients were trained in oral hygiene, and it was recommended to replace the existing ones and purchase the necessary additional means of hygiene and prevention of dental health.

Depending on the clinical situation and the treatment plan we chose, we divided the studied patients into 3 groups: 1 - patients prosthodontized with partial removable laminar dentures, 2 - patients prosthodontized with complete removable laminar dentures, 3 - patients prosthodontized with clasp prostheses. All patients previously used various types of removable orthopedic structures and had the skills to adapt and operate them. All types of removable prostheses for each of the groups of patients were made by us within the established period - 14 working days, a schedule of scheduled examinations was developed starting from the moment of the last visit, including the fixation of the orthopedic structure in the oral cavity of each patient: 1 visit - was carried out in a day, 2e - after 7 days, 3e - after 14 days, 4e - after 1 month, 5e - after 3 months. All studied patients were at the appointed time for a scheduled examination.

In order to increase the availability of preventive examinations in polyclinics at the place of residence, preventive dental examinations should be organized, which will enable those suffering from diabetes mellitus or other chronic non-communicable diseases to receive the necessary medical care in time. When providing the necessary dental care to patients with diabetes mellitus, the dentist should take into account and offer the patient additional treatment and examination provided for by the CHI program, which will significantly save money for such patients and serve as a measure to support patients. The relationship between the dentist, endocrinologist and therapist also plays an important role in improving the quality of care for patients with diabetes mellitus, since the consideration by the dentist of the recommendations of the endocrinologist (the use of certain drugs), as well as the timely referral of such patients to the dentist by the therapist and endocrinologist will allow regular monitoring the condition of the teeth and oral cavity of patients. Timely provided dental care helps to reduce the infectious background, which prevents the further development of the disease. Thus, patients with diabetes mellitus are included in a special group of dental patients who should be under special control of a dentist and receive his help in a timely manner to prevent the development of complications of the underlying disease and dental pathologies.

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