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DENTAL CARE AND DIAGNOSIS OF PATIENTS WITH MENTAL HEALTH PROBLEMS

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SUMMARY

In the treatment of psycho-emotional disorders in patients, various groups of psychotropic drugs (including antidepressants) are used, therefore, when providing dental care, it is necessary to take into account the drug interactions of these drugs with local anesthetics and drugs used by the dentist, and therefore it is necessary to develop a method for choosing safe local anesthesia for patients with impaired psychoemotional status.

Keywords: *mental health, sphere, chronic somatic disease, subclinically expressed anxiety/depression, maladjustment.*

Relevance. Dental care for patients with mental health problems who have an established diagnosis of mental illness is carried out in specialized institutions, where they are provided with specialized care and medication intake is monitored. In a state of exacerbation of mental pathology and in diseases that exclude the possibility of establishing contact with a doctor, dental care is provided under conditions of general anesthesia [1,3,5].

If a patient with psycho-emotional disorders is not registered in a psychiatric institution or he has a conclusion from a psychiatrist about the possibility of receiving medical care in institutions that are not specialized for receiving patients with mental pathology, then he can seek treatment in a regular dental clinic, where The dentist may encounter problems in communicating with such a patient and in treating him. These

problems may be related to communication difficulties, unpredictable behavior and mood disorders of patients.

It is known that patients with mental disorders often violate treatment plans, show inconsistency, and often change doctors. Therefore, it is difficult to achieve good results from dental treatment of such patients [2,4].

Dental patients with mental disorders can be grouped into the following groups:

1) with mood disorders (anxiety, depression, anger);

2) with bodily illusions or hallucinations localized in the mouth and other areas of the body and head;

3) with thinking disorders (overvalued ideas, delusional ideas of attitude towards doctors and medical personnel and, as a result, delusional behavior);

4) with personality disorders, including court-oriented querulants;

5) with intellectual disabilities that interfere with treatment and sanitation of the oral cavity;

6) with problems of adaptation to dental treatment, to pain, to life restrictions caused by the stages and characteristics of dental treatment and prosthetics.

The relationship between the mental and somatic spheres is indicated, as different aspects of a single, living, concrete person. The psychosomatic approach is considered as one of two large aspects (mental and somatic) of the treatment of illness. The psychological status of patients has a significant impact on both the clinical course of diseases and the behavioral characteristics of patients. The pain reaction in anxious-phobic patients is accompanied by an increase in the values of hostility, anxiety, depression and increased tactile sensitivity. Chronic somatic disease changes the level of mental capabilities of a person to carry out activities [7,9,13].

The professional competence of a dentist does not include diagnosing disorders of the patient's psycho-emotional sphere, but when such patients seek dental care, it should be provided to them. The psychiatric symptoms that patients complain about are subjective, and one of the main tasks of the dentist is to recognize them.

There are productive and negative symptoms of psycho-emotional disorders. Productive symptoms, which include hallucinations, delusions, and catatonic disorders, bring something new into the patient's psyche during the course of the disease. Negative symptoms are characterized by the fact that the patients' personality traits change, and some qualities and properties that previously belonged to them are lost.

Psycho-emotional disorders at a dental appointment can be identified during a survey - when collecting complaints and anamnesis of the patient, as well as using specialized scales and questionnaires [6,8,10].

Spielberger-Hanin Situational and Trait Anxiety Scaledesigned to identify situational and personal anxiety in the patient. Situational anxiety is understood as the state of a research subject at a given point in time and is characterized by subjectively experienced tension, anxiety, and nervousness in a given specific situation. Personal anxiety is a stable individual psychological characteristic consisting of an increased tendency to experience anxiety in various life situations, including those whose objective characteristics do not predispose to this. The questionnaire consists of 2 parts and includes 20 statements related to situational anxiety and 20 statements to determine personal anxiety. During the study, situational anxiety is first diagnosed, and then personal anxiety. Testing is carried out using specialized forms. Indicators of personal and situational anxiety are calculated using the formulas corresponding to each scale. The diagnostic results using the "Situational and Personal Anxiety Scale" technique are interpreted according to 3 levels: low, medium and high levels of anxiety. The interpretation of the results is the same for both scales [11,15].

PrimeMD Depression Symptom Questionnaireallows you to identify and determine the patient's symptoms of depressive disorders. The patient's condition over the past 2 weeks is assessed. The questionnaire consists of 9 questions. The first two questions are evaluative, and if the patient answers them positively, then he is asked to answer the following questions. To determine depressive disorders at a dental appointment, an American working group led by Craig D. Woods suggests using only the first 2 assessment questions from the PrimeMD test. If the patient responds positively to them, then he is assumed to have depression and the tactics of interaction with him change.

The hospital Anxiety and Depression Scale (HADS), intended for screening for anxiety and depression in patients. Filling out the scale does not require a long time and does not cause difficulties for the patient, which makes it possible to recommend it for use in general medical practice for the primary identification of anxiety and depression in patients. The scale is composed of 14 statements covering 2 subscales: anxiety and depression. Each statement corresponds to 4 answer options, reflecting gradations of symptom severity and coded according to the increasing severity of the symptom from 0 points (absence) to 4 (maximum severity). When interpreting the data, the Value Areas are identified: normal, subclinically expressed anxiety/depression, clinically expressed anxiety/depression [12,14].

Zang Self-Rating Anxiety Scaledesigned to measure the severity of various phobias, panic attacks and other anxiety disorders. The severity of anxiety disorder is assessed using this scale based on the patient's self-assessment. Used in diagnostic and clinical studies of anxiety, pre-diagnosis and screening of anxiety disorders, epidemiological studies and clinical drug trials. The scale contains 20 statements, for

each of which the subject gives an answer about the frequency of occurrence of this or that symptom, ranked in four gradations: “rarely”, “sometimes”, “often” and “very often”. Five items of the scale assess affective symptoms, and the remaining 15 assess somatic symptoms of an anxiety disorder. The scale is filled out by the subject independently after brief instructions. The subject is asked to mark the appropriate cells on the scale form that most accurately reflect his condition over the past week. Based on the results of answers to all 20 points, the total score is determined.

Zang Self-Rating Depression Scaleallows you to assess the leveldepressionpatients and determine the degree of depressive disorder. The Zang scale can be used to self-examine or screen for depression by a subject or physician. The Zang Scale test has high sensitivity and specificity and avoids additional economic and time costs and ethical problems associated with medical examination. The test takes into account 20 factors that determine four levels of depression. The test contains ten positively worded and ten negatively worded questions. Each question is scored on a scale from 1 to 4 (based on responses: “never”, “sometimes”, “often”, “all the time”), giving a total score ranging from 20 to 80 points. Test results are divided into four ranges: normal, mild depression, moderate depression, severe depression. The complete testing procedure with processing takes 20-30 minutes.

Beck Depression Inventoryincludes 21 categories of symptoms and complaints. Each category consists of 4-5 statements corresponding to specific manifestations of depression. These statements are ranked in order of increasing importance of the symptom in the overall severity of depression. In the original version of the methodology, the questionnaire forms were filled out with the participation of a qualified expert (psychiatrist, clinical psychologist or sociologist), who read aloud each item from the category, and then asked the patient to choose the statement that most corresponds to his current condition. The patient was given a copy of the questionnaire, according to which he could follow the items read by the expert. Based on the patient’s response, the researcher marked the appropriate item on the form. In addition to the test results, the researcher took into account medical history, indicators of intellectual development and other parameters of interest. Currently, it is believed that the testing procedure can be simplified, so the questionnaire is given to the patient and filled out independently.

Hamilton Depression Scaledesigned to quantitatively assess the condition of patients with depressive disorders before, during and after treatment, that is, to monitor clinical dynamics. In addition to its widespread use in clinical practice, this scale is also used in clinical research, where it is the standard for determining the effectiveness of medications in the treatment of depressive disorders. Completed by a clinician experienced in mental health assessment. The Hamilton Depression Scale consists of

21 questions and is completed when interviewing the patient, which takes about 20-25 minutes. It is necessary to reflect the patient's condition over the past few days or the previous week. Through repeated and consistent use of the scale, the clinician can document the results of medication or psychotherapeutic treatment.

Symptom Check List-90-Revised(SCL-90-R)designed to assess patterns of psychological symptoms in patients with mental pathology and healthy individuals. Includes 90 statements grouped into a number of scales. Each of the 90 questions is rated on a five-point scale (from 0 to 4), where 0 corresponds to "not at all" and 4 to "very much." Contains scales of somatization, obsessive-compulsive disorder (obsessiveness), interpersonal sensitivity, depression, anxiety, hostility, phobia, paranoia, psychoticism, general severity index, present distress severity index, number of disturbing symptoms. The SCL-90-R questionnaire is intended to determine current status and is not suitable for diagnosing personality traits. The essence of the technique involves studying exactly the degree of discomfort caused by certain symptoms, regardless of how pronounced they are in reality. The main purpose of the questionnaire is to identify the psychological symptomatic status of a wide range of people, therefore the results of the questionnaire have a fairly approximate clinical significance.

Clinical dental scale(SHKS) allows you to individually identify the predominant one from the five main types of psycho-emotional reactions of the patient to the upcoming dental intervention: asthenic, depressive, anxious, hypochondriacal, hysterical, as well as the degree of severity of each of them. During the interview with the patient, the dentist evaluates the patient's appearance, his behavior in the chair and the nature of the answers to questions, and notes on a standard form the degree of severity of each of the identified types of reactions. Then straight lines connect the points characterizing the degree of severity of various types of reactions. A profile graph of the patient's psycho-emotional state is obtained, which allows one to determine the nature of the patient's reaction to the upcoming dental treatment and the degree of its severity. ShCS is aimed at assessing short-term reactions in a specific stressful situation, which in dental patients is the upcoming intervention, and at assessing the need to prescribe premedication to the patient.

Diagnosis of "PSAF maladjustment syndrome"allows you to analyze the structure and severity of the internal picture of the disease. All manifestations of the internal picture of the disease are distributed into four clusters: psychological, sensory, anatomical and functional. The psychological cluster includes anxiety about the result of treatment, the outcome of the disease; experiences associated with negative aesthetic self-esteem of one's face and its age-related changes in general or individual anatomical structures of the maxillofacial region, the desire to change the architectonics of the face. The sensory

cluster includes various sensitivity disorders, such as: pain at rest, burning, paresthesia, hypoesthesia, anesthesia, taste disturbances, disturbance of smell, noise, clicking in the joint and other disturbances. The anatomical cluster includes various defects and deformations of the dental system and various parts of the maxillofacial region. The functional cluster includes limited mouth opening, difficulty swallowing, disorders of biting and chewing food, speech disorders, and facial expression disorders. When a certain level of severity of several symptoms of the disease is reached, the patient may experience a violation of adaptability to living conditions, that is, a state of maladjustment. The severity of individual symptoms that cause maladjustment is assessed by the patients themselves. For this purpose, a single analogue-point scale is used for the patient's self-assessment of the severity of individual manifestations of the disease.

Purpose of the study -Improving the quality of dental care for patients with psycho-emotional disorders in outpatient settings. To determine, based on an analysis of the results of a sociological survey of dentists, the prevalence of patients with psycho-emotional disorders in outpatient dental appointments.

Material and methods. Methods for express diagnostics of psycho-emotional abnormalities, psycho-emotional and dental studies.

Conclusion. The patient is asked to indicate how much he is bothered by individual manifestations of the disease, using such concepts as extremely, strongly, moderately, slightly, not bothered, each of which has its own score. The patient marks the result of such self-assessment with a "cross" in the corresponding column of the questionnaire. The patient is asked to enter into the questionnaire the main complaints, feelings of anxiety, fear and indicate their severity using the analogue-point scale given in the questionnaire. The questionnaire includes one fixed question - the presence or absence of concern (anxiety) about the result of treatment, the outcome of the disease. The doctor must distribute the complaints listed by the patient into the four clusters listed above, indicating their severity in points. Taking into account the predominance of the severity in scores of one or another cluster involved in the formation of the PSAF maladjustment syndrome, treatment is planned, the sequence and intensity of treatment measures are outlined.

BIBLIOGRAPHY.

1. Lukhanina, T.V. Assessment of the psycho-emotional and dental status of mentally ill patients in connection with the goals of therapy: dissertation ... candidate of medical sciences: 01/14/14, 19.00.04 / Lukhanina Tatyana Viktorovna. - Moscow, 2009. - 140 p.

2. Astanov OM TMJ dysfunction a fairly common pathology // Actual problems of children's dentistry scientific practical conference. International Engineering Journal For Research & Development. India – 2020.page:8-9.
3. Martynova, S. A. Features of providing dental care to patients with mental disorders / S. A. Martynova, E. V. Volodina, A.I.N.Mitronin // Cathedra. - 2015. - No. 54. - P. 44-45.
4. Gaffarov SA, Astanov OM Diagnosis and Treatment of patients with maxillary-mandibular joint dysfuncftion without Pathology of inflammatory-Dystrophic Origin/Annals of the Romanian Society for Cell Biology – 2021/page:5721-5737.
5. Astanov OM The morphological structure and biomechanics of the temporomandibular system // NOVATEUR PUBLICATIONS Journal NX- A Multidisciplinary Peer Reviewed Journal. – 2021/4230 Vol. 7, page:184-187.
6. Bizyaev, A.F. Assessment of the psychophysiological state of patients on a clinical scale before dental intervention // Dentistry. - 1983. - No. 5. - P. 39-41.
7. Astanov OM, Gaffarov SA Chak-statistical analysis of dental examinations of activity disorders in the lower jaw // World Bulletin of Social Sciences. – 2021. Vol. 3. P. 129-132. (Impact factor = 7.545)
8. Astanov OM, Gaffarov SA Chak-statistical analysis of dental examinations of activity disorders in the lower jaw // World Bulletin of Social Sciences. – 2021. Vol. 3. P. 129-132. (Impact factor = 7.545)
9. Isaeva, E. R. Psychological factors of adherence to treatment: a comparative analysis of patients who follow and do not follow the recommendations of a dentist / E. R. Isaeva [et al.] // Medical psychology in Russia. - 2017. - No. 1.
10. Gaffarov S.A., Idiev G.E., Astanov O.M. Interdisciplinary approach to the treatment of patients with pain dysfunction syndrome of the high-mandibular joint // Universum: Medicine and Pharmacology – 2021.page:10-18.
11. Erilin, E. A. Methods for assessing the psycho-emotional state of patients in an outpatient dental appointment // Bulletin of new medical technologies - 2016.
12. Astanov OM, Ro'zmetova MI Effects of one-sided chewing and psychoemotional abuse on the dental system//Academic Integrity and lifelong Learning(FRANCE) – 2023.page:33-37.
13. Astanov OM Mental State of patients examined for the purpose of differential diagnosis of patients with pathologies of the facial-maxillofacial system. Amaliva tibbiyot fanlari ilmiy jurnali – 2023.page: 46-49.
14. Rabiyev BX Morphological and Biomechanical structure of the temporomandibular system/Journal of Healthcare and Life-Science Research – 2023.page:47-50.
15. Rabiyev BX Dental status of Elderly patients with removable dentures. Amaliy va tibbiyot fanlari ilmiy jurnali – 2023//page:86-92.