Improvements Prediction of The Severity of the Clinical Course of Parhodonites in Patients with Hypertension

Muratova Saodat Kadirovna Samarkhand State Medical University. Samarkand, Uzbekistan

Teshayev Shoxjahon Otabek o'g'li Samarkhand State Medical University. Samarkand, Uzbekistan

ABSTRACT

The main task of diagnostics is to identify pathology at the earliest possible stages of its development, before the appearance of severe forms and complications. However, given the low awareness of the population and the long-term chronic course of periodontal diseases, patients with advanced periodontitis at a severe stage seek treatment. In these conditions, individual assessment and prediction of the risk of periodontitis in patients with arterial hypertension is relevant. Such studies will serve as a basis for identifying patients with a high risk of developing periodontal diseases, grouping them for the purpose of dental monitoring and implementing measures to neutralize the negative effects of periodontal diseases on the course of hypertension.

Keywords: arterial hypertension, periodontitis, hypertension, oral fluid, arterial pressure.

In the present time, the prediction of the development of pathologies is an important part of the health care industry. [3,4,5]. However, the importance and scientific and practical significance of the predictions in dentistry, in the present time, I have not been informed about the prognostic modelled the individual risk of the development of periodontitis in the diseased climbertonia.

The need for solutions. this problem. this problem. served as the basis for the current investigation.

Target - development and evaluation of evaluationfectivity models of individual risk predictive development of periodontitis in the diseasevermanch arterial hypertensia.

Material aposematic and method aposematic. Investigation conducted at Baze clinic Sammi. A retrospective investigation was conducted under the "case-control" type. Examined .162 hospital. gipertonic pain from 36 to 65 years (average age 45.32 years. 0.22 years), underwent inpatient treatment in the Department of Maxillofacial Surgery

The diagnosis of hypertonical pain and periodontitis was made according to the criteria and recomendation of the Woz, in accordance with the International Classification of pain 10th peresmotra.

Criteria included in the patient's appearance, Kotor Urga Ranee B Urga diagnosed arterial hypothermia, receiving hypotensive therapy in the course of the last 6 months with registered Urga urovnem ad> 140 90 mm PT. St. a moment of Investigation.

Criteria and conclusions in the investigation of the presence of acute or exacerbation of chronic or immune process, dermatological or autoimmune evaluative conditions, infections (tuberculosis vich, hepatite Apostille and hepatite Apostille), diseases of legkih, baked and malignant evaluative neoplasms in the last 5 months. In this study, there was no participation of patient Apostille, receiving therapies with drugs that could affect periodontal status

(phenytoin and ciclosporin); patient Apostille, in the last 6 months, receiving systemic or local immunosuppressant therapies (including steroid intake); and this disease is secondary arterial hyppertension, regardless of cause.

After the diagnosis of arterial hypertension, all the patients were given an office arterial screening, and then a dental examination. To identify the degrees of hypertension in patients after the first visit, control measurements of A / D were carried out within 3-14 days after the visit. Conducted a collection of sample rotor wires and hooks.

Then a large number of dental examinations of the patient will be carried out on the medical dental patient card (form 043/U), and will be carried out on the medical card on the hospital patient card (form 003/U).

Taking into account the objectives of the study, patients with hypertensive pain were divided into two groups - with the presence of periodontitis (patients) and control (patients) - and without periodontitis. In accordance with the principles of evidence-based medicine, in the case of the main and control groups selected persons identical to the gender and age of the population. All patients signed apostilles informed participation in investigations. The minutes and the investigations verified and approved by the Apostille committee.

In certain factor risk studies, the multifactoriness of hypertonics painful and periodontitis and IH conditioning complex medical-social, factor risk and metabolic disorders were important to the homeostatic system of the body.

In the study of the medical factor, the risk and character and the altered lipid profile with the determinant in the course and the investigated indicators, which have a significant influence on the course of oboich studied the disease. The assessment of severe periodontal lesions was carried out using index inflammation and destruction of periodontal and oral hygiene (PMA, PI, Muhlemann, OHI-S).

Common cholester (OHS), triglyceride (TG) lipoproteide in urgandsoco-topicities (LFP) and low-topicities (LPNP) determined with the help of the reagent set "Vector-best" (D. Novosibirsk).

Qualitative and quantitative evaluative indicators adapted to the task and investigations, as well as to the calibration method and the numerical type. Then calibration values indicators found in a range from 0 to 4. In the case of the Apostille, it means 4, and in the case of the onion, it means 0.

Assessment of prognostic significance factorial risk development of periodontal disease in the diseased periodontal disease in the hypertonical pain is associated with a huge information measure with a determinable quantity of the Apostille (K). You can characterize so many two meanings from 0 to 1 (est periodontitis/non-periodontitis), evaluate the probabilities of development of periodontitis in the hospital, the arterial hypertensititis is based on predictive models, constructed method of binary logical regression.

MS Excel 2007, MS Access 2007, Statistica 8.0 and STATGRAPHICS Centurion XVI (Version 16.2.04) were used for statistical processing and analysis of the data obtained.

Results: significant, but statistically unrelated risk factors were selected in the qualities of dependent variables. The selection of risk factors was carried out by the method of "discrete correlation pleiades", which takes into account the main feature (pleiade) with the maximum significance of the effects of periodontitis risk compared with other similar indicators. It is precisely in the model that there are not many parameters in the Paragon, exerting the last influence of the painful pathologies, but the resulting diseases and not the initiating ego development 8.

As a result of the calculations for the constructed models of the risk of periodontitis development in patients with arterial hypertension, the following indicators were obtained: X1 — growth; X2 - hereditary burden of hypertension; X3 – the presence of a bad smoking habit; X4 – the stage of hypertension; X5 – the presence and number of chronic diseases; X6 – the presence of periodontitis in patients. total cholesterol; X7 – triglyceride level and X8 – atherogenicity index (IA).

, where

P is the probability of developing generalized periodontitis;

e-reason natural extempore logarithms 2,71 and

The results of race equations regression.

Received follow-up Model estimates probabilities of development periodontitis in diseasehistory of arterial hyppertension (Apostille):

Y = - 1.2069+ 0.1074X1 + 0.02415X2 + 0.2782X3 + 0.1037X4 + 0.2156X5 + 0.1703X6 + 0.0569X7 + 0.02737X8.

Shkala estimates probabilities of periodontitis development: 0-0, 39-low, 0.40-0.69 — middle, 0.70—1.00 — V-aposokaya.

Uniformity and uniformity of the index, included in the model, gave the opportunity to compare and assess the risk of the development of periodontal disease in the diseased area of the extremities arterial hypertensia. With the result that the condition is not specified, the condition is not specified, but the condition is not specified.the condition is not specified. the condition is not specified. the condition is not specified. the condition is not specified. the condition is not specified. the condition is not specified. the condition is not specified. the condition is not specified. the condition is not specified. the condition is not specified. the condition is not specified. the condition is not specified. the condition is not specified. the condition is not specified. the condition is not specified. Statistical significance of equations checked with the help of quantifiable determinations and the Fischer criterion. Found that in under-investigation situations 96.98% of total variability evaluates the variability of the variable factor.

The resulting model is an instrument of assessment of the probability of development of periodontitis in the hospital.

Example of foresight. Patient A. Vozrast - 46 let (Urgent1 = 2); hyppertonic painful bolete Padre (x2 = 3); Curit not Mene 20 sigaret in den (X3 = 3); diagnosis of hyppertonic painful – 2 stages (X4 = 3); name chronic pyelonephritis (X5 = 3); uroven cholestenin increased in 2 times (X6 =2); uroven triglyceride – increased in three Raza (X7 =3) and atherogenicity index increased in 2 Raza (x8 = 2);

As a result of calculations we get:

Y = - 1.2069+ 0.1074 x 2 + 0.02415 x 3 + 0.2782 x 3 + 0.1037 x 3 + 0.2156 x 3 + 0.1703 x 2 + 0.0569 x3 + 0.02737 x 2 = 1.4369

Putting the value Y = 1.4369 in the formula , we get 1/ 1 + 2,71 to the extent of -1,4369 = 1 / 1 +0,369 = 0,73 , which means that the probability of developing generalized periodontitis in this patient with hypertension is 73.00%. This hypertensive patient has a high risk of developing generalized periodontitis. After examination of the periodontal condition, the patient was found to have moderate-severe periodontitis.

Patient V. Age 33 years 46 years (X1 = 1); family history of hypertension is not aggravated; father is ill (X2 = 0); does not smoke (X3 = 0); diagnosis of hypertension – stage 1 (X4 = 1); no chronic somatic pathology was found (X5 = 0); cholesterol level, triglycerides and atherogenicity index within the normal range (X6=0; X7=0 and X8 = 0).

As a result of calculations we get:

Y = - 1.2069+ 0.1074 x 1 + 0.02415 x 0 + 0.2782 x 0 + 0.1037 x 1 + 0.2156 x 0 + 0.1703 x 1 + 0.0569 x 0 + 0.02737 x 0 = - 0.8255

Putting the value Y = - 0.8255 in the formula , we get 1/ 1 + 2,71 to the extent of - (- 0,8255) = 1 / 1 +2,277 = 0,3051, which means that the probability of developing generalized periodontitis in this patient with hypertension is 30.51%%. Or that the probability of developing periodontitis in this patient with hypertension is low. The results of the logical analysis coincided with the results of the dental examination of the patient, in whom periodontitis was not detected.

The clinical evaluation of the constructed model for the prognosis of periodontitis was carried out in 162 patients with hypertension, 122 of whom (75.31% of patients with hypertension) were diagnosed with periodontitis. After a comprehensive examination, 118 (72.84%) patients with hypertension were predicted to have a high probability of periodontitis. The sensitivity of the model of the probability of periodontitis in patients with hypertension was 96.72%.

Of the 40 patients who did not have periodontal diseases at the time of examination, 2 (5.00%) were assigned to the low and medium risk

group for periodontitis. Thus, the specificity of the periodontitis development model was 29.50%. The overall diagnostic accuracy of the method was 95.57%.

The results of the research allow us to conclude that the developed model is highly predictive and that it is necessary to use it in the practice of internists and periodontal dentists to predict the development of periodontitis in patients with arterial hypertension and the formation of groups for dispensary observation.

Based on the constructed equation, it is planned to develop a computer program "Predictive modeling of the probability of developing periodontal diseases in patients with hypertension".

The planned software tool is designed to provide an individual approach to the treatment of periodontal diseases in patients with hypertension, which will make it possible to personalize the therapy of periodontal diseases, carry out targeted interdisciplinary interaction and significantly reduce the negative impact of inflammatory and destructive periodontal lesions on the mechanisms of hypertension.

Conclusion. On the basis of the developed prognostic model, the features of individual medical characteristics of patients with combined pathology of hypertension and generalized periodontitis are established. The leading risk factors were identified, including age, hereditary burden of hypertension, bad smoking habit, stage of hypertension, presence and number of chronic diseases, total blood cholesterol, triglyceride level and atherogenicity index.

The prognosis of the possibility of developing periodontal diseases in patients with hypertension is possible on the basis of the developed equation that takes into account the minimum set of the most significant medical and laboratory indicators.

The computer program "Prognostic modeling of the probability of developing periodontal diseases in patients with hypertension" after clinical testing can be recommended for use in practical healthcare.

The established risk factors and a computer program for the risk of periodontitis in patients with hypertension are useful to use in the examination and treatment of patients with hypertension to identify patients with a high risk of periodontitis and timely implementation of therapeutic and preventive measures.

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