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METHODS OF RESEARCHING THE QUALITY OF LIFE IN PATIENTS WITH DENTAL DISEASES

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Annotation. The article examines methods of studying the assessment of the quality of life of patients with dental diseases. An analysis of domestic and foreign scientific literary sources and information resources of the "Internet" network was carried out regarding modern methods of assessing the quality of life of patients in medicine and dentistry. The search for literature that is freely available in printed publications was conducted in electronic libraries and information resources of the "Internet" network. Bibliosemantic and analytical research methods are used in the work. The sources of information were freely available scientific publications, electronic libraries, health care databases, information resources and Internet search engines.

Key words: methods, questionnaires, questionnaires, quality of life, dental diseases, dental health.

Quality of life is an interdisciplinary concept that falls within the sphere of interests of psychology, economics, sociology, medicine, and health care. In medicine, the term "health-related quality of life" is used (in English-language sources - health-related quality of life), which means the degree of well-being and satisfaction with those aspects of life that are affected by the disease and its

treatment.

In order to determine the effectiveness of certain medical measures to preserve the health of patients, in recent years, such a quantitative indicator as "quality of life" has been used.

The fields of use of quality of life assessment in health care practice are quite diverse. This includes: standardization of treatment methods, individual monitoring of the patient's condition with an assessment of early and long-term treatment results, population studies with the selection of risk groups, risk development time, risk factors and areas, assessment of the effectiveness of preventive programs, examination of new drugs, etc.

This necessitates the further development, optimization, standardization and validation of quality of life research methods, which will allow to significantly improve the results of treatment of patients with the development of universal algorithms.

The assessment of "quality of life" in medicine gained its relevance in the second half of the 20th century, when the treatment of patients was not limited only to overcoming the disease, but also to create conditions for improving their quality of life and social functioning [4].

The founder of the science of quality of life in medicine is considered to be the professor of Columbia University, USA, D.A. Karnovsky, who published the work in 1947 "The clinical evaluation of chemotherapeutic agents in cancer". It comprehensively examines a patient suffering from a serious illness. Since then, the interest in researching the problem of quality of life in medicine has been steadily growing.

In 1960, a technique was created that made it possible to more accurately assess the importance of physical functional parameters for the clinical assessment of the condition of patients - Activities of Daily Living Scale (Daily Activity Scale) (Katz S., 1963). Over time, interest in the problems of quality of life research grows and is reflected in the dynamics of the number of publications: in the 1970s, 5 articles were published with the key phrase "quality of life". In 1998, the number of such

articles increased to 16,256, and every year their number increased. In 1982, R. M. Kaplan and Bush proposed the term "health-related quality of life" ("HRQOL"), on the basis of which in 1984 the WHO formulated a fundamentally new definition of health as "a state of physical, mental and social well-being, not just the absence of disease" [14].

In 1994, the International Society for Quality of Life Research (ISOQOL) was established, which unites experts from various fields. In many countries of the world, in order to optimize the quality of life research process, associations, centers, institutes, and HRQOL research communities have been created and are functioning. scientific and practical journals dedicated to this problem are published, research tools are developed, numerous databases on QOL research in various areas of medicine are created and functioning, namely:

- 1). Database of the Global Health Observatory (WHO website <http://www.who.int>);
- 2). EurLIFE (European Observatory of Quality of Life) (<http://www.eurofound.europa.eu/areas/>);
- 3). Patient-reported outcome and Quality of life instruments database (ProQolid) – Database of instruments for patient evaluation of treatment results and quality of life (<http://www.proqolid.org/>);
- 4). RAND Health Care (<http://www.rand.org/health/>).

In addition to informative messages on "quality of life", numerous research methods, questionnaires and questionnaires are being actively created. Among the general methodological tools, the following are often used: Medical Outcomes Study 36-Item Short-Form Health Status (SF-36); Quality of Life Index; Nottingham Health Profile; General Health Rating Index.

In the USA and European countries, the SF-36 Health Status Survey (SF-36), which belongs to the non-specific questionnaires of this group, is widely used in quality of life research. The SF-36 questionnaire was standardized for the general population of the United States and representative samples in Australia, France, and Italy. It allows you to assess the patient's subjective satisfaction with his condition using 36 items, which are grouped into eight scales: physical condition, daily activities, pain intensity, general health, vital activity, social functioning, emotional

state, and mental health. The indicators of each scale vary from 1 to 100, where 100 is considered full health [11].

The short form of the WHOQOL-BREF quality of life questionnaire is also actively used. It is a shorter version of the original instrument that is more suitable for use in large clinical trials. The questionnaire consists of 26 components that characterize the following areas: physical health (WHOPH), psychological health (WHOPSY), social relations (WHOSR) and environment (WHOENV). The WHOQOL-BREF reflects relevant psychometric characteristics in patients with rheumatoid arthritis and is a valid indicator for further interventions aimed at improving quality of life. The patient's subjective assessment of his health is a practical factor that allows better planning and improving the quality of patient care. The patient's self-assessment of his health shows the degree of his physical limitation caused by the disease in the dynamics before and after the treatment.

Literature sources describe research and the relationship between dental disease and quality of life. The conceptual structure of measuring the status of dental health was described by D. Locker, it is based on the classification of possible violations, disabilities, disabilities related to dental health. According to this model, the disease leads to an anatomical defect.

An anatomical defect causes functional limitations, physical and psychological discomfort, which can lead to a decrease in social capacity [9].

Quality of life related to dental health and assessment of factors associated with it have been studied in many foreign studies. In them, special emphasis was placed on self-assessment of dental health, subjective symptoms of temporomandibular joint diseases, etc.

The results of a study conducted by F.Mack using the SF-12 questionnaire among 1,406 patients aged 60 to 79 years showed that reducing the number of dentition without replacing missing teeth with removable or fixed prostheses reduces the physical component of quality of life [10].

M.V. Saintrain et al. conducted a survey of fully edentulous patients aged 60 to 72 years, of whom 81.9% reported a deterioration in the quality of life associated

with tooth loss. In this study, the most significant aspects affecting the quality of life were masticatory dysfunction and social deprivation associated with the aesthetic component of the problem.

At the same time, in a clinical review, D.G. Haag stated that 10 of 16 studies reported a negative impact of tooth loss on quality of life. In 4 out of 7 studies, it was about the deterioration of its quality in connection with periodontal diseases, which was fully correlated with the data obtained by the HRQOL Group.

The study of the "quality of life" of dental patients reflects the impact of diseases and the result of their treatment on the physical and psychological state of patients and their social well-being. In recent years, more than 10 basic methods have been developed in the world, which allow to investigate the impact of dental health on the quality of life. The most informative methodical tools in dentistry are considered to be:

- 1). "Degree of importance of dental health". Oral Health Impact Profile (OHIP) (1994). Authors: G.D. Slade, A.J. Spencer, [12];
- 2). "The relationship between dental health and quality of life." Oral Health - Related Quality of Life (OHQoL)" (1996). Authors: N. Kressin with coauthors, [7];
- 3). "Index of dental health" RAND Dental Health Index. (1991). Authors: T. A. Dolan with vocals. [5];
- 4). "Impact of dental health on everyday life." Dental Impact on Daily Living. (1996). Authors: A.T. Leao, A. Sheiham [8];
- 5). "Index of dental quality of life". Oral Health Quality of Life Inventory. (1997). Authors: J.E. Cornell et al. [3];
- 6). "The influence of dental health on everyday life." Oral Impacts on Daily Performances (OIDP) (1996). Authors: Adulyanon S. et al. [1];
- 7). "Index of impact on oral cavity health". Dental Impact Profile. (1993). Authors: R. P. Strauss, R. J. Hunt [13];
- 8). "Subjective indicators of oral health." Subjective Oral Health Status Indicators. (1994). Authors: D. Locker, Y. Miller. [9];
- 9). "General geriatric oral health index". General (Geriatric) Oral Health

Assessment Index (GOHAI). (1990). Authors: K. A. Atchison, T. A Dolan. [5];

10). "Sociodental scale". Sociodental Scale. (1986). Authors: A. M.Cushing, A. Sheilam, J. Maizels [4].

The analysis of the works of foreign and domestic authors, scientific literary sources and information resources of the Internet shows that the problem of assessing the patient's quality of life in dental practice continues to be very relevant. Dental diseases affect the physical and psychological state of the patient, as well as the general health, causing significant pain and suffering, changing the patient's diet, speech, well-being and quality of life. The main goal of modern approaches to treatment is to achieve optimal control over the disease and improve the quality of life of patients, the main attention should be directed to the patient with his individual perception of the outside world and his disease. Assessment of the quality of life of patients with a dental profile is a promising direction in dentistry, which makes it possible to more accurately assess disorders in the dental health of patients, to more clearly visualize the essence of the clinical problem, to determine the most rational method of treatment, as well as to evaluate its expected results according to the parameters that are on the junction of the scientific approach of specialists and the patient's subjective point of view.

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