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# **PERSPECTIVES OF WORLD SCIENCE AND EDUCATION**



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# **PERSPECTIVES OF WORLD SCIENCE AND EDUCATION**

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**PSYCHOEMOTIONAL TENSION AS A FACTOR AFFECTING THE USE  
OF COMPLETE REMOVABLE PLASTIC PROSTHESIS**

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**Annotation.** Reconstruction of complete dentitions ensures a high quality of life, as it removes restrictions on such an important factor of a comfortable life as nutrition; they affect the overall condition of the body and the digestive system, in particular, are of great importance for the appearance of the patient. Measuring self-esteem anxiety is important, especially when formulating a subject's personal behavior. Each person has his or her optimum or acquired level of anxiety. An essential component of self-control and self-education is a person's assessment of their condition.

**Keywords:** complete removable plastic dentures, adhesive material, fixation of prostheses, psycho-emotional tension, stress in orthopedic dentistry.

**Introduction.** In the manufacture of dentures on the edentulous jaw in the elderly population, the problem of adapting patients to complete removable plastic dentures is brought to the fore. Often, patients have a large number of complete removable

plastic prostheses that they are unable to use, despite modern methods of their manufacture [1, p.73; 2, p.91].

Sometimes, due to the lack of time, with saturated clinical admission, the orthopedic dentist is not able to carry out the necessary psychological training of the patient for the features of using full removable plastic prostheses, which significantly prolongs and complicates the period of adaptation to them [3, p.14].

Reconstruction of complete dentitions ensures a high quality of life, as it removes restrictions on such an important factor of a comfortable life as nutrition; they affect the general condition of the body and the digestive system, in particular, are of great importance for creating the appearance of the patient [4, p.51; 5, p.83].

Measuring self-esteem anxiety is important, especially when formulating a subject's personal behavior. Each person has his or her optimum or acquired level of anxiety. An essential component of self-control and self-education is a person's assessment of his condition [6, p.62; 7, p.8; 8, p.240].

Highly anxious individuals tend to perceive threats to their self-esteem and life in a wide range of situations [9, p.45]. They need to shift the emphasis from external requirements, categoricalness, great importance in formulating tasks to a meaningful understanding of activities and specific planning of sub-tasks [10, p.44; 11, p.124; 12, p.11].

For low-anxious people, on the contrary, it is necessary to stimulate activity, to emphasize motivational components of activity, to arouse interest, to illuminate a sense of responsibility in solving certain tasks.

Spielberger anxiety scale (State-Trait Anxiety Inventory - STAI) is an informative way to self-level anxiety at the moment (reactive anxiety as a state) and personal anxiety (as a stable characteristic of humans). Developed by C.D. Spielberger and adapted by Yu.L. Hanin.

**Purpose of the research:** to research the self-esteem of patients with complete removable plastic prostheses, as a factor in the intolerance of dentures, for the period of adaptation to them.

**Materials and methods of research.** Study of reactive and personal anxiety, using the scale of C.D. Spielberg, we have identified 30 people (15 men and 15 women) between the ages of 20 and 50 with an intact dentition system and healthy, 30 patients (15 men and 15 women) in the 45-59 age group (middle age) with partial adenitis and 30 patients (15 men and 15 women) aged 45-59 years with adentia, and a comparative group of 30 patients (15 men and 15 women) in the age period 60-74 years (elderly) with adentia.

Patients are offered 40 assertion. There are 4 answer options for each assertion. After reading the assertion carefully, patients choose the most appropriate answer.

When analyzing the results of self-esteem anxiety, it should be borne in mind that the total score for each of the two scales can be in the range of 20 to 80 points. The higher the final score, the higher the level of anxiety (reactive or personal). When interpreting indicators, the following anxiety scores can be used: up to 30 points - low, 31 - 44 points - moderate; 45 and over - high.

**Research results.** The personal anxiety index was  $18.5 \pm 2.1$  points (men -  $19.3 \pm 2.2$  points, women -  $18.7 \pm 2.0$  points,  $p > 0.5$ ), and reactive anxiety –  $15.6 \pm 1.7$  points (respectively -  $15.1 \pm 1.6$  points and  $16.0 \pm 1.8$  points,  $p > 0.5$ ). From these data, we can conclude that practically healthy patients in the age range of 20 to 50 years with intact dental rows, healthy periodontal and orthognathic bite are inherent - low reactive and personal anxiety. Therefore, practically healthy patients who do not have dental problems do not consider dental and periodontal tissue disease a serious disease. The absence of problems related to the pathology of organs and tissues of the oral cavity, does not contribute to the development of emotional stress (table 1).

In patients aged 45-59 years with edentulous, personal and reactive anxiety indicators were, respectively,  $49.9 \pm 4.7$  and  $52.3 \pm 5.1$ , respectively. No differences were found between the mean values (men and women) ( $p > 0.5$ ).

In the age period 60-74 years (elderly), in persons with the presence of dentures (partial, full) and using them, psycho-emotional stress was characterized by the following values: personal anxiety (moderate) -  $41.7 \pm 3.9$  points (almost equal values

in both men and women,  $p > 0,5$ ); reactive anxiety (moderate) -  $42.9 \pm 4.1$  points (no differences were found between men and women,  $p > 0.5$ ).

On the contrary, in persons aged 60-74 years (elderly) who have removable prostheses (partial, full), but do not use them, psycho-emotional stress was rated as a high degree of anxiety (46 or more points on the scale of C.D. Spielberg): personal anxiety -  $49.9 \pm 5.3$  points and reactive anxiety -  $52.3 \pm 4.7$  points (mean values in men and women were almost equal,  $P > 0.5$ ).

**Table 1**

**The level of reactive and personal anxiety using the scale C.D. Spielberg**

Age range	Personal anxiety		Reactive anxiety		p =
	Men (n=15)	Women (n=15)	Men (n=15)	Women (n=15)	
20-50 years	$19,3 \pm 2,2$	$18,7 \pm 2,0$	$15,1 \pm 1,6$	$16,0 \pm 1,8$	
Average value (M ± m)	$18,5 \pm 2,1$		$15,6 \pm 1,7$		$p > 0,5$
45-59 years (middle age)	$34,8 \pm 2,2$	$33,2 \pm 2,6$	$36,9 \pm 2,5$	$36,1 \pm 3,0$	
Average value (M ± m)	$33,7 \pm 2,8$		$35,9 \pm 3,1$		$p > 0,5$
60-74 years (elderly)	$41,7 \pm 3,9$	$51,9 \pm 5,7$	$42,9 \pm 4,1$	$55,3 \pm 5,7$	
Average value (M ± m)	$49,9 \pm 5,3$		$52,3 \pm 4,7$		$p > 0,5$

Therefore, the effectiveness of orthopedic treatment of a patient will largely depend on the extent to which not only individual features, but also his psychosomatic status (type of nervous system - sanguine, phlegmatic, choleric, melancholic) will be taken into account. Orthopedic dentist, in addition to "prosthetic" experience, you need to know and be able to use psychological tests.

**Conclusions.** From the given data it follows that patients with absence of teeth (partial, complete), presence of dentures and using them, possess moderate personal and reactive anxiety, and patients with absence of teeth (partial, complete) having dentures but not using them, characterized by high personal and reactive anxiety. From the data it is clear that the memories, inspired by the self-esteem scale of the visit to the doctor - dentist (therapist, surgeon, orthopedist), at the end of dental



interventions (treatment, removal, prosthetics), etc. are perceived differently, and hence the degree differences psycho-emotional stress.

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