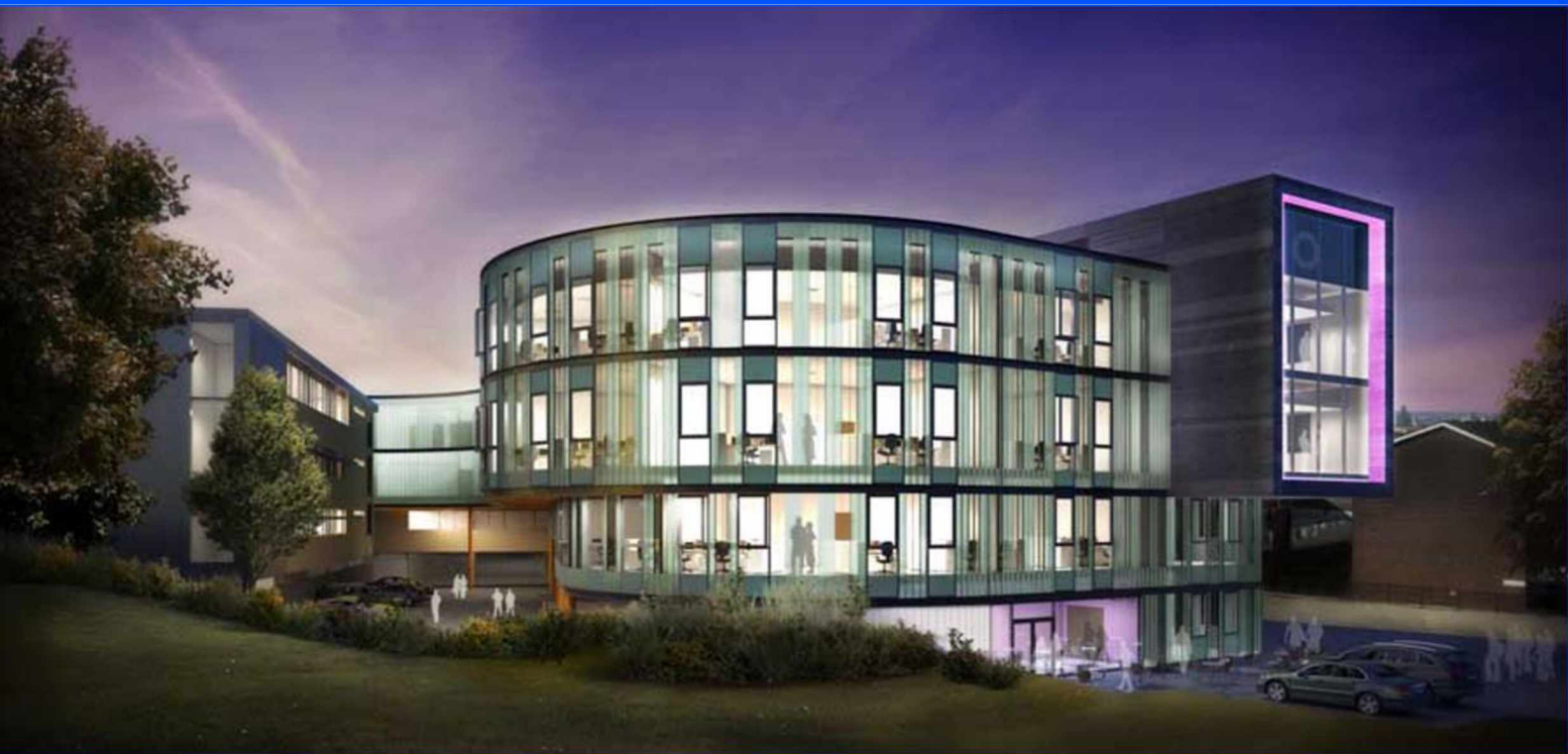


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30.	SHEVCHENKO A. I., KYDIN S. V., KAPICHON O. H. ISSUES OF IMPROVING THE MECHANISM OF PROTECTING HUMAN RIGHTS.	207
31.	SIERIKOVA O., SIERIKOV Y. NET ZERO CO ₂ EMISSIONS OF CHP, GHP AND BIOGAS PLANT.	217
32.	SABYR T. S., AMANKUL P. B. PSYCHOLOGICAL AND PEDAGOGICAL PROBLEMS OF EDUCATIONAL CONTENT FORMATION.	220
33.	SHKURAT O. V., HARTSUNOVA L. I. ENGLISH SENSE PERCEPTION VERBS: SHIFT OF MEANINGS.	226
34.	TERESHCHENKO L., VOSKOBOINICK V., KHYZHA I., ROMANENKO P. EXPERIMENTAL INVESTIGATION OF RECREATIONAL BEACH PROTECTION BY ACTIVE METHODS.	232
35.	TROSHYNA S. V., BESPARTOCHNA O. I. BUSINESS GAME IN THE CONTEXT OF ADULT INTERACTIVE EDUCATION.	238
36.	VOTYAKOVA M. A., SOROKINA M. E. TUTOR TRAINING IN THE NETWORK OF ADVANCED TRAINING SYSTEM.	244
37.	WYSOCHIN V. V., NIKULSHIN V. R., DENYSOVA A. E., BILOUSOVA N. G. RATIONAL CONSTRUCTIONS OF GROUND HEAT EXCHANGERS.	248
38.	YANISHEN I. V., ANDRIENKO K. YU., KRYNYCHKO F. R., YUSHENKO P. L., DOLYA A. V. THE EVALUATION OF EFFICIENCY ORTHOPEDIC TREATMENT USING SPECIFIC QUESTIONNAIRE OF QUALITY OF LIFE.	256
39.	ZABOTNOVA M. V. DEVELOPMENT OF CRITICAL THINKING AS A WAY OF FORMING ABILITY OF MANIPULATION RESISTANCE TO CYBER-MEMES.	263
40.	ZUB T. O., OLIINYK Y. O., KOSTRYTSIA K. O., MODIFICATION OF THE LUMBAR LORDOSIS VALUE AFTER TOTAL HIP ARTHROPLASTY IN PATIENTS WITH DEVELOPMENTAL DYSPLASTIC HIP.	268
41.	АНТОШКО М. О. ТРАДИЦІЙНІ МУЗИЧНІ ЖАНРИ КИТАЮ.	271
42.	АНТОШКІНА В. К. ТЕОРЕТИЧНІ ТА ПРАКТИЧНІ ПРОБЛЕМИ ВИЗНАЧЕНОСТІ ПОНЯТЬ ТА КАТЕГОРІЙ В ТЕКСТАХ НОРМАТИВНО-ПРАВОВИХ АКТІВ.	275
43.	АНТОФІЙ О. О. ОТРИМАННЯ СОРБЕНТІВ З МІСКАНТУСА ТА ДОСЛІДЖЕННЯ ЇХ ВЛАСТИВОСТЕЙ.	280
44.	АРАЛОВА Н. И., МАШКИН В. И., МАШКИНА И. В. ГИПЕРТРОФИЯ СЕРДЦА СПОРТСМЕНА КАК РЕЗУЛЬТАТ ДОЛГОСРОЧНОЙ АДАПТАЦИИ К НАГРУЗКЕ. ИССЛЕДОВАНИЕ НА МАТЕМАТИЧЕСКОЙ МОДЕЛИ.	286
45.	АЗИМОВ А. М., АЗИМОВ И. М. ТЕРМОГРАФИЧЕСКАЯ КАРТИНА ОСТРОГО ОДОНТОГЕННОГО ОСТЕОМИЕЛИТА ЧЕЛЮСТЕЙ У ДЕТЕЙ И ВЗРОСЛЫХ.	293

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**THE EVALUATION OF EFFICIENCY ORTHOPEDIC TREATMENT
USING SPECIFIC QUESTIONNAIRE OF QUALITY OF LIFE**

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Summary: In modern orthopedic dentistry term quality of life directly related to the patient's health, occupies one of the topical positions in quality dental treatment.

The purpose was to compare the results of an orthopedic treatment effectiveness with patients which ha partial and complete absence of teeth based on quality of life data, using a specialized questionnaire.

Aclinical examination and subjective analysis of 150 patients who applied for treatment with removable orthopedic dentures was conducted.

As a result of the examination of the investigated patients, created list of questions that reflected the actual problems of quality of life in treatment with these types of

dental problems/The questionnaire is intended for self-completion by the respondent (patient), and contains of 22 questions, 3 information blocks. The obtained information was subjected to a scaling process, answers to the questions were evaluated by a 5 point system.

Results on all scales of questionnaire significantly changes in the direction of improvement a month and a half after treatment and persists over time, which explains the stability of the effect, which is determined by the correctness of the selected orthopedic construction and qualitatively conducted treatment.

Key words: quality of life, orthopedic construction, specialized questionnaire, treatment.

Background. Dental health is a condition in which person could functionally eat and improve communicative functions, it restores the aesthetic function of the oral cavity and face, increase physiological healthiness. [8, c. 279].

To quantify the effectiveness of measures aimed at improving and maintaining health of community, quantitative indicators such as quality of life have now been used. In modern orthopedic dentistry, this term, directly related to the patient's health, occupies one of the topical positions in quality dental treatment [6, c. 1265, 7].

The purpose of our **investigation** was to compare the results of an orthopedic treatment effectiveness with patients which ha partial and complete absence of teeth based on quality of life data, using a specialized questionnaire.

Materials and methods. We conducted a clinical examination and subjective analysis of 150 patients who applied for treatment with removable orthopedic dentures.

To determine the social characteristics of patients and the level of their quality of life and to form an individual questionnaire, we used specific research methods, namely: taking an information, database formation and scaling of the results of the questionnaires; statistical methods of data processing (use of informative indexes); analysis and interpretation of the results [2, c. 94, 9, c.54].

Results of investigations. The distribution of the patients examined was due to specific differences in the clinical features of the partial or complete absence of the teeth depending on the sex and different age periods (Table 1) [5, c. 120-121].

The quantitative indicators were: men with partial loss of teeth - 31 patients (19.4% of the total number of patients examined), women with partial loss of teeth - 40 patients (31.3% of the total number of patients surveyed), men with full adentia - 50 patients (25% of the total number of examined), women with full adentia - 41 patients (25.6% of the total number of patients examined).

Table 1.

Quantitative indicator of patients

with partial and complete absence of teeth divided by gender and age

№ Of gr ou p	Patient's age	Quantitative indicator					
		Men		Women		Total	
		Absence of teeth					
		partial	full	partial	full	partial	full
1.	40-50 years old	14	6	16	4	30	10
2.	50-60 years old	10	10	12	8	22	18
3.	60-70 years old	5	16	6	15	11	29
4.	70 and older	2	18	6	14	8	32
	Total	31 (19,4)	50(31,3)	40(25)	41(25,6)	71(44,4 %)	89(55,6)

As a result of the examination of the investigated patients, we created list of questions that reflected the actual problems of quality of life in treatment with these types of dental problems (Table 2).

The questionnaire is intended for self-completion by the respondent (patient), and contains of 22 questions. It also has 3 information blocks, which are necessary in dynamics of treatment. The obtained information was subjected to a scaling process, turning into points to facilitate statistical analysis. The answers to the questions were evaluated by a 5 point system [1,3].

The answers to each question was transferred with goals from 1 to 5 as the following:

1. Excellent score - 100-110 points (for one poll); 2. Good score - 88-99 points (for

one poll); 3. Satisfactory result - 66-87 points (for one poll); 4. Poor result - 44-65 points (for one poll); 5. Poor result - 22-43 points (for one poll).

Table 2

Questionnaire of quality of life of patients with complete or partial absence of teeth in the manufacture of complete and partial removable dentures

Questions		Criteria of answers				
1	2	3	4	5	6	7
Social block	Mark's criteria (5 point scale)	1 point	2 points	3 points	4 points	5 points
	How do you evaluate the quality of your life?	poor	unsatisfactory	satisfactory	good	excellent
	How satisfied are you with your health?	poor	unsatisfactory	satisfactory	good	excellent
	How healthy is the physical environment around you?	poor	unsatisfactory	satisfactory	good	excellent
	How often have you had negative pee-peeing, like a bad three, despair, anxiety, depression?	always	often	not often	seldom	never
	Mark's criteria (5 point scale)	1 point	2 points	3 points	4 points	5 points
Common block	Function constraints	full	almost full	partial	temporarily	missed
	Physical pain	always	often	not often	seldom	not exist
	Psychological discomfort	always	often	not often	seldom	not exist
	Physical disability	full	almost full	partial	temporarily	missed
	Psychological disability	full	almost full	partial	temporarily	missed
	Social disability	full	almost full	partial	temporarily	missed
Special block	Mark's criteria (5 point scale)	1 point	2 points	3 points	4 points	5 points
	Period of adaptation to the dentures	poor	unsatisfactory	satisfactory	good	excellent
	Fixation of the structure in the oral cavity	poor	unsatisfactory	satisfactory	good	excellent

Condition of bone and mucous membrane under construction	poor	unsatisfactory	satisfactory	good	excellent
The presence of inflammatory processes under the prosthesis	always	often	not often	seldom	never
Getting food under denture	always	often	not often	seldom	never
Breakage / correction	always	often	not often	seldom	never
Quality of materials construction	poor	unsatisfactory	satisfactory	good	excellent
Comfortable of using	poor	unsatisfactory	satisfactory	good	excellent
Diction of the patient	poor	unsatisfactory	satisfactory	good	excellent
Use of adhesive material	always	often	not often	seldom	never
Denture hygiene	poor	unsatisfactory	satisfactory	good	excellent
Aesthetic qualities	poor	unsatisfactory	satisfactory	good	excellent

The worst QL level was found in patients of the 4 subgroup before and after orthopedic treatment with partial removable (43.5 ± 3.08 and 47.32 ± 1.6 points) and complete removable dentures (56 ± 2.38 and 61.67 ± 2 , respectively) 76 points).

Considering statistically significant changes in patients who used partial dentures, the worst QL before and after treatment was found in the 3rd and 4th age subgroups (79.8 ± 0.50 and 64.5 ± 0.33 , respectively) Although the rates changed 1.28-fold in the direction of increase, the final level of QL, reflected 6 months after treatment, remained the worst among these patients. Women of the 3rd and 4th subgroups had a QL level higher than men, which was 85.8 ± 1.9 and 76.5 ± 3.6 points, respectively.

In the 1st subgroup of patients using partial removable dentures, QL increased (93.38 ± 1.19 and 89.3 ± 2.6 points), and in the distant period (6 months) after orthopedic treatment, QL level was defined as is the best among patients with this type in both men and women (102.4 ± 0.5 and 106.8 ± 1.9 points, respectively). In the 2nd subgroup, the positive dynamics was (86.27 ± 1.6 and 90.27 ± 0.8 , respectively).

Patients who received orthopedic treatment with complete removable dentures had a different level of QL. The worst values before and after treatment were found in the 1st age subgroup (40.3 ± 0.90 and 42.0 ± 1.11 points), with the indicators changed

1.18 times in the direction of increase. The highest level of QL was observed in patients of 3rd (98.7 ± 0.8 points) and 4th subgroups (102.3 ± 0.4 points).

Conclusions. Depending on which dentures repaired the defects of the dentition, it was found that the initial and final levels of quality of life were different. [4, с. 359]. The quality of life of patients on all scales of questionnaire significantly changes in the direction of improvement a month and a half after treatment and persists over time, which explains the stability of the effect, which is determined by the correctness of the selected orthopedic construction and qualitatively conducted treatment. Based on researches, the quality of life of patients is not the last position in quality orthopedic treatment and should be taken into account in the clinical practice.

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