

"CHARACTERISTICS OF DENTAL PROSTHESES WEARING IN PATIENTS WITH TYPE 2 DIABETES ACCORDING TO KIDNEY IMPAIRMENT"**Sharapova Nozima Erkinjonovna***Teacher of the Department of Clinical Sciences Asia International University*

Abstract: *Research conducted by Russian authors has diabetes proves the presence of changes in periodontal tissues in patients. Sugary Among 333 children with diabetes, periodontal tissue pathology was observed in 45%. Periodontal diseases with the development of diabetes increase in number and weight has also been proven. Foreign authors diabetes periodontal tissue in 75% of adult patients with prove the existence of pathology. Pregnant woman with diabetes more aggressive forms of PYaK have been identified in the study of women*

Key words: *insulin dependent, chronic kidney, dental health, dental morbidity*

Diabetes is the most common chronic disease in developed countries today. The number of such patients is increasing every year in all countries of the world. Diabetes is one of the endocrine diseases, which is caused by a complete or partial deficiency of the hormone insulin. As a result, hyperglycemia is observed in the blood - a continuous increase in the amount of glucose in the blood. The hormone insulin serves to store sugar in the blood, as appropriate, for use as energy or as a reserve. In diabetes, the body cannot produce enough of the same insulin hormone or use it effectively. As a result, the amount of sugar in the blood increases from the norm, and various pathological conditions occur in the eyes, kidneys, nerves and other important organs. Importance of Insulin - Diabetes is caused by insulin deficiency. Disturbances in protein, carbohydrate and fat metabolism are characteristic of this disease. Insulin, which is involved in carbohydrate metabolism, ensures the breakdown, synthesis and use of glycogen in the liver, and also prevents the breakdown of carbohydrate compounds. In the process of protein metabolism, insulin begins to synthesize proteins and nucleic acids, preventing the degradation of the former. The effect of insulin on fat metabolism is that it increases the rate of glucose entering hepatocytes, activates energy cell processes, slows down the breakdown of fats and improves the synthesis of fatty acids. If there is not enough insulin, sodium cannot enter the cells. The disease is chronic and characterized by a violation of metabolic processes in the body (carbohydrate, fat, protein, mineral and water-salt metabolism). Today, the population of our planet is faced with the global problem of chronic non-infectious diseases of medical, social and economic importance. Experts say that "... patients with type 2 diabetes with chronic kidney disease are at risk of developing diseases in the oral cavity."

A low level of dental health leads to complications in nephrological patients. Today, in order to improve the effectiveness and prognosis of the treatment of patients

with diabetes, at the same time, it is necessary to eliminate the risk factors in these patients - foci of odontogenic infection. Therefore, dental rehabilitation is of great importance for patients with chronic kidney disease of type 2 diabetes. On a global scale, research is being conducted on the diagnosis, treatment, prevention and rehabilitation of patients with type 2 diabetes mellitus complicated by chronic kidney disease, as well as on the development of methods of providing orthopedic dental care to this category of patients, and the issues of dental rehabilitation are being successfully solved. remains one of the problems. Researchers of many countries "... point out that patients with impaired renal function of type 2 diabetes mellitus are more common among working-age individuals..." . However, until now, the psychological state of patients with type 2 diabetes mellitus complicated by chronic kidney disease, the level of motivation for dental rehabilitation, the structure of dental morbidity and treatment stages of the main disease, methodological approaches to the assessment of dental risk factors, and the algorithm of dental treatment have not been fully developed.

Forms of the disease Diabetes can be mild, moderate and severe in terms of severity. There are four main clinical forms of this disease: •

Type 1 diabetes (insulin dependent). It occurs in people under 35 years of age and young children. The natural production of insulin stops completely, so it is constantly injected. • Type 2 diabetes (non-insulin dependent). It occurs in people over forty and fifty years old, the reason for its appearance is the abnormal sensitivity of tissues to insulin. In this type of diabetes, the absorption of sugar is difficult, and insulin injection is not required. • Symptomatic (secondary) diabetes. Appears due to another disease (for example, diseases of the pancreas). It can also occur due to long-term use of drugs and genetic pathologies. • Diabetes caused by poor diet during childhood. It often occurs in people living in tropical regions. The main goal of treatment in both types of diabetes is to bring the blood sugar level as close as possible to the level of healthy people, that is, to achieve a state of compensation. The main way to maintain normal blood sugar levels is to check blood glucose as often as possible; such control is essential in insulin-dependent type 1 diabetes. Special reactive papers can be used to independently determine the amount of glucose in the blood at home. Currently, one of the main goals in medicine is to comprehensively assess the dental status of patients with type 2 diabetes mellitus due to kidney dysfunction, and to develop dental rehabilitation measures by determining the features of removable dental prostheses. One of the advances in medicine, it has been proven that the frequency of oral diseases in patients with confirmed type 2 diabetes is related to the presence of complications such as kidney failure (oliguria) in the form of kidney dysfunction, diabetes with chronic kidney disease in the oral cavity of patients with complications, the local immune system parameters lysozyme and secretory immunoglobulin A were reliably decreased; Also, it was determined that the quantity and quality of the microflora of the mouth in patients with type 2 diabetes complicated by chronic kidney disease, the level of dysbiosis

depends on the course of the disease, and the oral microflora in patients with type 2 diabetes complicated by chronic kidney disease. It has been proven that non-regressive changes in the microcirculatory blood flow occur in the mucous membrane of the cavity, and that the density of bone tissue in the alveolar walls of the jaws depends on the course of the disease.

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