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SUBSTANTIVE VIEW OF COMPLIANCE AS AN IMPORTANT COMPONENT OF COMPREHENSIVE TREATMENT PATIENTS WITH GENERALIZED PARODONTAL DISEASES, ASSOCIATED WITH ANOREXIA NERVOSA

Generalized parodontal diseases (GPD), including generalized parodontitis(GP), occupy one of the leading places in the structure of human diseases, conceding only to cardiovascular and neoplastic processes. According to WHO, the prevalence of generalized parodontal diseases is 60-90% [1, 2].

Thus, some researchers point to the affiliation of generalized parodontitis with certain diseases of other organs and body systems, offering specific approaches, including anorexia nervosa (AN) to the treatment of GP for this category of patients [3]. In the literature there are only fragmentary statements about the possible comorbidity AN and association of and GPD [4, 5].

Anorexia nervosa, which is characterized by a disorder of eating behavior, is widespread and is accompanied by serious changes from the endocrine, immune, cardiovascular and other systems, accompanied by pathological manifestations on the skin, mucous membranes [6, 7]. A number of researchers suggest that changes in the body of patients with AN may be a favorable background for the occurrence GPD.

At the same time, one of the most difficult issues is the problem of planning the stages of comprehensive treatment for GPD in patients with AN. The complexity of carrying out adequate treatment for GPD in patients with AN is to some extent due to the low motivational component of any treatment.

The purpose of the research was to determine personal assessment of the level of compliance for the comprehensive treatment of GPD in patients with anorexia nervosa.

Materials and methods of research. The research involved, with informed consent, 58 patients with generalized parodontal disease (GPD) associated with AN, restrictive form, 18-25 years old and 62 patients with GPD without signs of anorexia of similar age.

The control group consisted of 30 practically mentally healthy people with normal weight and with clinically intact parodontal tissues with the same age.

Standard methods of clinical and radiological assessment of the parodontal tissues were used to verify the diagnosis (according to the systematic of parodontal diseases after M.F. Danilevsky, 1994) and methods of medico-psychological assessment of the level of compliance, including by questioning.

First we proposed a methodology for verifying the level of compliance assessment for the planning and prediction of outcomes of treatment for GPD in patients with AN, which was presented in three components and included assessment of social (S), emotional (E) and behavioral (B) compliance. We designed an open-ended questionnaire that included 55 questions that the patient answered: "Always," "Sometimes," or "Never." We used a "key", which was used to calculate points for individual types of compliant behavior. For each positive answer according to the key, there were 2 points, for each negative - 0 points, for the indeterminate answer 1 point. The total score characterizes the level of social, emotional, behavioral and general compliance. The higher these indicators, the stronger, more stable and deeper the personality compliance.

All mathematical calculations were automated using a computer software package for the statistical data analysis SPSS version 11.5 for Windows. Statistical analysis of the data included the calculation of mean values, standard deviation, and mean error.

The diagnosis of AN was determined by the specialists of neuropsychiatric department of Kiev Clinical Hospital on railway transport # 1.

The research was carried out in compliance with the principles of bioethics and the rights of the patient in accordance with the Helsinki Declaration (2000) and the Fundamentals of Ukrainian legislation on health care (1992).

Results of own research and discussion. Patients with GPD and AN have a low level of emotional (E), social (S), behavioral (B) and general (G) compliance with a frequency of 70-75%, 61-65%, 40-65%, 60-70% accordingly, which may indicate the difficulty of achieving sustained and long-term remission and the effectiveness of preventive measures for GPD associated with anorexia nervosa. Only 6%, 10%, 11-27.5% and 10-20% of the examined patients were found to have a high level of compliance in such patients. The average level of all components of compliance (E, S, B, G) with a frequency of 45-76%, 46.6-73,3%, 70-73,3% and 30-63,3% was prevalent among patients with GPD without signs of AN .

The results of the assessment of the level of compliance in practically healthy people showed a low level of all components of compliance, which may indicate that such people do not consider the necessity to follow certain preventive recommendations and make their own decision due to the lack of them as dental as well as somatic diseases.

Conclusions:

1. The low level of all components of compliance (E, S, B, G) in patients with GPD suffering from AN, indicates the potential complexity of prospective treatment and leads to the involvement of related profile specialists.

2. Patients with AN can be attributed to the risk of satisfactory, stable, long-term and predictable outcome of treatment for GPD.

3. Taking into account the level of compliance in patients with GPD affiliated with AN an important factor is to ensure the effectiveness of the comprehensive treatment and prevention process.

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