Original Research

https://doi.org/10.36377/ET-0137

Comparative estimation efficiency treatment of patients with occlusion defects chewing-oriented localization of average extent, complicated convergence of the teeth their limiting, on dentistry factor quality of life's

Gayur G. Ashurov[1] ✉, Dzhovid A. Zaripov[1], Safarakhmad M. Karimov[1], Abdurakhim A. Ismoilov[1], Gairatzhon E. Mullodzhanov[1], Dzhurabek T. Makhmudov[1], Afzal S. Abdullayev[2]

[1] Institute of Postgraduate Education in Health Sphere of the Republic of Tajikistan, Dushanbe, Republic of Tajikistan

[2] Samarkand State Medical University, Samarkand, Republic of Uzbekistan

✉ shakh92@mail.ru

Abstract

AIM. Study dentistry factors of life's quality beside patient with occlusion defects chewing-oriented localizations of average extent in dynamic of prosthetic treatments with or without using of implant designs.

MATERIALS AND METHODS. In open controlled unrandomized study analyzed condition of dentistry status, system health and dentistry factors life's quality 132 patients, addressed for the reason prostheses in connection of absence chewing-oriented groups teeth. In depending of elected methodical approach to orthopedic treatment patients were divided into groups: main (fixed implant's prosthesis at presence lateral occlusion defect average extent, complicated convergence teeth their limiting) – 59 patients; comparison (traditional fixed prosthesis at presence lateral occlusion defects average extent, complicated convergence teeth their limiting) – 73 patients. Beside the first and the second group patients after corresponding treatment by psychometric method, on 5-balls scale independent estimation of Global Rating Satisfaction (GRS), defined success adaptation to fixed prosthetic device: from 1 ball – under successful adaptation, absolute complacency direct result prostheses, before 5 – under absolute dissatisfaction of the patient by quality of the prosthetic device and problem to adaptation even on background conducted correction action. For estimation life's quality patient both groups used unfolded Russian-language version special questionnaire "Profile of the influence dentistry health" OHIP-49-RU.

RESULTS. On termination prosthetic treatment of occlusion defects chewing-oriented localizations t average extent, complicated convergence teeth their limiting, at remote periods of the observation practically all patients as a whole were satisfied his results. However, more expressing success in part of the velocities of the achievement of the high factors to complacency by result prosthesis's treatments noted beside persons, havening prosthetic devices with handhold on implants, in contrast with patient of the group of the comparison, beside which complacency traditional fixed prosthesis even criterion "relative" corresponded to for final period of the observation and objected the factor GRS 4.4 ± 0.4 ball. Through 6–12 months factor ΣOHIP-49-RU beside persons of the first group has formed 17.2 ± 7.2 ball, then beside patient of the group of the comparison importance given factor in 2.4 times turned out to be more (41.6 ± 1.4 ball) that reflected the advantage a prosthetic treatments with using of dental implants.

CONCLUSIONS. Complex estimation efficiency of prosthetic treatments patient with occlusion defect chewing-oriented localizations average extent, complicated convergence of teeth their limiting, must include the detailed analysis of its influence upon dentistry factors life's quality. Successful prosthetic treatment of patient with named defect is accompanied positive track record on dentistry index life's quality (OHIP-49-RU) and factor to complacency by prosthesis (GRS) for all period of the observation, realistically more expressing beside persons, having implant's designs.

Keywords: occlusion defect, defect average extent, chewing group teeth, life's quality, fixed prosthetic device, implant's design

Article info: received – 07.10.2025; revised – 01.11.2025; accepted – 10.11.2025

Conflict of interest: The authors report no conflict of interest.

Acknowledgements: The authors thank all the dental staff, photographers and parents of the children who participated in the study.

For citation: Ashurov G.G., Zaripov D.A., Karimov S.M., Ismoilov A.A., Mullodzhanov G.E., Makhmudov D.T., Abdullayev A.S. Comparative estimation efficiency treatment of patients with occlusion defects chewing-oriented localization of average extent, complicated convergence of the teeth their limiting, on dentistry factor quality of life's. *Endodontics Today.* 2025;23(4):615–620. https://doi.org/10.36377/ET-0137

Сравнительная оценка эффективности лечения пациентов с окклюзионными дефектами жевательно-ориентированной локализации средней протяженности, осложненных конвергенцией зубов их ограничивающих, по стоматологическим показателям качества жизни

Г.Г. Ашуров[1] ✉, Д.А. Зарипов[1], С.М. Каримов[1], А.А. Исмоилов[1], Г.Э. Муллоджанов[1], Д.Т. Махмудов[1], А.С. Абдуллаев[2]

[1] Институт последипломного образования в сфере здравоохранения Республики Таджикистан, г. Душанбе, Республика Таджикистан

[2] Самаркандский государственный медицинский университет, г. Самарканд, Республика Узбекистан

✉ shakh92@mail.ru

Резюме

ЦЕЛЬ. Изучить стоматологические показатели качества жизни у пациентов с окклюзионными дефектами жевательно-ориентированной локализации средней протяженности в динамике протетического лечения с или без использования имплантационной конструкции.

МАТЕРИАЛЫ И МЕТОДЫ. В открытом контролируемом нерандомизированном исследовании проанализировано состояние стоматологического статуса, системного здоровья и стоматологических показателей качества жизни 132 пациентов, обратившихся с целью протезирования в вязи с отсутствием жевательно-ориентированных групп зубов. В зависимости от избираемых методических подходов к ортопедическому лечению пациенты были разделены на группы: основная (несъемное имплантационное протезирование при наличии боковых окклюзионных дефектов средней протяженности, осложненных конвергенцией зубов их ограничивающих) – 59 пациентов в возрасте от 20 до 40 лет; сравнения (традиционное несъемное протезирование при наличии боковых окклюзионных дефектов средней протяженности, осложненных зубов их ограничивающих) – 73 пациента в возрасте от 20 до 40 лет). У первой и второй группы пациентов после соответствующего лечения психометрическим методом, по 5-балльной шкале самооценки Global Rating Satisfaction (GRS), определяли успешность адаптации к несъемным протезам: от 1 балла – при успешной адаптации, абсолютной удовлетворенности непосредственными результатами протезирования, до 5-ти – при абсолютной неудовлетворенности пациента качеством протеза и проблемах адаптации даже на фоне проводимых коррекционных мероприятий. Для оценки качества жизни пациентов обеих групп использовали развернутую русскоязычную версию специального опросника «Профиль влияния стоматологического здоровья» OHIP-49-RU.

РЕЗУЛЬТАТЫ. По завершению протетического лечения окклюзионных дефектов жевательно-ориентированной локализации средней протяженности, осложненных конвергенцией зубов их ограничивающих, в отдаленные сроки наблюдения практически все пациенты в целом были удовлетворены его результатами. Однако, более выраженная его успешность в части скорости достижения высоких показателей удовлетворенности результатом протетического лечения отмечена у лиц, протезируемых с опорой на имплантаты, по сравнению с пациентами группы сравнения, у которых удовлетворенность традиционным несъемным протезированием даже на заключительном сроке наблюдения соответствовала критерию «относительная» и объективизировалась показателем GRS 4,4 ± 0,4 балла. Через 6–12 месяцев показатель ΣOHIP-49-RU у лиц первой группы составил 17,2 ± 7,2 балла, тогда как у пациентов группы сравнения значение данного показателя в 2,4 раза оказалось больше (41,6 ± 1,4 балла), что отражало преимущества протетического лечения с использованием дентальных имплантатов.

ВЫВОДЫ. Комплексная оценка эффективности протетического лечения пациентов с окклюзионными дефектами жевательно-ориентированной локализации средней протяженности, осложненных конвергенцией зубов их ограничивающих, должна включать детальный анализ его влияния на стоматологические показатели качества жизни. Успешное протетическое лечение пациентов с названными дефектами сопровождается положительной динамикой стоматологического индекса качества жизни (OHIP-49-RU) и показателя удовлетворенности протезированием (GRS) на всех сроках наблюдения, достоверно более выраженных у лиц, имеющих имплантационные конструкции.

Ключевые слова: окклюзионный дефект, дефект средней протяженности, жевательная группа зубов, качества жизни, несъемный протез, имплантационная конструкция

Информация о статье: поступила – 07.10.2025; исправлена – 01.11.2025; принята – 10.11.2025

Конфликт интересов: Авторы сообщают об отсутствии конфликта интересов.

Благодарности: Финансирование и индивидуальные благодарности для декларирования отсутствуют.

Для цитирования: Ашуров Г.Г., Зарипов Д.А., Каримов С.М., Исмоилов А.А., Муллоджанов Г.Э., Махмудов Д.Т., Абдуллаев А.С. Сравнительная оценка эффективности лечения пациентов с окклюзионными дефектами жевательно-ориентированной локализации средней протяженности, осложненных конвергенцией зубов их ограничивающих, по стоматологическим показателям качества жизни. *Эндодонтия Today.* 2025;23(4):615–620. https://doi.org/10.36377/ET-0137

INTRODUCTION

Tooth loss in humans leads to certain functional and structural changes in the oral cavity, the digestive system, and the body as a whole. In this context, prosthetic dental care plays a significant role in preventing the development and recurrence of chronic gastrointestinal diseases [1–4].

Occlusal defects also include articulation disorders that arise due to improper creation of contact points during the treatment of teeth with defects involving the proximal surfaces in the pathological process. Occlusal trauma resulting from articulation disorders occurs due to adverse effects of excessive load on healthy periodontal tissue, which is inadequate in terms of intensity, direction, or duration of action [5–7]. The presence of occlusal defects can lead to the formation of supracontacts, particularly when there is a discrepancy in the levels of marginal ridges of adjacent molars or premolars [8; 9].

Since prosthetic restoration using fixed dental prostheses is recognized as the optimal method for restoring masticatory and aesthetic function of the dentoalveolar system [10–13], the results of such analyses are critical for determining the dentist's treatment strategy. This may include preserving existing fixed prosthetic constructions, adjusting them, or fabricating new ones using modern technologies and materials.

Modern lifestyles have made chronic psycho-emotional stress one of the most important factors in dentoalveolar pathology. Emotional stress significantly weakens the body's defenses, facilitating the activation of local factors that contribute to the development of inflammation in the oral organs and tissues [14; 15].

AIM

To study the oral health-related quality of life in patients with medium-length masticatory-oriented occlusal defects during the course of prosthetic treatment, with or without the use of implant-supported constructions.

MATERIALS AND METHODS

Clinical and sociological studies were conducted at the dental clinic "Raddod" and at the specialized departments of the State Educational Institution for Postgraduate and Continuing Professional Education of the Republic of Tatarstan and Samara State Medical University from 2023 to 2025.

In an open, controlled, non-randomized study, the dental status, systemic health, and oral health-related quality of life indicators were analyzed in 132 patients who sought prosthodontic treatment due to the absence of chewing-oriented tooth groups.

Depending on the selected methodological approaches to prosthodontic treatment, the patients were divided into groups:

– main group: fixed implant-supported prosthodontics in cases of lateral occlusal defects of moderate extent complicated by convergence of the adjacent teeth – 59 patients (28 men and 31 women aged 20–40 years);

– comparison group: traditional fixed prosthodontics in cases of lateral occlusal defects of moderate extent complicated by convergence of the adjacent teeth – 73 patients (44 men and 29 women aged 20–40 years).

Dental examination was performed using standard clinical and paraclinical methods, the scope of which depended on the observation period, available clinical facilities, and the intraoral condition of each patient. The assessment included the condition of the teeth, dental arches and alveolar processes, occlusion, temporomandibular joint, oral mucosa, periodontium, and existing dental prostheses. Additionally, data from facial anthropometry and photometry, occlusography, radiography, and computed tomography (for surgical treatment planning with dental implants), as well as clinical-diagnostic models and oral hygiene status, were evaluated.

In both patient groups with occlusal defects of chewing-oriented localization of moderate extent, complicated by the convergence of the adjacent teeth, the success of adaptation to fixed prostheses was evaluated after treatment using a psychometric method based on the 5-point Global Rating Satisfaction (GRS) self-assessment scale. A score of 1 indicated successful adaptation and complete satisfaction with the immediate results of prosthetic treatment, whereas a score of 5 reflected complete dissatisfaction with the prosthesis quality and significant adaptation difficulties, even despite corrective measures. The GRS score was calculated separately for the upper and lower jaws (ranging from 2 to 10 points).

To assess the quality of life in both groups, the extended Russian version of the Oral Health Impact Profile questionnaire, OHIP-49-RU, was applied. This tool is considered the "gold standard" for evaluating oral health–related quality of life and allows for determining the most significant parameters of its impairment, including functional limitation, physical pain and discomfort, psychological discomfort, physical disability, psychological disability, social disability, and handicap. These parameters were analyzed dynamically at different stages of prosthetic treatment and rehabilitation.

The total ΣOHIP-49-RU index was calculated (0 corresponding to "ideal" quality of life; 24.1 ± 3.2 representing normative population values; up to 196 points corresponding to a complete deterioration of quality of life), along with subscale scores. Initially, the patients of both groups were comparable in terms of oral health–related quality of life impairment (ΣOHIP-49-RU = 98.1 ± 13.2 in Group 1 and 101.1 ± 22.6 in Group 2), as well as in static and dynamic masticatory efficiency indicators. The mean occlusal contact surface area was 17.34 ± 5.89 mm^2 in Group 1 and 15.83 ± 4.98 mm^2 in Group 2, while the masticatory efficiency index was 52.19 ± 6.72% and 50.05 ± 5.23%, respectively.

Among all examined participants, the GRS score and OHIP-49-RU index were analyzed at three stages: before prosthetic treatment of occlusal defects, during adaptation (on days 3–5), and after adaptation completion (2–4 weeks) to the installed fixed implant-supported prostheses (Group 1) or traditional fixed prostheses (Group 2).

Statistical analysis of the results was performed using methods of variational statistics with calculation of the paired Student's *t*-test, considering differences statistically significant at $p < 0.05$.

RESULTS

In the main group (59 patients), prosthetic rehabilitation of moderately extended occlusal defects was performed using implant-supported fixed prostheses. Implant placement was carried out according to the standard two-stage protocol utilizing MIS (MIS Implant Technologies Ltd.) and Alpha Bio (Alpha BioTec) systems, with the aid of 3D-printed surgical templates. In total, 68 implant-supported fixed bridge prostheses were fabricated for this group.

In the comparison group (73 patients), traditional fixed prosthodontic techniques were applied, resulting in the fabrication of 40 fixed bridge prosthetic constructions.

Dynamic analysis of clinical and psychometric indicators was performed. In the main group, by days 3–5 after fixation of implant-supported prostheses in the chewing-oriented region, most patients demonstrated an "excellent" or "very good" level of adaptation according to the GRS score (3.3 ± 0.6 points). In contrast, patients in the comparison group more frequently exhibited "good" or "satisfactory" adaptation, reflected by significantly higher GRS values (7.2 ± 0.8 points, $p < 0.05$).

After 2–4 weeks, at the end of the adaptation period to the newly installed implant-supported and traditional fixed prostheses of moderate extent in the chewing-oriented region, psychometric GRS indicators in both groups showed positive dynamics: a decrease to 2.6 ± 0.4 points (by 21.1%) in the main group and to 4.9 ± 0.5 points (by 31.9%) in the comparison group. These results reflected an "excellent" and "very good" level of physiological and psychological adaptation to the new fixed prosthetic constructions.

According to the obtained results, 6–12 months after completion of prosthetic treatment of chewing-oriented occlusal defects, nearly all patients were generally satisfied with the treatment outcomes. However, a higher degree of success, particularly in the speed of achieving high satisfaction levels (GRS = 2.2 ± 0.2 points), was observed in the main group, which received implant-supported prostheses, compared with the comparison group, where satisfaction with traditional fixed prosthodontics at the final follow-up period remained at a "relative" level, reflected by a GRS score of 4.3 ± 0.3 points.

It is noteworthy that 42.4% (25 patients) of the main group had prior experience with traditional prosthetic treatment, the satisfaction with which had been described as "low" or "rather low" (GRS = 7.6 ± 0.4 points). This previous experience served as a motivating factor for choosing dental implant–supported rehabilitation and contributed to the overall success of psychological adaptation to the new prosthetic constructions.

The degree of oral health impairment and related psycho-emotional disorders in patients with chewing-area dentition defects, as well as the characteristics of the adaptation period and the success of the chosen fixed prosthodontic treatment approach, were inevitably reflected in the oral health–related quality of life indicators. Initially, against the background of secondary edentulism in the chewing-oriented region, both groups demonstrated structural and functional disturbances, quantified by integral dental quality-of-life indices – a decrease in ΣOHIP-49-RU to 98.1 ± 13.2 in the main group and 101.2 ± 22.5 in the comparison group.

Subscale analysis of the psycho-emotional state of patients with moderately extended chewing-area dentition defects revealed primarily functional impairments (reduction in the "Functional limitation" subscale by 66.8 ± 7.9% in the main group and 69.9 ± 12.9% in the comparison group), psychological discomfort (reduction in the "Psychological discomfort" subscale by 56.2 ± 7.6% and 53.9 ± 11.7%, respectively), physical discomfort (reduction in the "Physical discomfort" subscale by 54.6 ± 7.3% and 57.5 ± 12.8%, respectively), and physical disability (reduction in the "Physical disability" subscale by 50.2 ± 6.6% and 52.9 ± 16.3%, respectively), compared with the parameters corresponding to the "ideal" quality of life according to the OHIP-49-RU index.

The degree of reduction in the oral health–related quality of life index (particularly in psychosocial subscales) was largely determined by the clinical and topographic characteristics of the chewing-oriented dentition defects and was most pronounced in patients with moderately extended defects.

On days 3–5 after the placement of fixed prostheses of moderate extent in the chewing-oriented region, during the adaptation stage, the integrated OHIP-49 indices in both groups did not show statistically significant differences. However, the advantages of dental implantation were evidenced by significant differences in several subscale scores: physical discomfort (12.9 ± 1.5 in the main group vs. 18.1 ± 1.4 in the comparison group, $p < 0.05$), psychological discomfort (4.9 ± 0.8 vs. 8.4 ± 0.9, $p < 0.05$), physical disability (11.9 ± 1.1 vs. 16.8 ± 1.5, $p < 0.05$), and social disability (2.5 ± 0.7 vs. 5.0 ± 0.9, $p < 0.05$).

DISCUSSION

Overall, successful adaptation to new fixed prostheses of medium-length masticatory localization one month after installation was objectively demonstrated by nearly a twofold reduction in the total OHIP-49 score in both groups. The advantage of fixed implant-supported prostheses of medium-length masticatory localization at this follow-up period is further supported by the significant difference in the reduction of physical discomfort scores in the main group (8.2 ± 1.1 points) compared to traditional fixed prosthetic constructions of medium-length masticatory localization (14.6 ± 1.8 points).

After 6–12 months, the total OHIP-49-RU score in the main group was 17.3 ± 7.2 points, which did not significantly differ from population norms (ΣOHIP-49-RU = 24.1 ± 3.2).

Patients in the comparison group also showed a positive trend in ΣOHIP-49-RU, but at this follow-up period, the score remained significantly different from normal

values (41.6 ± 1.4 points, $p < 0.001$). After 6–12 months, significant intergroup differences persisted in the domains of Physical Discomfort (9.6 ± 1.9 in the comparison group vs. 3.2 ± 1.7 in the main group, $p < 0.05$), Psychological Discomfort (4.9 ± 1.1 vs. 1.7 ± 1.3, $p < 0.05$), Physical Disability (6.8 ± 0.9 vs. 4.1 ± 1.0, $p < 0.05$), and Handicap (5.0 ± 1.3 vs. 1.2 ± 1.0, $p < 0.05$), reflecting the advantages of prosthetic treatment using fixed implant-supported dentures at these follow-up periods.

At the final stage of observation, patients in the main group demonstrated higher motivation to use their new implant-supported prosthetic constructions, to attend regular visits with general and prosthetic dentists, to adhere to recommendations for rational oral hygiene, and to provide high-quality care for fixed prosthetic devices.

CONCLUSION

A comprehensive assessment of the effectiveness of prosthetic treatment in patients with medium-length masticatory-oriented dental arch defects should include a detailed analysis of its impact on oral health-related quality of life.

The extended version of the oral health–related quality of life questionnaire, "Oral Health Impact Profile" OHIP-49-RU, serves as a key criterion for evaluating prosthetic treatment in patients with masticatory-oriented dental arch defects. Successful treatment is associated with a positive change in the OHIP-49-RU scores and the General Satisfaction Rating (GRS) at all follow-up periods, with significantly greater improvements observed in patients receiving implant-supported prostheses.

REFERENCES / СПИСОК ЛИТЕРАТУРЫ

1. Sharipov Kh.S., Zaripov A.R., Gurezov M.R. Estimation regenerators processes of nearradix destruction of teeth, serving full tilt of fixed orthopedic design. *Herald of the Institute of Postgraduate Education in Health Sphere.* 2020;(2):59–65. (In Russ.)
   Шарипов Х.С., Зарипов А.Р., Гурезов М.Р. Оценка регенераторных процессов околоверхушечной деструкции зубов, служащих опорами несъемной ортопедической конструкции. *Вестник последипломного образования в сфере здравоохранения.* 2020;(2):59–65.
2. Shafozoda M.B., Karimov S.M., Odinaev I.S. Analysis of the source condition of unremoved dentures and marginal parodont of supporting teeth in the system of orthopedic design. *Herald of the Institute of Postgraduate Education in Health Sphere.* 2020;(1):86–90. (In Russ.)
   Шафозода М.Б., Каримов С.М., Одинаев И.С. Анализ исходного состояния несъемных протезов и краевого пародонта опорных зубов в системе ортопедической конструкции. *Вестник последипломного образования в сфере здравоохранения.* 2020;(1):86–90.
3. De Backer H., Van Maele G., De Moor N., Van den Berghe L. Long-term results of short-span versus long-span fixed dental prostheses: an up to 20-year retrospective study. *Int J Prosthodont*. 2008;21(1):75–85.
4. Nota A., Tecco S., Cioffi C., Beraldi A., Padulo J., Baldini A. Occlusion time analysis in military pilots affected by bruxism. *Sci Rep*. 2019;9(1):1408. https://doi.org/10.1038/s41598-018-38166-2
5. Shafozoda M.B., Karimov S.M., Ashurov G.G. Structured-motivated estimation of the behaviour of patient with parodontal pathology, inducted fixed orthopedic prosthetic device. *Science and Innovation.* 2020;(2):5–10. (In Russ.)
   Шафозода М.Б., Каримов С.М., Ашуров Г.Г. Структурно-мотивационная оценка поведения пациентов с пародонтальной патологией, индуцированных несъемными ортопедическими протезами. *Наука и инновация.* 2020;(2):5–10.
6. Pjetursson B.E., Sailer I., Zwahlen M., Hämmerle C.H. A systematic review of the survival and complication rates of all-ceramic and metal-ceramic reconstructions after an observation period of at least 3 years. Part I: Single crowns. *Clin Oral Implants Res*. 2007;18(S3):73–85. https://doi.org/10.1111/j.1600-0501.2007.01467.x
7. Raigrodski A.J., Chiche G.J., Swift E.J. Jr. All-ceramic fixed partial dentures, Part III: clinical studies. *J Esthet Restor Dent*. 2002;14(5):313–319. https://doi.org/10.1111/j.1708-8240.2002.tb00527.x
8. Valderhaug J. Periodontal conditions and carious lesions following the insertion of fixed prostheses: a 10-year follow-up study. *Int Dent J*. 1980;30(4):296–304.
9. Layton D. A critical appraisal of the survival and complication rates of tooth-supported all-ceramic and metal-ceramic fixed dental prostheses: the application of evidence-based dentistry. *Int J Prosthodont*. 2011;24(5):417–427.
10. Sailer I., Pjetursson B.E., Zwahlen M., Hämmerle C.H. A systematic review of the survival and complication rates of all-ceramic and metal-ceramic reconstructions after an observation period of at least 3 years. Part II: Fixed dental prostheses. *Clin Oral Implants Res*. 2007;18(S3):86–96. https://doi.org/10.1111/j.1600-0501.2007.01468.x
11. Pjetursson B.E., Lang N.P. Prosthetic treatment planning on the basis of scientific evidence. *J Oral Rehabil*. 2008;35(S1):72–79. https://doi.org/10.1111/j.1365-2842.2007.01824.x
12. Mukhamedov Sh.Sh., Ashurov G.G. Results of the study of hydrodynamic's marginal parodont of vitaly and devitaly supporting teeth in systems of metalceramic designs. *Herald of the Institute of Postgraduate Education in Health Sphere.* 2016;(3):31–34. (In Russ.)
    Мухамедов Ш.Ш., Ашуров Г.Г. Результаты изучения гидродинамики краевого пародонта витальных и девитальных опорных зубов в системе металлокерамической конструкции. *Вестник последипломного образования в сфере здравоохранения.* 2016;(3):31–34.
13. Saburov S.K., Zaripov A.R. Integral parameters of the results of orthopedic treatment of somatic patients depending on the location of the ceramic metal crowns. *Herald of the Institute of Postgraduate Education in Health Sphere.* 2018;(3):59–63. (In Russ.)
    Сабуров С.К., Зарипов А.Р. Интегральный показатель результатов ортопедического лечения соматических больных в зависимости от расположения края металлокерамических коронок. *Вестник последипломного образования в сфере здравоохранения.* 2018;(3):59–63.
14. Makhmudov D.T., Karimov S.M., Ibragimov I.U. Estimation results of the emotional-behavioral state of patients with combined dental pathology depending on the level of habitated motor activity. *Herald of the Institute of Postgraduate Education in Health Sphere.* 2021;(1):32–36. (In Russ.)

Махмудов Д.Т., Каримов С.М., Ибрагимов И.У. Результаты оценки эмоционально-поведенческого состояния пациентов с сочетанной стоматологической патологией в зависимости от уровня привычной двигательной активности. *Вестник последипломного образования в сфере здравоохранения.* 2021;(1):32–36.

15. Mullodzhonova A.G., Ashurov G.G., Turaev N.G., Sadikov F.M. Track record of life's quality dentistry aspect of health beside patients with radio-induced xerostomy. *Herald of the Institute of Postgraduate Education in Health Sphere.* 2021;(2):52–57. (In Russ.)
Муллоджонова А.Г., Ашуров Г.Г., Тураев Н.Г., Садиков Ф.О. Динамика качества жизни стоматологического аспекта здоровья у больных с радиационно-индуцированной ксеростомией. *Вестник последипломного образования в сфере здравоохранения*. 2021;(2):52–57.

INFORMATION ABOUT THE AUTHORS

Gayur G. Ashurov – Dr. Sci. (Med.), Professor, Head of the Department of Therapeutic Dentistry, Institute of Postgraduate Education in Health Sphere of the Republic of Tajikistan; 59 Somoni Ave, Dushanbe, 734026, Republic of Tajikistan; https://orcid.org/0000-0002-1853-5682

Dzhovid A. Zaripov – PhD applicant, Department of Therapeutic Dentistry, Institute of Postgraduate Education in Health Sphere of the Republic of Tajikistan; 59 Somoni Ave, Dushanbe, 734026, Republic of Tajikistan; https://orcid.org/0009-0009-0564-3842

Safarakhmad M. Karimov – Dr. Sci. (Med.), Associate Professor, Professor of the Department of Therapeutic Dentistry, Institute of Postgraduate Education in Health Sphere of the Republic of Tajikistan; 59 Somoni Ave, Dushanbe, 734026, Republic of Tajikistan; https://orcid.org/0000-0002-3145-6225

Abdurakhim A. Ismoilov – Dr. Sci. (Med.), Associate Professor, Professor of the Department of Therapeutic Dentistry, Institute of Postgraduate Education in Health Sphere of the Republic of Tajikistan; 59 Somoni Ave, Dushanbe, 734026, Republic of Tajikistan

Gairatzhon E. Mullodzhanov – Dr. Sci. (Med.), Associate Professor of the Department of Therapeutic Dentistry, Institute of Postgraduate Education in Health Sphere of the Republic of Tajikistan; 59 Somoni Ave, Dushanbe, 734026, Republic of Tajikistan; https://orcid.org/0009-0003-4953-9218

Dzhurabek T. Makhmudov – Dr. Sci. (Med.), Associate Professor of the Department of Therapeutic Dentistry, Institute of Postgraduate Education in Health Sphere of the Republic of Tajikistan; 59 Somoni Ave, Dushanbe, 734026, Republic of Tajikistan; https://orcid.org/0009-0009-8588-213X

Afzal S. Abdullayev – Cand. Sci. (Med.), Associate Professor, Department of Maxillofacial Surgery, Samarkand State Medical University, 18 Amir Temur ko'chasi Str., Samarqand, 140100, Republic of Uzbekistan; https://orcid.org/0000-0002-8694-0700

ИНФОРМАЦИЯ ОБ АВТОРАХ

Ашуров Гаюр Гафурович – д.м.н., профессор, заведующий кафедрой терапевтической стоматологии, ГОУ «Институт последипломного образования в сфере здравоохранения Республики Таджикистан», 734026, Республика Таджикистан, г. Душанбе, пр. Сомони, 59; https://orcid.org/0000-0002-1853-5682

Зарипов Джовид Акбарович – соискатель кафедры терапевтической стоматологии, ГОУ «Институт последипломного образования в сфере здравоохранения Республики Таджикистан», 734026, Республика Таджикистан, г. Душанбе, пр. Сомони, 59; https://orcid.org/0009-0009-0564-3842

Каримов Сафарахмад Мунаварович – д.м.н., доцент, профессор кафедры терапевтической стоматологии, ГОУ «Институт последипломного образования в сфере здравоохранения Республики Таджикистан», 734026, Республика Таджикистан, г. Душанбе, пр. Сомони, 59; https://orcid.org/0000-0002-3145-6225

Исмоилов Абдурахим Абдулатифович – д.м.н., доцент, профессор кафедры терапевтической стоматологии, ГОУ «Институт последипломного образования в сфере здравоохранения Республики Таджикистан», 734026, Республика Таджикистан, г. Душанбе, пр. Сомони, 59

Муллоджанов Гайратжон Элмуродович – д.м.н., доцент кафедры терапевтической стоматологии, ГОУ «Институт последипломного образования в сфере здравоохранения Республики Таджикистан», 734026, Республика Таджикистан, г. Душанбе, пр. Сомони, 59; https://orcid.org/0009-0003-4953-9218

Махмудов Джурабек Тешаевич – д.м.н., доцент кафедры терапевтической стоматологии, ГОУ «Институт последипломного образования в сфере здравоохранения Республики Таджикистан», 734026, Республика Таджикистан, г. Душанбе, пр. Сомони, 59; https://orcid.org/0009-0009-8588-213X

Абдуллаев Афзал Сархадович – к.м.н., доцент кафедры челюстно-лицевой хирургии, Самаркандский государственный медицинский университет, 140100, Республика Узбекистан, г. Самарканд, ул. Амира Темура, 18; https://orcid.org/0000-0002-8694-0700

AUTHOR'S CONTRIBUTION

All the authors made equal contributions to the publication preparation in terms of the idea and design of the article; data collection; critical revision of the article in terms of significant intellectual content and final approval of the version of the article for publication.

ВКЛАД АВТОРОВ

Все авторы внесли равноценный вклад в подготовку публикации в части замысла и дизайна исследования; сбора данных; критического пересмотра статьи в части значимого интеллектуального содержания и окончательного одобрения варианта статьи для опубликования.