Original Research

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Justification of the need to introduce participatory approaches to preserving dental health among foreign students in Russia

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Abstract

INTRODUCTION. The transcultural adaptation of international students is accompanied by integration difficulties, including reduced access to dental care. Differences in cultural attitudes, levels of oral-hygiene literacy, and stress associated with adapting to a new environment may decrease dental service utilization and negatively affect oral health status. Previous studies have indicated an unfavorable trend in oral health among international students in Russia; however, the factors influencing accessibility of care and the behavioral characteristics of this group remain insufficiently explored.

AIM. To identify risk factors for dental diseases, behavioral patterns, and barriers to seeking dental care among international students, and to justify the need for participatory preventive approaches.

MATERIALS AND METHODS. A cross-sectional study was conducted among 29 international students of the Pirogov University. A dental examination was performed to assess oral hygiene, caries experience, and periodontal condition. Additionally, questionnaires were administered to collect information on oral-hygiene practices, utilization of dental services, stress level, and dental anxiety. Statistical processing included correlation analysis and non-parametric methods. Participation was voluntary, and informed consent was obtained.

RESULTS. Sixty-eight percent of students had not visited a dentist during their stay in Russia. Mean oral-hygiene scores corresponded to an unsatisfactory level, and caries experience was high (DMFT = 11.2±4.3). Students who visited a dentist demonstrated a lower DMFT score (p = 0.0332). More than half of the respondents reported stress; dentophobia was identified in 17.2%, and all students in this subgroup demonstrated a decompensated form of caries.

CONCLUSIONS. The observed high prevalence of dental disease combined with low utilization of dental services confirms the need for participatory preventive programs tailored to the ethnocultural and psycho-emotional characteristics of international students. Large-scale studies are required to evaluate the effectiveness of such strategies.

Keywords: international students, health of international students, oral hygiene of students, dental care, oral health, participatory strategies

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Обоснование необходимости внедрения партисипативных подходов к сохранению стоматологического здоровья у иностранных студентов в России

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Резюме

ВВЕДЕНИЕ. Транскультурная адаптация иностранных студентов сопровождается затруднениями интеграции, в том числе при получении стоматологической помощи. Различия в культурных установках, уровне гигиенической грамотности и стрессовые факторы новой среды могут снижать обращаемость

за стоматологическими услугами и ухудшать состояние полости рта. У иностранных студентов в России чаще выявляется неблагоприятная динамика стоматологического здоровья, однако факторов, влияющих на доступность помощи и особенности поведения данной группы, недостаточно изучено.
ЦЕЛЬ. Определить факторы риска стоматологических заболеваний, поведенческие особенности и барьеры обращения за стоматологической помощью у иностранных студентов, а также обосновать необходимость партисипативных профилактических подходов.
МАТЕРИАЛЫ И МЕТОДЫ. Проведено поперечное исследование среди 29 иностранных студентов Пироговского университета. Выполнены стоматологический осмотр с оценкой гигиены, интенсивности кариеса и состояния пародонта. Дополнительно использованы анкеты, включающие сведения о гигиенических навыках, обращаемости за стоматологической помощью, уровне стресса и стоматологической тревожности. Статистический анализ включал корреляционный и непараметрические методы. Участие было добровольным, получено информированное согласие.
РЕЗУЛЬТАТЫ. 68% студентов не обращались к стоматологу в период обучения в России. Средние показатели гигиены соответствовали неудовлетворительному уровню; интенсивность кариеса была высокой (КПУ = 11,2 ± 4,3). У студентов, посещавших стоматолога, КПУ было ниже (p = 0,0332). Более половины респондентов находились в состоянии стресса; дентофобия выявлена у 17,2%, и у всех этих студентов отмечена декомпенсированная форма кариеса.
ВЫВОДЫ. Наблюдаемые высокие показатели стоматологической заболеваемости и низкая обращаемость подтверждают необходимость партисипативных профилактических программ, учитывающих этнокультурные и психоэмоциональные особенности иностранных студентов. Требуются расширенные исследования для оценки эффективности таких стратегий.

Ключевые слова: иностранные студенты, здоровье иностранных студентов, гигиена полости рта студентов, стоматологическая помощь, здоровье полости рта, партисипативные стратегии

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INTRODUCTION

In the Russian Federation, there is a significant inflow of international students; in 2024 their number exceeded 300,000, and according to the Unified Plan for Achieving National Development Goals, this figure will continue to grow in the near future[1]. The largest sources of the student contingent are China, Uzbekistan, Tajikistan, and Kazakhstan, with an increasing number of students arriving from India, Iran, and Arab countries. This substantial international student flow reflects the growing attractiveness of the Russian higher education system.

The oral health of international students in Russia is determined by a complex interaction of factors, similar to other populations, including access to medical care, hygiene habits, and the level of sanitary–hygienic literacy [1–3]. The most common dental problems are dental caries and periodontal diseases. However, there is currently a low level of dental care utilization among foreign students: preliminary data indicate that 70–80% of international students do not visit a dentist for several years after arriving in Russia [4–6]. The reasons for low attendance include: lack of information about the need for preventive examinations and availability of dental services for foreign citizens; language barriers complicating communication with healthcare personnel; financial constraints; dentophobia; absence of a habit of routine dental visits; lack of time due to academic workload; and underestimation of dental problems until urgent care is required [7].

[1] TASS. Number of International Students in Russia as of January 1, 2025. TASS News Agency, 2025.

Despite the growing use of medical services by foreign citizens in Russia, access to dental care remains limited compared to other medical specialties, which is likely associated with the widespread perception of dental diseases as non–life-threatening conditions [8; 9].

To improve dental health among international students, it is necessary to identify the factors that hinder regular dental attendance. Due to the rapid increase in the number of international students in Russia, research focusing on barriers to accessing dental care in this group remains insufficiently represented in scientific literature. Thus, examining issues related to dental visits among international students is a relevant and essential task.

At the same time, the patient must personally recognize the importance of regularly following preventive recommendations provided by the clinician. Therefore, one of the key objectives of preventive work is the development of motivation to preserve oral health within the target population [10; 11].

MATERIALS AND METHODS

Study subjects and data collection

A total of 29 international medical students (non-dental specialty) were examined, including 17 females and 12 males, with a mean age of 22.7 ± 3.1 years.

A socio-demographic questionnaire included questions on age, sex, nationality, duration of stay in Russia, and time of the last dental visit. The questionnaire also contained items aimed at identifying reasons for not seeking or delaying dental care. Based on a literature review concerning common barriers to dental service utilization, respondents were offered the following op-

tions as reasons for non-attendance: poor knowledge of the Russian language, lack of time, financial difficulties, fear of dental treatment, absence of dental problems, and religious beliefs.

In addition, a medico-social survey was conducted to assess literacy and awareness related to oral health among students. The sociological method involved a validated 21-item questionnaire developed according to WHO recommendations (*Oral Health Questionnaire for Adults*). The questionnaire addressed oral hygiene knowledge and practices, use of oral hygiene products, reasons for visiting a dentist, and the presence of chronic diseases.

The level of stress among students was assessed using the PSM-25 scale adapted by N.E. Vodopyanova [12]. The scale evaluates stress levels through somatic, behavioral, and emotional indicators. An integral index of psychological stress (IPS) was calculated based on the total score. A higher IPS indicated a higher stress level. IPS >155 signified a high stress level; IPS 100–155 a moderate level; IPS <99 a low stress level.

To determine the prevalence of dental anxiety, the Corah Dental Anxiety Scale (CDAS, 1969) was used. The CDAS includes five questions reflecting patients' subjective attitudes toward dental visits and intervention, allowing classification of dentophobia severity according to the original scoring instructions.

Dental status assessment included indicators of oral hygiene and its effectiveness, condition of dental hard tissues, and periodontal status. The following indices were used for objective evaluation: Greene–Vermillion Oral Hygiene Index [13]; PHP Index (Podshadley, Haley, 1968); DMFT Index (WHO Expert Committee, 1962); and PMA Index (Parma, 1960).

Oral hygiene status was assessed using the Greene–Vermillion Index. Interpretation: ⩽0.6 – good hygiene; 0.7–1.6 – satisfactory; 1.7–2.5 – unsatisfactory; ⩾2.6 – poor hygiene. To quantify dental plaque, the PHP Index was used. Interpretation: 0 – excellent hygiene; 0.1–0.6 – good; 0.7–1.6 – satisfactory; >1.7 – unsatisfactory.

Caries intensity was evaluated using the DMFT Index: 0.2–1.5 – very low; 1.6–6.2 – low; 6.3–12.7 – moderate; 12.8–16.2 – high; ⩾16.3 – very high. Caries activity for this age group was assessed according to T.F. Vinogradova (1972): ⩽6 – compensated form; 7–9 – subcompensated form; >9 – decompensated form.

To assess periodontal inflammation activity, the PMA Index was applied. Interpretation: PMA <30% – limited inflammatory process, mild periodontal inflammation; PMA 31–60% – moderate process and inflammation; PMA >60% – extensive process, severe periodontal inflammation.

Statistical analysis

The level of statistical significance was set at $p < 0.05$. Differences between groups were assessed using the Mann–Whitney U-test. To evaluate relationships between parameters, Spearman's rank correlation coefficient and Pearson's correlation coefficient were applied. Data for the Mann–Whitney U-test were recorded as Me [25; 75], where Me is the median, 25 is the first quartile (25th percentile), and 75 is the third quartile (75th percentile).

The strength of correlation was interpreted using the Chaddock scale. A correlation coefficient (r or rS) below 0.3 was considered weak; between 0.3 and 0.5 – moderate; between 0.5 and 0.7 – noticeable; between 0.7 and 0.9 – strong; and above 0.9 – very strong.

RESULTS

A total of 29 students of the general medicine and pediatrics faculties were examined (12 men and 17 women; mean age 22.7 ± 3.1 years). The countries of origin of the participants were diverse: Algeria, Egypt, Iran, Iraq, Latvia, Lebanon, Serbia, Tajikistan, Turkmenistan, Uzbekistan, and France. Most students (25 individuals; 86.2%) had lived in Russia for more than one year but less than three years; 2 (6.9%) had lived in Russia for less than one year and 2 (6.9%) for more than three years. During their stay in Russia, 68% of students had never visited a dentist, while 32% reported dental visits; however, all visits were emergency or treatment-related. None sought preventive dental care.

Among the reported reasons for not seeking dental care, students indicated a language barrier (39.1%); 30.4% stated they did not know where to go; 17.4% noted a lack of time; 17.4% did not visit a dentist due to fear of dental interventions; 13.0% specified the absence of dental insurance; 8.7% reported communication difficulties related to understanding dental terminology and services; and 8.7% believed they had a healthy oral cavity and therefore did not need to visit a dentist (Fig. 1). Notably, almost half of the respondents (43.5%) indicated multiple reasons, most commonly a combination of language difficulties and fear of dental procedures.

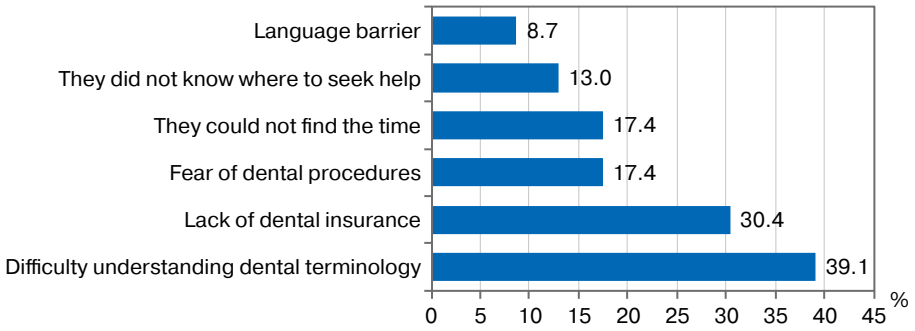

Fig. 1. Reasons for students not visiting a dentist

Рис. 1. Причины, по которым студенты не посещали стоматолога

Oral Hygiene Status

According to the Greene-Vermillion oral hygiene index, most students demonstrated satisfactory hygiene (58.6%), while 24.1% had unsatisfactory hygiene and 17.2% had good hygiene (Fig. 2). The mean hygiene index corresponded to an unsatisfactory level and was 1.77 ± 1.39.

In most students (65.5%), hygiene effectiveness corresponded to an unsatisfactory level; satisfactory in 20.7%, good in 13.8%, and no students achieved an excellent level. The mean PHP index indicated an unsatisfactory level (1.86 ± 0.91).

Assessment of caries activity revealed that 65.5% of the examined students had a decompensated form of caries, 24.1% had a subcompensated form, and 10.3% had a compensated form (Fig. 4).

The DMF index was significantly lower ($p = 0.0332$) among students who had visited a dentist in Russia (8 [7; 10]) compared to those who had not (12 [8; 16]) (Fig. 5). The average caries intensity in the group corresponded to a high level (11.2 ± 4.3). A correlation between visiting a dentist in Russia and DMF scores was observed ($rS = 0.417$).

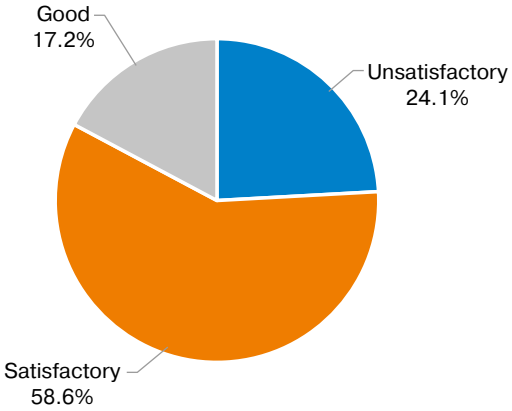

Fig. 2. Oral hygiene levels according to the Greene-Vermillion hygiene index

Рис. 2. Уровень гигиены полости рта по данным индекса гигиены по Грину-Вермиллиону

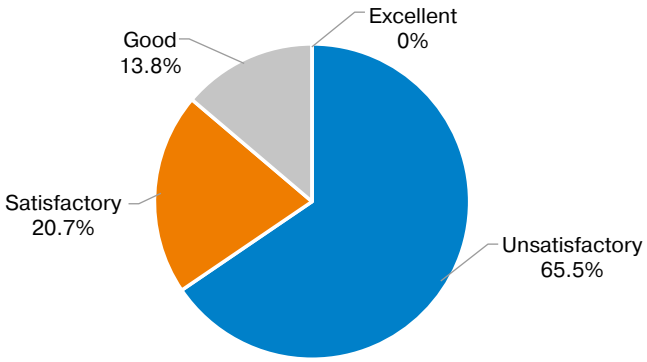

Fig. 3. Oral hygiene effectiveness according to the PHP index

Рис. 3. Эффективность гигиены согласно показателям индекса PHP

The assessment of gingival inflammation in the examined group showed an average inflammation score of 44.1 ± 21.4. Moderate periodontal inflammation was observed in 58.6% of students, severe inflammation in 20.7%, and mild inflammation in 20.7% (Fig. 6).

For the PMA index, differences between students who had visited a dentist in Russia and those who had not were not statistically significant ($p = 0.0719$); however, there was a tendency for lower PMA values among students who visited a dentist in Russia (20 [15; 33.333]) compared to those who did not (46 [33; 51.2]) (Fig. 7).

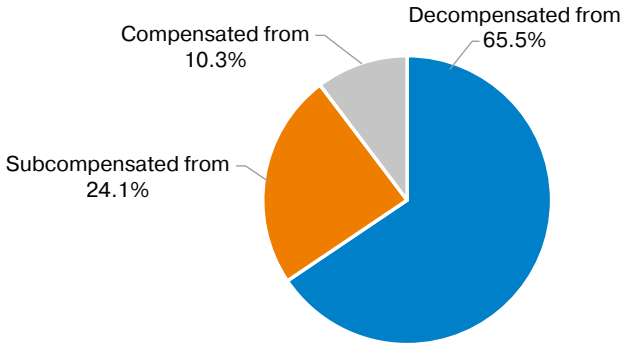

Fig. 4. Caries activity levels among examined students

Рис. 4. Степень активности кариозного процесса

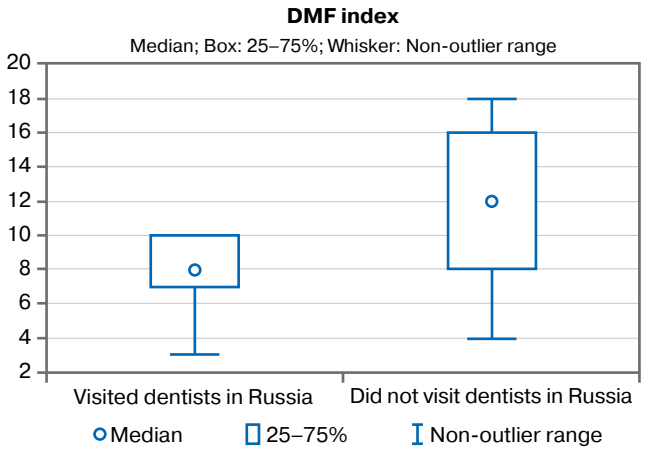

Fig. 5. Caries intensity among students

Рис. 5. Интенсивность кариозного процесса

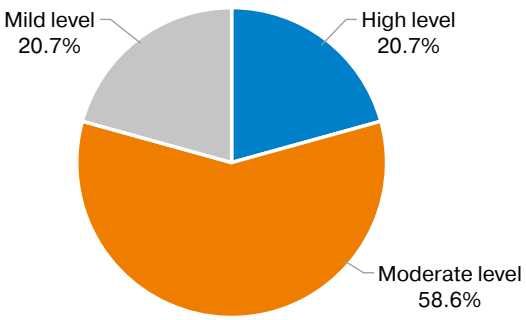

Fig. 6. Degrees of gingival inflammation

Рис. 6. Степени воспаления десны

Analysis of the stress assessment using the PSM-25 scale showed that over 50% of respondents were experiencing stress at the time of the survey. Moderate stress levels were found in 34.5% of students, high stress in 27.2%, and low stress in 48.3% of students (Fig. 8).

Students with high stress levels had a decompensated form of caries in 100% of cases. Among students with moderate stress, 50% had decompensated caries, 40% subcompensated, and 10% compensated. Most students with low stress also had decompensated caries (64.3%), subcompensated in 21.4%, and compensated in 14.3% (Fig. 9).

The assessment of dental anxiety using the Corah Dental Anxiety Scale (DAS-R) revealed that 20.7% of respondents had a high level of anxiety, 34.5% medium, 26.7% mild, and 17.2% exhibited dentophobia (Fig. 10). All students with dentophobia had a decompensated form of caries.

Among students with high anxiety, none had a compensated form of caries; 66.7% had decompensated caries and 33.3% subcompensated. For students with medium anxiety, 10% had compensated caries, 20% subcompensated, and 80% decompensated. Students with mild anxiety showed 25% compensated, 37.5% subcompensated, and 37.5% decompensated caries (Fig. 11).

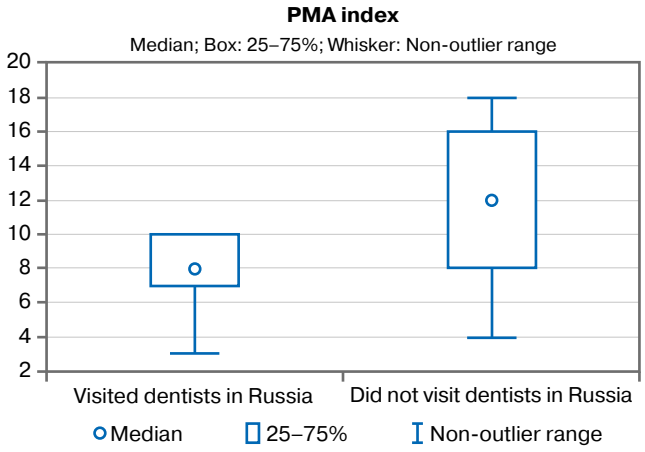

Fig. 7. PMA Index

Рис. 7. Индекс PMA

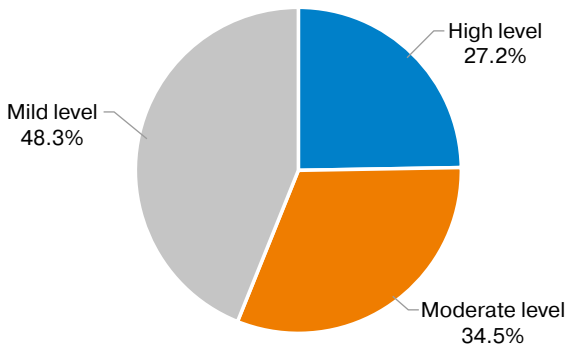

Fig. 8. Stress levels

Рис. 8. Уровень стресса

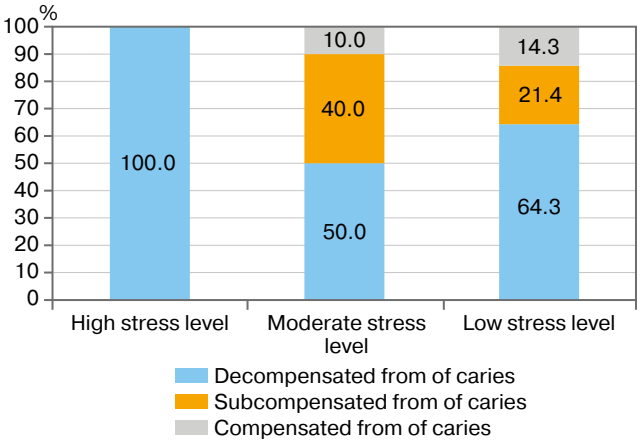

Fig. 9. Distribution of caries forms among students with different stress levels

Рис. 9. Распределение форм кариеса у студентов с разным уровнем стресса

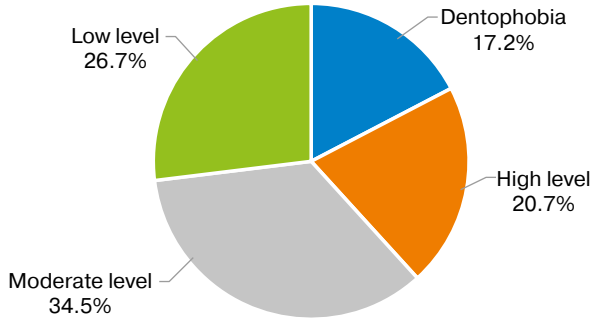

Fig. 10. Dental anxiety according to the Corah Dental Anxiety Scale (DAS-R)

Рис. 10. Стоматологическая тревожность по шкале Кораха

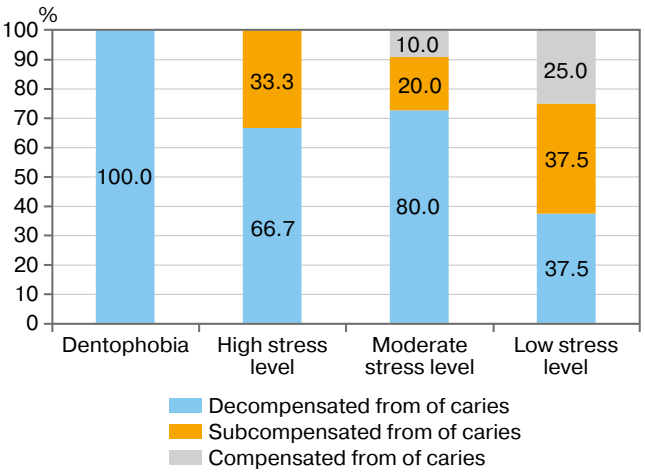

Fig. 11. Distribution of caries forms among students with different levels of dental anxiety according to the Corah Dental Anxiety Scale (DAS-R)

Рис. 11. Распределение форм кариеса у студентов с разным уровнем стоматологической тревожности по шкале Кораха

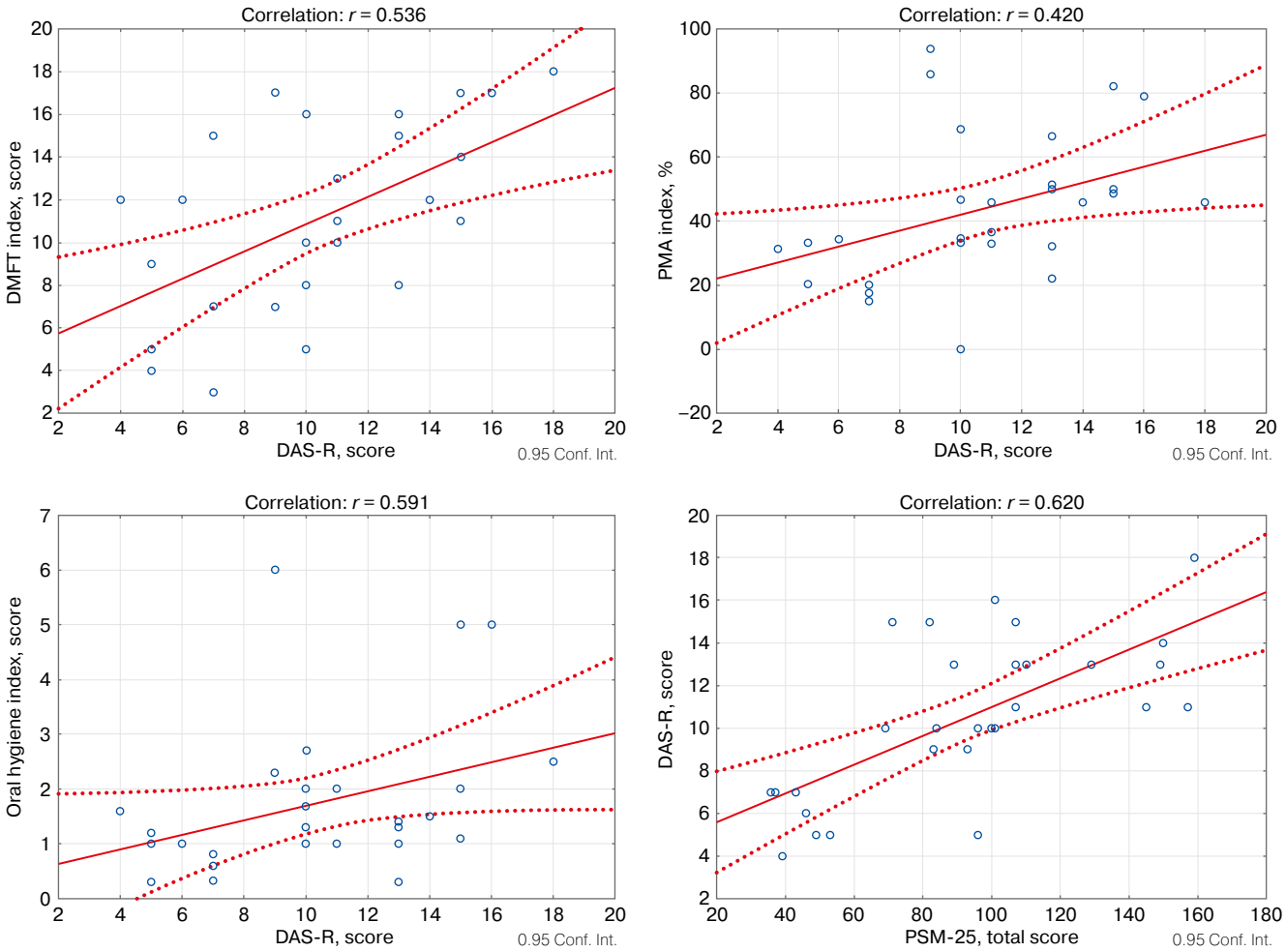

Fig. 12. Correlation between dental anxiety (Corah DAS-R) and DMFT index, PMA index, oral hygiene index, and stress level

Рис. 12. Корреляционная взаимосвязь между показателями стоматологической тревожности по шкале Кораха и показателями КПУ, PMA, индексом гигиены и уровнем стресса

A significant correlation was found between dental anxiety levels according to the Corah Dental Anxiety Scale (DAS-R) and the following parameters: DMFT index ($rS = 0.536$), PMA index ($rS = 0.420$), oral hygiene index ($rS = 0.591$), and PSM-25 stress score ($rS = 0.620$).

A survey assessing students' oral health literacy and awareness revealed that only 20% brushed their teeth twice daily or more, 52% brushed once a day, and 28% less than once daily. Daily use of interdental hygiene tools was reported by 20% of respondents, 36% used them once a week, 24% two to three times per week, and 20% never used such tools.

Overall knowledge about oral health was low: 84% believed diet does not affect oral health, 72% assumed no pain means no oral disease, 52% were unaware of fluoride's anticaries effect, and 72% thought systemic conditions, such as diabetes, do not influence oral health.

Regarding dental visits, 40% of students considered seeing a dentist important only in urgent situations, and 72% believed that absence of pain indicates no oral disease.

DISCUSSION

The study demonstrates that international students exhibit low dental health-seeking behavior and are generally reluctant to visit dentists for preventive or routine care, often delaying visits until treatment becomes necessary. These students face multiple barriers to accessing dental services, including financial, cultural, linguistic, and structural obstacles. A significant structural barrier is the lack of knowledge about the host country's healthcare system, including how to schedule appointments and where to seek assistance. Limited understanding of healthcare navigation, particularly when combined with language and cultural barriers, significantly impedes access to dental care.

Academic stress associated with studying in a new cultural environment also negatively affects oral health. Stress can lead to poorer oral hygiene, as students may neglect regular brushing and other hygiene practices due to time constraints or lack of motivation. Additionally, insufficient oral hygiene

knowledge and skills may stem from cultural differences in oral care practices or limited access to accurate information.

The results indicate that the prevalence and intensity of dental diseases among surveyed international students are high, while utilization of dental services is low. Professional assessments of oral health were substantially worse than students' self-evaluations, reflecting gaps in awareness of oral health risks. Oral hygiene assessment revealed generally inadequate care, with students often not following recommended hygiene routines or using proper preventive products. Survey responses confirmed students' acknowledgment of their limited knowledge in oral hygiene and its importance for overall health.

Among barriers encountered, language difficulties and fear of dental procedures were most frequently reported. Language challenges can hinder communication with dental staff, potentially leading to misunderstandings regarding diagnosis, treatment plans, and oral care instructions. Misinterpretation of preventive advice and insurance information may also result from linguistic limitations, highlighting the need for targeted interventions to improve accessibility and understanding of dental care for international students.

CONCLUSIONS

Oral health among international students represents a significant concern, characterized by high prevalence of dental caries and periodontal diseases. Multiple factors – including financial, cultural, linguistic, and structural barriers – impede access to necessary dental care. Behavioral aspects, such as academic stress and oral hygiene practices, further negatively affect students' oral health.

Identified risk factors and barriers emphasize the need for targeted interventions that address the specific needs of international students. Participatory approaches, engaging students in preventive care and education, can be particularly effective in overcoming cultural and language barriers, while enhancing awareness and motivation for maintaining oral health.

To address these challenges, universities and student support services should develop culturally and linguistically adapted educational and informational programs. Ensuring access to affordable dental care, including guidance on insurance and financial support options, is essential. Providing language assistance during medical consultations is also a critical measure.

Finally, creating an inclusive and supportive environment that facilitates adaptation and reduces stress may positively impact overall health, including oral health, among international students.

REFERENCES / СПИСОК ЛИТЕРАТУРЫ

1. Fazylov A.A., Yagafarova G.A., Rodionov G.A. The problem of adaptation of foreign students in the Russian student environment on the example of the Republic of Bashkortostan. *International Research Journal*. 2023;(7):1–4. (In Russ.) https://doi.org/10.23670/IRJ.2023.133.80
   Фазылов А.А., Ягафарова Г.А., Родионов Г.А. Проблема адаптации иностранных студентов в российской студенческой среде на примере Республики Башкортостан. *Международный научно-исследовательский журнал*. 2023;(7):1–4. https://doi.org/10.23670/IRJ.2023.133.80
2. Makeeva I.M., Daurova F.Y., Pyatigorskaya N.V. Dental diseases prevention and treatment among foreign students from different regions of the world. *Annals of the Russian Academy of Medical Sciences*. 2013;68(3):59–61. (In Russ.) https://doi.org/10.15690/vramn.v68i3.601
   Макеева И.И., Даурова Ф.Ю., Пятигорская Н.В. Особенности оказания стоматологической помощи иностранным студентам, прибывшим из различных климатогеографических регионов мира. *Вестник Российской академии медицинских наук*. 2013;68(3):59–61. https://doi.org/10.15690/vramn.v68i3.601
3. Aarabi G., Reissmann D.R., Seedorf U., Becher H., Heydecke G., Kofahl C. Oral health and access to dental care – a comparison of elderly migrants and non-migrants in Germany. *Ethn Health*. 2018;23(7):703–717. https://doi.org/10.1080/13557858.2017.1294658
4. Shevlyakova M.A. *Morbidity of oral cavity organs and features of providing dental care to international medical university students* [Abstract of Dissertation for the Degree of Cand. Sci. (Med.)]. Tver; 2011, 23 p.
   Шевлякова М.А. *Заболеваемость органов полости рта и особенности оказания стоматологической помощи иностранным студентам медицинского вуза* [автореф. дис. ... канд. мед. наук]. Тверь; 2011. 23 с.
5. Farsi N.J., Merdad Y., Mirdad M., Batweel O., Badri R., Alrefai H. et al. Oral health knowledge, attitudes, and behaviors among university students in Jeddah, Saudi Arabia. *Clin Cosmet Investig Dent*. 2020;12:515–523. https://doi.org/10.2147/CCIDE.S272986
6. Yassin H.W., Fida S., Alphonsus K., Lieffers J., Singh A. Oral health knowledge, attitudes, behaviours and status among international post-secondary students: a scoping review. *Front Oral Health*. 2025;6:1555165. https://doi.org/10.3389/froh.2025.1555165
7. Ketova N.A., Muravyova M.R., Perepelkina A.Yu. Perception of dental care by russian and foreign students. *Collection of Humanitarian Studies*. 2023;(4):38–43. (In Russ.) https://doi.org/10.21626/j-chr/2023-4(37)/5
   Кетова Н.А., Муравьева М.Р., Перепелкина А.Ю. Восприятие стоматологической помощи российскими и иностранными студентами. *Коллекция гуманитарных исследований*. 2023;(4):38–43. https://doi.org/10.21626/j-chr/2023-4(37)/5
8. Shevlyakova M.A., Gavrilova O.A., Shevlyakova L.A., Kosyreva T.F., Safroshkina V.V. The ways of saving a dental health of foreign students in medical higher school. *Endodontics Today*. 2013;11(1):50–53. (In Russ.) Available at: https://www.endodont.ru/jour/article/view/587 (accessed: 14.05.2025).
   Шевлякова М.А., Гаврилова О.А., Шевлякова Л.А., Косырева Т.Ф., Сафрошкина В.В. Пути сохранения стоматологического здоровья иностранных студентов медицинского вуза. *Эндодонтия Today*. 2013;11(1):50–53. Режим доступа: https://www.endodont.ru/jour/article/view/587 (дата обращения: 14.05.2025).

9. Doak S., Kearney J.M., McCormack J.M., Keaver L. The relationship between diet and lifestyle behaviours in a sample of higher education students; a cross-sectional study. *Clin Nutr Espen*. 2023;54:293–299. https://doi.org/10.1016/j.clnesp.2023.01.036
10. Tokmakova S.I., Bondarenko O.V., Mokrenko E.V., Lunitsyna Iu.V., Levchenko O.G. Assessment of adult literacy in dental health issues. *Russian Journal of Stomatology*. 2021;14(2):20–24. (In Russ.) https://doi.org/10.17116/rosstomat20211402120
Токмакова С.И., Бондаренко О.В., Мокренко Е.В., Луницына Ю.В., Левченко О.Г. Оценка уровня грамотности взрослого населения в вопросах стоматологического здоровья. Российская стоматология. 2021;14(2):20–24. https://doi.org/10.17116/rosstomat20211402120
11. Ghaffari M., Rakhshanderou S., Ramezankhani A., Mehrabi Y., Safari-Moradabadi A. Systematic review of the tools of oral and dental health literacy: assessment of conceptual dimensions and psychometric properties. *BMC Oral Health*. 2020;20(1):186. https://doi.org/10.1186/s12903-020-01170-y
12. Vodopyanova N.E. *Psychodiagnostics of stress*. St. Petersburg: Piter; 2009. 336 p. (In Russ.) Available at: https://trening-stressoustojchivosti.ru/wp-content/uploads/2018/07/n-e-vodopyanova-psihodiagnostika-stressa.pdf (accessed: 14.05.2025).
Водопьянова Н.Е. *Психодиагностика стресса*. СПб.: Питер; 2009. 336 с. Режим доступа: https://trening-stressoustojchivosti.ru/wp-content/uploads/2018/07/n-e-vodopyanova-psihodiagnostika-stressa.pdf (дата обращения: 14.05.2025).
13. Greene J.C., Vermillion J.R. The simplified oral hygiene index. *J Am Dent Assoc*. 1964;68(1):7–13. https://doi.org/10.14219/jada.archive.1964.0034

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