Preventive and curative dental measures have proven to be ineffective without making patient to realize the importance of personal oral hygiene. This is the reason why the role of patient compliance increases, especially when periodontal diseases require long-term treatment and its cessation leads to acute exacerbation and severity of the diseases.

According to WHO, about 45-50% of patients with chronic periodontal diseases do not follow medical recommendations which is associated with negative medical and social consequences. Patients' adherence, accuracy of non-medical procedure management, diet maintenance, bad health habits limitation and a healthy lifestyle development are involved in the term compliance which literally (verbatim) means flexibility, malleability, acceptance, encouragement. The compliance problem has increased due to the fact that dentists focus on symptoms elimination as well as prevention of dental diseases exacerbations. High importance is given to patient's adherence to dental recommendations.

International studies highlight positive compliance in periodontal practice. Treatment efficacy depends on certain factors including patient compliance. There is an association between patient compliance and teeth loss, teeth extraction caused by periodontal disease, and remission of dental diseases. Patient psychological and individual status influences patient compliance development.

The health of students has attracted serious attention recently, however, it remains poor. An increased incidence of digestive system diseases, a decrease in number of healthy students, an increase in students with two or more diseases are usually observed during university study. Students are one of the least protected segments of the population. At present, the prevalence of dental diseases is high among students. The health of oral cavity is influenced by the risk factors related to the economic and social aspects of life of the population, their habits, and the state of somatic health. University study makes high requirements to the health of students. It has been established that the absence of bad habits and healthy diet are not students' healthy lifestyle components. Frequency of socio-hygienic risk factors of a behavioral nature,
namely tobacco smoking, the level of oral hygiene activities, adherence to treatment are not sufficiently studied.

The department of propaedeutic dentistry of the VSMUN.N. Burdenko has assessed dental compliance of 100 dental students of the 2nd and 3rd years through a questionnaire and an objective assessment.

The examination of the students revealed caries and its complications in 83.5%, the intensity of the carious process (CPI) was $4.21 \pm 0.3$ tooth per examined person. On average, for one student 1.12 of tooth requires treatment.

Periodontal diseases were diagnosed in 79%, bleeding of the gums in 25.2%, tartar in 54.1%, periodontal pockets less than 5 mm were found in 12.3% of students.

The students health screening revealed the presence of a number of somatic diseases: pathology of the gastrointestinal tract, bronchial asthma, arterial hypertension. Students with the gastrointestinal tract diseases tend to suffer from diseases of hard tissues of the oral cavity more often. The negative influence of tobacco smoking on periodontal tissue was revealed. Smokers have higher caries and hygiene level index. They also have tartar and periodontal pockets. The study of students' attitudes toward dental care and the problems of oral disease prevention has shown that only 5% of students before the university enrollment visited dentist regularly.

The number of students who visit the dentist for the prevention of dental diseases on a regular basis has increased to 35.1% on the 3rd year. Defining the level of students’ hygienic oral care activities, according to their psycho-emotional state (the level of personal anxiety, depression), showed that the total number of those who followed at least one recommendation for hygienic oral care was higher among the students with an average level of anxiety compared to students with a high and low anxiety level. Students without depression (Not depressed students) performed hygienic activities more often than students in a subdepressive state or with mild depression. Obtained data on the risk factors, prevalence, the structure of oral diseases among young people should be taken into the account when developing university students' dental care programs aimed at reducing the incidence of hard tissues diseases of the oral cavity. Thus, the compliant behavior of young patients depends on motivation to maintain a healthy lifestyle and oral hygiene. Apparently, the main factors determining the compliance to dental treatment are age, gender, level of education, social status, and psychological factors. Complete and accessible information about the dental treatment is the basis for adherence to medical prescriptions and dental recommendations of. Responsible attitude to health, patient's adherence to treatment of various pathologies of the maxillofacial area are associated not only with social factors but also with the nature of the nosology, its clinical course and prognostic data.

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