FEATURES OF EATING DISORDERS IN CHILDHOOD AND ADOLESCENCE

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Eating disorders (ED) described in patients of different ages, as determined by the multifactor effect on the satisfaction of nutritional needs of man. The main manifestations of the ED include anorexia nervosa (AN) and bulimia nervosa (BN). In the second half of the 20th century there has been a steady increase in the incidence and sometimes talked about the "epidemic". By the beginning of the 21st century the incidence has stabilized, however, in children and adolescents has continued to increase for 15 years, there has been a more than twofold increase. The pattern of ED prevailed AN typical, now greatly increased the number of patients NB and atypical forms.

AN-a conscious restriction of food intake, up to complete refusal from food is that the vast majority of cases due to the presence of body dysmorphic disorder, a pathological dissatisfaction with their appearance and in particular completeness, which may be Intrusive, overvalued or delusional in nature. Most often, the disease manifests at the age of 12-16 years, among the patients is dominated by girls and young women. However, in recent decades there has been a significantly earlier onset of the disease-the first symptoms of the initial period in the form of severe fixation on their appearance and completeness appear at the age of 5-10 years. This applies primarily to students sports clubs and ballet classes. Much more was celebrated cases for boys, largely due to the "cult" a good figure and "healthy diet" in the modern period.

When revealed high levels of comorbidity. Most often it is the affective pathology: up to 80% of children and adolescents suffer depression with prevalence of anxious and depressive symptoms with a tendency to prolonged duration. Combination with obsessive-compulsive disorders, 35-40%, in most cases, the preceding demonstrations.

Predictors of unfavourable prognosis: persistent dismorphophobia (dysmorphomania) symptoms; the severity of obsessive-compulsive symptoms; perfectionism and autistic accentuation of the personality; violation of child-parent relationship; duration of disease more than 3 years.

BN is manifested by repeated episodes of overeating, feeling nonsaturation, compensatory behavior (food restriction, self-vomiting, abuse of diuretics, laxatives, anorectics) aimed at preventing increase of body weight. The disease is also the symptoms of body dysmorphic disorder and severe addiction self-assessment of body weight. Lately there is a decrease in age of onset of the disease: 25 years at the end of the 20th century up to 14-18 years at the beginning of the 21st century. Early

BN is typically the simultaneous occurrence of periods of severe restrictions in food and episodes of overeating. For BN, more often than the characteristic comorbid mental pathology, which is revealed almost 90% of patients, with the risk of developing depressive disorders more than 10 times, dysthymia in 6 times in comparison with the risk in the General population. In 40% of cases of BN combined with obsessive-compulsive disorder, 20% with social phobia. Often found personality disorder with a tendency to self-harm, suicide, addictive diseases.

BN with the demonstration in early adolescence has a poor prognosis and a tendency to chronicity. Remission lasting more than the year marked less than 60% of cases, with most patients maintained dysmorphophobia symptoms. Factors of unfavorable prognosis for BN: personality disorder; impulsivity; the severity and duration of affective pathology; the presence of overweight in children and adolescence.

Features clinics, dynamics ED in childhood and adolescence determine the need for appropriate treatment and rehabilitation approaches to the treatment of these diseases.