

AGGRESSIVE AND AUTOAGGRESSIVE MANIFESTATIONS IN EATING DISORDERS

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Eating disorders (ED), especially anorexia nervosa (AN) and bulimia nervosa (BN), continue to attract the attention of psychiatrists in many countries due to the ever increasing number of patients. Pathomorphosis in the form of an extension of the age boundaries of the manifestation of the disease, the frequency of development of difficult bulimic symptoms and atypical forms of AN and BN, the tendency to increase in self-harm, persisting at a rather high level of suicidal risk, necessitate further study of all aspects of the ED and, in particular, aggressive and autoaggressive tendencies, weighting the course, treatment and rehabilitation of these patients.

In the process of long-term observation of patients with eating disorders, it was found that for the dynamics of both AN and BN, the formation of aggressive behavior is typical. Conditions for the development of aggressive trends were both biological and social factors. An important role belonged to the premorbid state, the appearance or sharpening of previously existing psychopathic traits of character with the increase in the process of disease of explosiveness and hysterical forms of response. Aggression in the form of rudeness, incontinence, infliction of bodily harm, was manifested most often when relatives tried to feed the patient, to follow her eating behavior, and was directed primarily at parents, less often - brothers, sisters, husbands. The fear of gaining weight (and / or fear of eating) characteristic for the clinic of anorexia nervosa was often accompanied by a desire to force-feed, feed mothers, younger brothers and sisters, and their own children.

In patients with BN aggression occur when trying family discourage overeating, and inducing vomiting. When it was impossible to obtain the necessary products, patients tried to resort to theft, which could lead to serious social consequences, in particular, several patients were brought to criminal liability.

In both groups, but more often in patients with bulimic disorders, there were auto-aggressive tendencies in the form of self-harm, suicidal thoughts, and even attempts. It should be noted that camp bridge action (cuts on the wrists, forearms, hips, abdomen, scratching of the skin, moxibustion, head banging against the wall) in recent years are much more common (20% now vs. 0.2% 15 years ago).

In conclusion, it should be noted that aggressive and autoaggressive disorders in anorexia nervosa and bulimia nervosa are a special type of aggression and are largely related to the specificity of these diseases.

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COMPARATIVE ASSESSMENT OF OVEREATING EPISODE PHENOMENOLOGY AMONG PATIENTS WITH EATING DISORDERS AND HEALTHY ADULTS

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Overeating episode can be assessed as a transdiagnostical symptom, which is considered to be specific for eating disorders but can also be observed in other mental states such as depression, anxiety disorders, addictions, etc.

The objective of the trial is to evaluate and compare dynamics of overeating episodes among patients with eating disorders, patients with depression and healthy adults.

Methods: A randomized sample of subjects (N=134, male and female, age 26-65), who reported at least one overeating episode in a last week, were examined with questionnaire, specially developed for assessment of phenomenological dynamics of overeating episode. The sample was composed out of three comparative groups. Patients of the first group (n=45, male and female) had diagnosis of depression (ICD-10), patients of the second group (n=37, male and female) were diagnosed with an eating disorder of bulimic type. Data was controlled by a sample of healthy adults (n=52, male and female). Assessment was performed once and included only one previous overeating episode.

Results: The overall dynamics of all overeating episodes included common phases: triggers, overeating itself and consequences. Episode itself could be characterized by impulsiveness, compulsiveness or both. All three phases were described in terms of thoughts, emotions, physical sensations and behavior for each patient.

Some significantly different characteristics of overeating episodes were established in the investigated groups. Compulsiveness was significantly more frequent in patients with eating disorders compared to other groups ($p < 0.05$). Impulsiveness was equally present in all individuals from every group (even in healthy adults) in the beginning of the episode. Healthy adults experienced positive emotions more frequently ($p < 0.05$) in the process of eating, while patients with depression and eating disorders usually reported feeling “nothing”, which they nevertheless interpreted as a positive feeling compared to negative emotions they experienced before the episode. Patients with eating disorders and depression more frequently tend to plan overeating episode while healthy adults don't ($p < 0.05$).

Conclusion: The dynamics of overeating episodes included common phases in all investigated groups. Some clinically significant differences of the phases were established.

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DYSMORPHOPHOBIC DISORDERS IN PATIENTS WITH EATING DISORDERS

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Introduction: Anorexia nervosa (AN) and bulimia nervosa (BN) is one of the first places in the risk of fatal outcome among eating disorders have a tendency to chronicity and high suicidal risk. Psychopathological basis is a pathological dissatisfaction with one's own body or dysmorphic disorder, which is characterized by obsessive, overvalued or delusional ideas of physical disability. Dysmorphic disorder influence the formation of affective pathology, reduces the quality of life and level of social functioning.

Objective: To assess the degree of satisfaction/dissatisfaction with own body and its individual parts (abdomen, thighs, buttocks) in patients with AN and BN and the correlation of dissatisfaction with own body and affective disorders and quality of life.

Subjects and Methods: 120 female patients with AN and BN at the age of 13 to 44 years, average age 18 years (\pm of 5.81). The disease duration from 6 months to 24 years. Questionnaire image of own's body (QIOB); Scale of satisfaction with one's body (SSOB); hospital scale of anxiety and depression (HADS); Questionnaire assessment of quality of life (SF-36); the statistical package of Microsoft Excel.

Results: At QIOB - expressed dissatisfaction with their body 83.33%, moderate at 16.67% of the patients. At SSOB - characteristics related to the head (eyes, nose, ears) is not satisfied of 29.17% of the patients, belonging to the torso (stomach, chest, back) 42.50%, lower body (buttocks, pelvis, thigh) of 54.17%. The number of dissatisfied all of these body parts equals 35%, which is clinically defined as polydysmorphofobia.

According to the test SF-36 - PH (a physical component): a low value 26.67%, average of 65%, an increased value of 8.33% of the patients; MH (mental component): a low value at 23.33%, the lower value of 55%, the average of 21% of the patients. Test HADS: subclinical anxiety - 23.33%, a clinical - 43.33% of patients; subclinical depression - 15.83%, clinical - of 29.17% of the patients.

Dissatisfaction with one's own body has a noticeable correlation with anxiety and depression. Dissatisfaction with one's own body is significantly correlated with the mental component of quality of life, exerting a weak influence on the physical component.

Conclusions: Pathological dissatisfaction with one's own body or dysmorphic disorder in patients with AN and BN significantly affects their affective state, level of anxiety and depression, reduces the quality of life and leads to social maladjustment.