

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.