

**Subjects and methods:** Based on a questionnaire developed by WHO experts for the European model of "health management, environment and security in the workplace", conducted surveys of health care workers (HCW): medical doctors and nurses. Surveys were done among 68 health care workers of city hospital and 164 HCW of country side hospital. The questionnaire presented questions that reflect social status, lifestyle, character and security of employment, the presence of stress factors both production and non-production nature. Individual attention was paid to health, physical activity, and nutrition. Statistic methods as criteria of 2 were used.

**Results and discussions:** Analyzing the study we find: 19.1% of HCW were fully satisfied, 57.3% - more a less satisfied, 20.3% - less satisfied and 2.7% - were not totally satisfied by occupation job. Among city HCW less satisfied and not satisfied workers had a higher level than among country side's HCW ( $\chi^2=2.6$ ,  $p=0.036$ ). Sleeping problems more than once in week, met 37.4% of HCW, once per week or less - 28.0%, never - 34.6%.

Painkillers drags have taken 67.8% of HCW, sedation pills - 33.3% of HCW.

Analysis of survey presented higher level of psychophysiological symptoms (two and more) among city HCW ( $\chi^2=7.8$ ,  $p=0.005$ ), and higher level of behavioral symptoms ( $\chi^2=3.9$ ,  $p=0.048$ ), among city HCW with complaints of fatigue at the end of working hours.

Survey conducted of the medical personnel showed high prevalence among them psychophysical, social and psychological, behavioural symptoms that allows to think of high probability of formation of a syndrome of professional stress.

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## ALCOHOLISM AND EATING DISORDERS

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The study included data from a 10-year follow-up of 119 patients with AN and BN. The aim of the study was to investigate the prevalence of alcoholism among parents and patients with anorexia nervosa and bulimia, as well as its role in the formation of eating disorders. Hereditary alcoholism of one or both parents (based on statistically confirmed data on hospitalization for alcoholic illness) was noted in 35 (29%) patients. Regular alcohol abuse was rather normative than reflecting individual psychopathology in 84 (71%) of patients' fathers, while being raised with an insufficient father's role, a lack of communication with him or his actual absence occurred in 73 (61%) patients with AN and BN. The etiological role of parental alcohol abuse in the development of anorexia nervosa has also been confirmed by the analysis of the terms of conception and duration of pregnancy in mothers of the examined patients: there was found a statistically significant ( $p \leq 0.01$ ) prevalence of conception periods attributable to culture-mediated periods of mass alcoholism in Russia: January (a decade of New Year celebrations), March (the celebration of February 23 - March 8), as well as the period of summer holidays. The prevalence of alcoholism among patients in the study group was 13% (16 cases) with a catamnestic follow-up duration of more than 5 years, while the prevalence of alcoholism in patients with bulimia nervosa was 3.2 times greater than that of anorexia nervosa. In this connection, the patients' subjectively marked change in the attitude towards alcohol intake is noteworthy: with prolonged restriction in food and low body weight, more than half of patients noted the appearance of cravings for alcohol, while before the onset of the disease, anorexia nervosa and bulimia 92 (77%) patients experienced a neutral or negative attitude towards alcohol, felt unpleasant consequences when taking even small doses of low-alcohol drinks, noted "body intolerance to alcohol". The existence of a relationship between the onset of alcoholism, prolonged eating restrictions and other ways to reduce body weight with anorexia nervosa and bulimia requires further study.