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Self-evaluation in patients treated for anorexia nervosa in Lublin province

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Summary

Introduction. Self-esteem, or esteem, towards oneself has a tremendous impact on the various areas of human functioning. However, sometimes ICD-10 eating disorders with anorexia nervosa may adversely affect the perception of one's own body along with its self-evaluation. According to current medical knowledge, these disorders belong to serious mental disorders occurring mainly in young girls and women.

Aim. The aim of the study was to determine the self-esteem of women treated for anorexia as classified by ICD-10 F 50.1. in medical facilities.

Material and methods. The survey included 72 randomly selected women and adolescents of all ages who benefited from medical care and were diagnosed by specialists. The anonymous questionnaire was addressed to women and young girls suffering from anorexia nervosa. Patients were treated at the National Cancer Institute in Kraśnik, SN ZOZ in Lublin and USD in Lublin. The study was conducted from February to August 2017.

Results. The study showed a significantly reduced self-esteem in patients, self-dissatisfaction, loss of sense of life. This disease mainly affects young girls and women up to 30 years of age who live in large cities.

Conclusion. Positive was the result that 78% of women perceive anorexia as a disease and can properly indicate its adverse health consequences.

Key words: Anorexia, eating disorders, women, psychiatry

Introduction

In recent years, eating disorders have become an increasing social problem, which has been classified in ICD-10 (International Classification of Diseases) [1] (Tab.1). Eating disorders include both obesity, overweight, and various types of malnutrition. Overweight and obesity may affect up to two thirds of the population in economically developed countries and is a frequently discussed issue in a variety of publications and media [2].

Table 1. Classification of eating disorders according to ICD-10 (International Classification of Diseases).

Eating Disorders (F50) - Behavioral Disorders Associated with Physiological Disorders and Physical Factors
F50.1 Anorexia nervosa
F50.2 Atypical anorexia nervosa
F50.3 Psychological fatigue (bulimia nervosa)
F50.4 Atypical mental hyperthermia
F50.5 Overexposure to other psychological factors
F50.6 Vomiting associated with other psychological factors
F50.7 Other eating disorders
F50.8 Eating disorders, not specified

Anorexia nervosa occurs more commonly in girls and women. Men account for only 5-10% of patients with this diagnosis. Mostly affected are girls in adolescence, the morbidity rates are at the age of 13 and 18 years [3]. Malnutrition is often the result of neglecting of care and education, poverty, pathological behavior in the family, and somatic diseases, when convalescence patients should apply a restrictive diet. Anorexia may have different causes, but it is worth mentioning that the disease can initiate, among others, low self-esteem, inappropriate perception of the body, lack of acceptance among the loved ones, leading to dysfunction of the patient in the sphere of functioning in society and disorders physiological. The image of a human being manifested through the body not only distinguishes the individual from the environment, but is an essential element of identity and affects self-esteem and mental condition [4]. The problem starts when a woman relies on a distorted perception of objective gauges (BMI) and her own body, which can be seen in patients with anorexia. Anorexia nervosa is also distinguished by disorders of the body image with the presence of dysmorphophobia (mental disorder, characterized by fear of unesthetic appearance or bodybuilding) [5,6], which leads to reduced caloric values of meals, excessive exercise, negative balance energy and, consequently, weight reduction.

Women take weight gain as weakness and failure and fall as a manifestation of self-control and strength. Long-term anorexia can have a negative impact on the psyche of young women, as low self-esteem leads to dangerous life depression, reduced social and interpersonal contacts,

leading to withdrawal and suicide attempts. Mortality in the course of anorexia ranges from 5.7 to 15% in girls who have not been cured until age 24 [7].

Aim of the study

The aim of the study was to determine the self-esteem of women treated for anorexia as classified by ICD-10 F 50.1. in medical facilities.

Materials and methods

The survey included 72 randomly selected women and adolescents of all ages who benefited from medical care and were diagnosed by specialists on the basis of anthropometric indicators as:

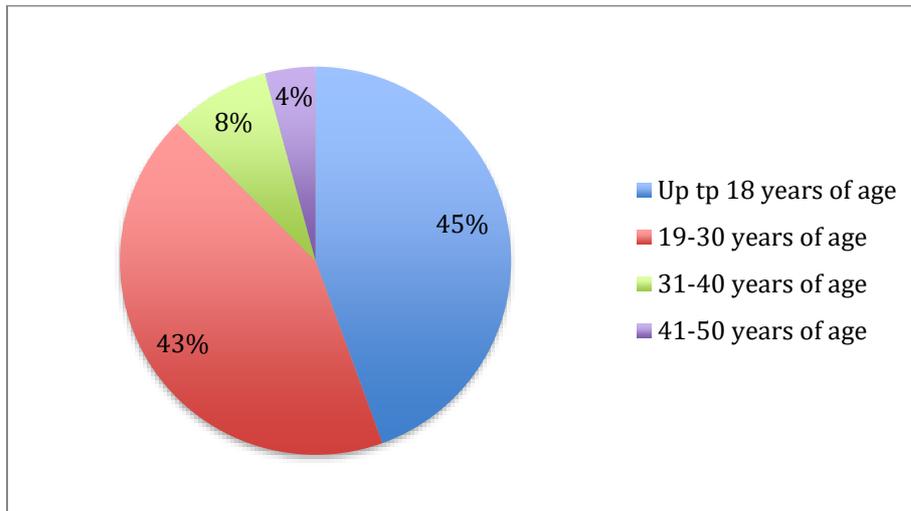
- Sizes and proportions of the body
- Time variability of body weight
- Tissue composition
- Body fat distribution
- Child development and maturation (in the case of minors)
- BMI

The self-evaluation of women and teenagers suffering from anorexia nervosa was analyzed among patients in the ZOZ in Kraśnik, SN ZOZ in Lublin and USD in Lublin.

Respondents received anonymous own authorship questionnaire and consent form for participation in the study (in the case of persons under the age of 16, the informed consent form was sent to the parent or legal guardian of the patient). The study was conducted at medical facilities. Answering the 10 questions included in the questionnaire was voluntary. Respondents may have refuse to participate at any time. The survey was divided into two parts. The first one defines the characteristics of the research group. The questions in this section concerned age, education, place of residence and professional status. The second part contained questions about their self-esteem, self-esteem and perception of one's own body and sentiment.

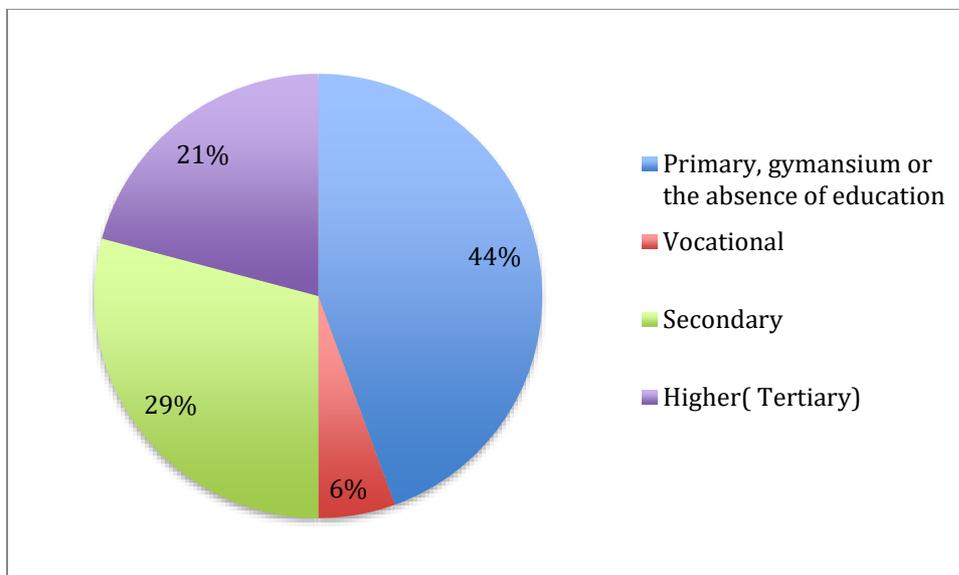
Study results

Fig 1. Percentage distribution according to age of patients participating in the study.



The study involved 72 patients, the group being female. By analyzing the age of the respondents, 45% of the respondents were aged 18 and 43% were between 19 and 30 years old. 8% of respondents are between 31-40 years of age. In contrast, 4% of the patients were aged 41-50.

Fig 2. The education of patients participating in the study.



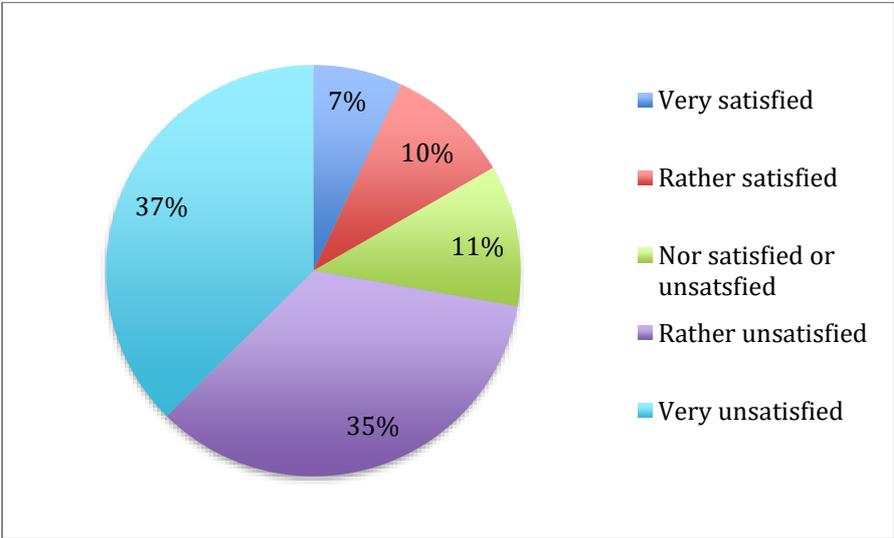
Most of the respondents had basic education, lower secondary education or they lacked education, which accounted for 44%. 29% were people with secondary education, while 21% were those with higher education. The smallest percentage of respondents were patients with vocational education, as only 6%.

Of the respondents, as many as 40% were from cities, over 350,000. residents. 9% of respondents lived in rural areas. 51% of the city's population was under 350,000.

When asked about the definition of anorexia, the majority of respondents - 78% said it was a disease. 17% thought it was a method for a slim figure. 5% of respondents believed that anorexia was a lifestyle. None of the surveyed patients believed that anorexia was a result of fashion.

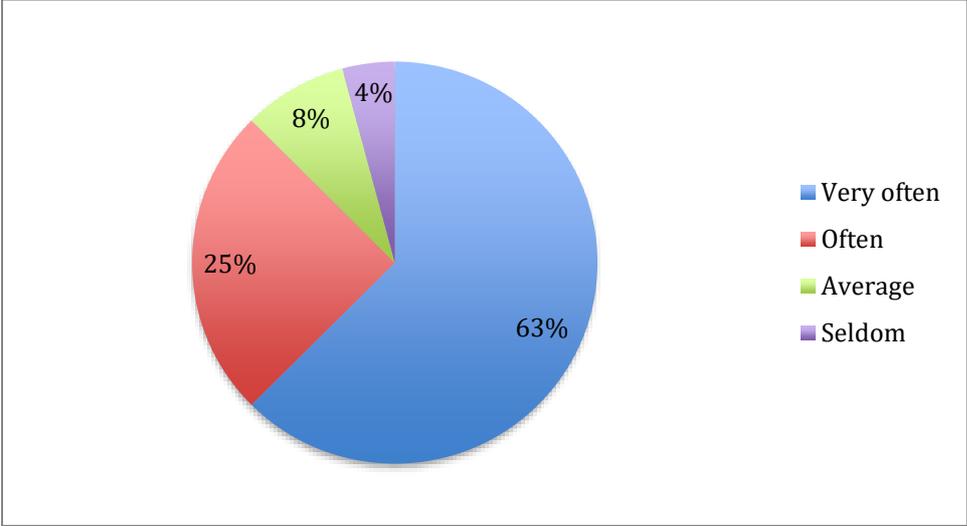
According to the polls, 35% were unable to evaluate themselves as slim. 28% thought 'it was not the case'. By contrast, 18% of the patients considered the slim silhouette to be absent. Only 5% of respondents considered themselves slim, and 14% were hesitant about the issue.

Fig 3. Self-satisfaction of patients.



The majority of respondents, 37%, were rather dissatisfied and 35% very unhappy. Only 10% of people were satisfied, while 11% were undecided.

Fig. 4. The feeling of negative moods (irritation, sadness) of patients.

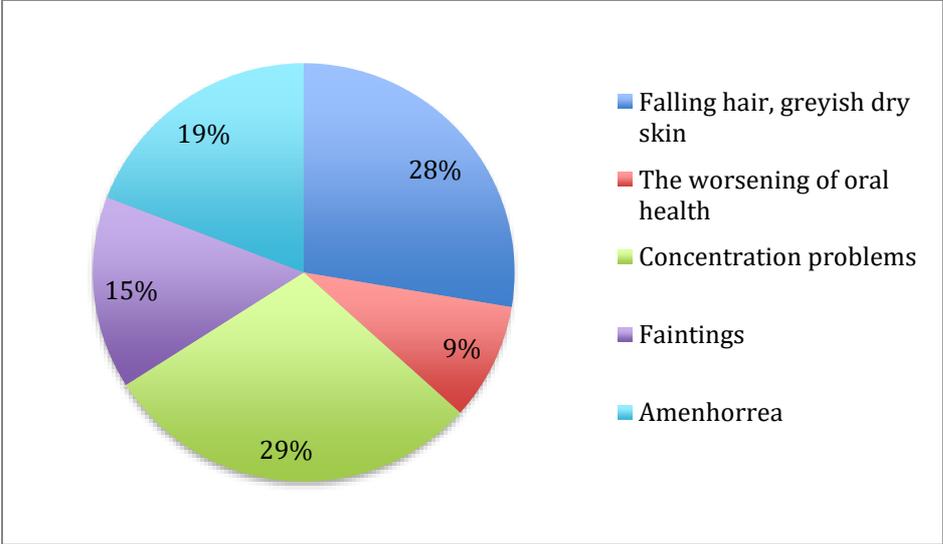


Most of the surveyed patients, 63%, believed that they often felt depressed, sad and irritated. 25% experienced this condition often and 8% - on average. Only in 4% of the respondents the uncomfortable mood was rare.

In the respondents' opinion, as many as 37% did not feel the fact that 'life makes sense', and 10% did not feel it at all. For 7% of respondents felt the significance of life is very strong, and for 10% as strong. 46% of respondents said that their sense of life was average.

Of all the respondents, 44% were more likely to conceal their importance to their physician and family. By contrast, 25% strongly concealed this state. 17% of respondents did not make a secret and 1% definitely did not make it a secret. For 13% it was difficult to determine such a behavior.

Fig 5. The consequences of malnutrition.



During the study period - 29% of people had problems with concentration and 28% had problems with hair loss and skin. One of the problems was the loss of the menstrual period, which was indicated by 19% of the subjects. 15% of respondents had faintings and 9% reported a decrease in oral health.

Discussion

Self-evaluation/esteem is the most important component of the self-image. It determines the attitude of a man towards himself. It is a set of subjective judgments and opinions expressed in the attitudes which the individual creates, including self-acceptance, love, respect and self-confidence, as well as belief in one's own ability. In women suffering from anorexia, mental self-esteem is largely dependent on the opinion that other people have about them. Respondents are more likely to be concerned about their appearance, which promotes distorted perception of one's own body. As the study shows, almost one fifth of patients do not see themselves as slim. In a similar study, the authors showed that during the course of the disease there is a gradual decline and mood swings, as well as severe depression for the patients. In both bulimia and anorexia, 37% of the girls surveyed were self-inflicted [9]. Among patients in Lubelskie, mood swings and feelings of sadness and irritability were declared by 63% of respondents, as illustrated in Fig. 4. It is also disturbing that 37% of respondents expressed dissatisfaction, 37% believe that life is unreasonable, and 10% of life is meaningless. The data obtained may be related to the results of another study that showed that self-destructive behavior in girls with anorexia nervosa was higher than in healthy girls. This applies to direct and indirect self-destruction. These life-threatening behaviors occur in at least 20% of girls [10].

Anorexia therapy is a very long-lasting process, and unfortunately the patient has no guarantee of complete healing. Successful treatment depends on the hard work and willingness of the sick person, since no effective drugs have been developed. Pharmacotherapy is only used in the treatment of other disorders that are associated with anorexia. It is also important that the time elapsed between the illness and treatment is reached. Often, it is necessary to assist specialists in several fields, including psychiatrist, endocrinologist, pediatrician for young girls, psychotherapist and dietitian. Also one should remember to comprehensively prevent recurrence of the disease.

Conclusions

1. The problem of anorexia mostly affects the female sex and is more common in young people than in the old age individuals.

2. People who have this problem most often have primary, lower secondary or higher education and come from large cities.
3. The vast majority of respondents believe that anorexia is a disease and has a problem with a rational definition of their own body.
4. Most respondents feel dissatisfied with themselves and very often irritated, depressed, sad.
5. The problem of anorexia causes people to consider that 'life does not make sense' to them. Only a small group of respondents believe that this is the case.
6. According to the respondents, the consequences of malnutrition are most often problems with hair loss, skin and concentration.
7. The vast majority of respondents are hiding their weight from the doctor and their family.

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