A CLINICAL STUDY OF FEEDING AND EATING DISORDER FEATURES UTILIZING PSYCHOLOGICAL TESTS AND QUESTIONNAIRES

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Background: Eating behavior denotes the collective relationship to food and feeding and feeding stereotypes both in normal and in stressful conditions. Feeding and eating disorders include a wide spectrum of disorders that can range from restrictive behavior to overeating. Feeding and eating disorders include many, predominantly borderline, psychopathological symptoms and syndromes (diagnostic features), which can impede diagnosis, and includes a propensity (trend, tendency) of patients for attempting to cover up motives and features of pathological eating behaviors. In order to assess the psychometric features of patients, a large variety of test and questionnaires have been developed worldwide in the last decade. However, in the Russian Federation, there is a marked deficit of valid questionnaires, adapted into the Russian language.

Objective: To study the viability of the application of specialized questionnaires and their efficacy in uncovering feeding and eating disorders, their specific characteristics when applied to the Russian population. Methods. Utilizing the resources of the PFUR department of Psychiatry and Medical Psychology and the Center for the Study of Eating Disorders clinic, the data of 95 in-patients and out-patients, 68 of whom were students of the medical institute (aged 19-25) and 27 were patients of the clinic (17-24), with the help of the Eating Attitudes Test and the "Cognitive-behavioral patterns of eating disorders" questionnaire. The Eating Attitudes Test relates to an individual's relationship with eating. It is a diagnostic instrument for eating disorders developed by David Garner at the University of Toronto. The Russian-language version was adapted relatively recently by T.A. Meshkova and N.O. Nikolaeva. The original scale was intended as a method of diagnostic screening for anorexia nervosa and consisted of 40 questions. In 1982, the creators modified the scale and created EAT-26. This scale showed a significant correlation with the original scale. Currently, the EAT-26 scale is the most common instrument used to study eating and feeding disorders and includes symptoms of disorders in the cognitive, behavioral, and emotional domains (without including subscales). The 'Cognitive-behavioral patterns of eating disorders" questionnaire is designed to uncover the presentation of the individual, study the trends of eating behavior, and for the differential diagnosis of anorexia nervosa, bulimia nervosa, and binge-eating disorder/ The questionnaire was developed at the Altai State University by O.A. Sagalakova and M.A. Kiseleva. It consists of 103 questions, divided into seven scales: food control; weight assessment avoidance; tendency to over-eat; restrictive eating behavior; emotional (emotiogenic) eating behavior; influence of body weight on self-evaluation; anorexic trends. In addition, the results can indicate the severity of the disorder.

Results: out of 68 students, 6 (8.8%) had a sum EAT-26 score (>20) that reached critical values. Of the 27 in-patients questioned the sum EAT-26 score (>20) reached critical values in 100% of cases, which speaks to the test's high reliability. The test is intended for screening, and, as such, is insufficient for a conclusive diagnosis, but a high result is indicative of a high probability of significant disturbances in eating behavior, presumably anorexia nervosa and bulimia nervosa. According to the results of the "Cognitive-behavioral patterns of eating disorders" questionnaire, of 68 students, 39 (57%) have a marked predisposition to eating disorders of varying degrees of severity: form mild (borderline values on the following scales: emotional (emotiogenic) eating behavior - 4 (6%); weight assessment avoidance in certain situations - 19 (28%); weight assessment avoidance in all circumstances - 4 (6%); to a marked predisposition to feeding and eating disorders (borderline values on the anorexic nervosa, bulimia trends scale - 8 (12%). Among in-patients, the questionnaire shows a significantly more pronounced intensity of distress concerning eating behavior: 27 (83%) show borderline and maximal results on all scales, 4 (17%) have maximal results on all scales, which attests to the existence of pronounced, clinically diagnosed eating disorders in the form of anorexia nervosa and bulimia nervosa.

Conclusion: The presented data shows the significant diagnostic efficacy of the EAT-26 for the screening of feeding and eating disorders, which can influence "at risk" groups, which require the consultation of a mental health professional. The "Cognitive-behavioral patterns of eating disorders" questionnaire helps uncover eating disorder trends, and allows to trace specific features of eating behavior. Thus, the provided test and questionnaire present a wide spectrum of application in clinical practice. The utilization of psychological testing allows distinguishing at-risk groups for feeding and eating disorders, specifying and quantifying data, concerning symptoms of eating behavior disturbances, as well as allowing the assessment of the course of the disorder for timely and appropriate treatment of patients.