ABOUT WITH PECULIARITIES OF EATING BEHAVIOR AND QUALITY OF LIFE IN ELDERLY AND SENILE PEOPLE WITH OBESITY AND COMORBIDITY

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ABSTRACT

The new trend is characterized by the rapid spread of obesity and associated diseases. Considering the fact that the life expectancy of the planet's population is increasing, the problem of the spread of obesity and associated diseases, leading to a deterioration in the quality of life in elderly and senile patients, will become extremely relevant. There is evidence that overweight and obesity are protective in acute myocardial infarction (AMI), resulting in less myocardial damage. The obesity paradox in patients with AMI is a real phenomenon confirmed in a large prospective study by the CCP (the Cooperative Cardiovascular Project) of the medical records of elderly Medicare patients hospitalized with AMI, with a 17-year follow-up (n=124,981) to evaluate the association. higher BMI with short- and long-term survival after AMI (Cox proportional hazards models were used). Life expectancy estimates tended to be lowest for morbidly obese patients and highest for overweight patients [6].

INTRODUCTION

The new trend is characterized by the rapid spread of obesity and associated diseases. Considering the fact that the life expectancy of the planet’s population is increasing, the problem of the spread of obesity and associated diseases, leading to a deterioration in the quality of life in elderly and senile patients, will become extremely relevant. There is evidence that overweight and obesity are protective in acute myocardial infarction (AMI), resulting in less myocardial damage. The obesity paradox

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Goals and objectives: to assess the prevalence of abdominal obesity (AO) in elderly and senile patients with comorbidity, the impact of obesity on quality of life (QOL), and to determine the characteristics of eating disorders (ED).

MATERIALS AND METHODS

106 people were examined, of which 86 women (81.13%) and 20 men (18.87%), average age 70.5±6.4 years, of which the group with BMI≤25 included 41 patients; 65 patients with BMI≥30. The average age of patients with BMI≤25 is 71.6±6.7 years; patients with BMI≥30 – 69.9±6.4 years. QoL was studied using a questionnaire (SF-36), in total on two scales – physical (PC) and emotional component (EC). Anxiety (T) was assessed using the Spielberg–Khanin trait anxiety (PT) and reactive anxiety (RT) scale. The study of eating behavior (EB) was carried out using the Dutch Eating Behavior Questionnaire (DEBG) for three types of disorders: restrictive eating behavior (REB), emotional eating behavior (EMBG) and externalizing behavior

disorder (ECB).

RESULTS

The prevalence of AO in the group with BMI≥30 was 100%. In the group with BMI≤25 – 80.4% (p<0.05). The average WC in the group with BMI≤25 was 87.9±8.6 cm; in the BMI≥30 group – 100.9±9.1 cm. Patients in both groups had high and moderate levels of anxiety. RT for patients with BMI≥30 averaged 37.37±10.35 points, RT – 46.27±6.97 points; RT for patients with BMI≤25 – 32.24±11.45 points, RT – 39.63±8.7 (p<0.05). In both groups, pronounced changes in indicators were revealed on all scales of the SF-36 questionnaire. In the group with BMI≤25, the average FS indicator was 40.74±9.39, median (39.78); ES – 48.56±7.9, median (49.47). In the group with BMI≥30, the average FS was 36.54±11.35, the median was 36.5, the average ES was 36.54±8.22, the median was 35.55. The total indicators of FS and ES in the group with BMI≤25 were higher than in the group with BMI≥30, both in physical (40.74 versus 36.54 points, p<0.05) and emotional (48.56 versus 36.81 points, p<0.05). Impaired PP was detected in 40 people (37.7%), in the group with BMI≤25 in 12 patients (29.2%); in the group with BMI≥30 in 28 people (43.7%). AKI was detected in 20 people (18.86%); EMPP – 7 people (6.6%); EKPP – 13 people (12.26%). According to bioimpedance measurements, in the group with BMI≥30, the average fat mass was 33.70±9.7 [22.20;69.80] kg; in the group with BMI≤25 – 22.70±5.9 [12.40;33.60] kg, (p<0.05), there is a high percentage of the fat component (95.12%). The average decrease in muscle mass in the group with BMI≥30 was 18.70±3.9 [9.50;21.80] kg (p<0.05), in the group with BMI≤25 – 17.37±5.7 [6.70; 16.10] kg (p<0.05). The average skeletal muscle mass in the group with BMI≤25 was 17.37±5.7 [6.70;16.10] kg; in the group with BMI≥30 – 38.93.70±3.9% (p<0.05).

CONCLUSIONS

1. A high prevalence of AO was revealed in elderly and senile people, including those who maintain normal body weight.

2. With age, there is an increase in adipose tissue, more pronounced in the group with BMI≥30, and an almost identical decrease in muscle mass in both groups.

3. Obesity is a significant factor determining the decline in quality of life. A decrease in QoL occurs due to both PS and ES.

4. AKI predominates in elderly and senile people.

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