Psycho-emotional aspects of the reduction technique overweight and body shaping

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In a previous publication ("Traditional Medicine" No. 1 (2), 2004), the essential foundations of a new technique for reducing excess body weight (BMI) were set out, which consists in correcting the psychological and physiological state of obese patients using auricular and corporal reflexotherapy in combined with a reduction diet against the background of leveling the motivational and behavioral characteristics of the individual. Since a distinctive feature of this technique is the creation of psychologically concretized motives of sustainable human eating behavior, psycho-emotional aspects play an essential role in solving the problem of reducing body weight at all stages of treatment.

A person suffering from overweight, as a rule, cannot achieve a stable decrease in it, since the motivation inherent in his consciousness of excessive consumption of high-calorie foods is constantly reinforced by the macro- and micro-social environment. The internal factors influencing the increase in body weight include: the genotype, the constitution of adipose tissue, the state of reactivity in connection with the metabolism of hormones, the structural and functional excitability of the centers of appetite and satiety, the emotional and psychological components of the individual's nutrition, etc. in the prenatal period and the nutritional characteristics of the child during breastfeeding and early childhood, which form "types of unconditioned reflexes associated with nutrition",

For a more accurate description of the psychological status of patients, we used an abbreviated method of personality examination (SMOL) and the personality questionnaire of the Institute named after V.I. Ankylosing spondylitis (LOBI). Prior to treatment, it was found that the main characteristics of obese patients were: concern about their health, tension and internal discomfort. They were characterized by increased, but poorly organized activity, a desire to be in the center of attention, a tendency to blame others (primarily relatives) for their difficulties, the development of somatic symptoms in stressful situations.

After the treatment, the internal discomfort and tension, signs of asthenization were significantly reduced; vigorous activity acquired a more orderly character, which indicated the growth of energy, enthusiasm, expansion of interests and ease in establishing interpersonal relationships. The actual data, quantitatively characterizing the corresponding changes, and their statistical processing were published by us in

open print.

Revealing the personal psychological characteristics of a person's attitude to obesity, their obligatory consideration at each stage of the therapeutic effect are essential in the implementation of the new technique.

According to our data, at the 1st degree of obesity, patients have a harmonious type of attitude towards it, i.e. the ability to adequately perceive both one's own state and the attitude of others to it remains. Even in the case of seeking medical help, such patients are not inclined to view their condition as a disease. They often have a disdainful attitude towards the quality of their health, to the need for treatment, which, especially with good dynamics of weight loss in the early stages (up to 1 month), sometimes leads to rejection of acupuncture. At the same time, such patients often hide behind external indifference a well-disguised concern about their future state, about the impression they make and will make on others.

With acupuncture, the LOBI level is harmonized and, although the level of sensitivity remains high enough, the ratio of the adaptive block scales becomes similar to that of healthy individuals. Such patients easily come into contact with the attending physician, actively contribute to the treatment process.

At the 2nd degree of obesity, the LOBI profile as a whole repeats the configuration described for the entire group of patients, however, anosognostic tendencies significantly decrease, which allows patients to adequately assess their condition after the course of treatment. The retention of some sensitive component may also indicate that in the future these patients will adhere to the doctor's recommendations.

At the 3rd degree of obesity, there is a "pure" sensitive type of attitude towards the disease. There is an undue concern about possible adverse impressions that patients may have on others.

After acupuncture (IRT), the type of response becomes ergopathic-sensitive, concern with the opinions of others decreases, there is an increase in the degree of responsibility in the performance of official duties, and the fear of losing one's professional status. This is due, first of all, to the subjective improvement of the somatic state, which allows the patient to perform a greater volume of professional and household duties. At the same time, it is necessary to constantly remember that they have a masked sensitivity, which often results in a state of internal anxiety and discomfort.

In general, in the process of correcting excess body weight, psychological parameters, psychological status, and personality structure of patients are significantly improved.

Of great importance is the identification and consideration of the characteristics of the personal response of patients to the therapy.

In the practical application of this method, it should be borne in mind that the maximum rate of BMI loss in the first 20 days (2.5 weeks of RTI) is observed, according to our data, in patients with grade 3 obesity (25.5%). With the 2nd degree of obesity, this figure for the same period of time is 9%. At the 1st degree - only 4%. However, with the 1st degree of obesity, the maximum rate of BMI loss is noted after 2.5 months of IRT (6.2%). At grade 2, it remains consistently high throughout the entire course of IRT. At the 3rd degree, the rate of decline gradually decreases from the first 20 days to 6 months.

This should be taken into account, since with the seeming lack of effect in persons with grade 1 obesity, treatment should be continued for up to 2.5 months. In persons with the 3rd degree of obesity, the most clinically recorded effect is observed in the first month of treatment, then the rate of its decline decreases significantly. And only with the 2nd degree of obesity, there is a uniform decrease in BMI throughout the entire period of RTI. The greatest loss of BMI is observed in persons with the 3rd degree of obesity (by the end of the 6th month it is 57.8% of the initial BMI), with the 2nd degree this indicator is less (71.8%), and with the 1st the degree of obesity is the lowest (88.2%).

It should be borne in mind that a very rapid rate decrease in BMI in a short time is a "stressor" factor affecting the patient, which leads to the need for hormonal and functional restructuring of all links in the regulation of homeostasis. In addition, with a rapid decrease in body weight, the appearance of some cosmetic inconveniences (skin defects in the form of folds) cannot be ruled out.

The study of the characteristics of the personal response of patients shows that, for example, patients with the 1st degree of obesity experience frustration from the absence of a pronounced decrease in BMI in the early stages of RTI, which often raises doubts about the correct choice of the method of losing weight and the doctor. At the same time, a negative opinion about the method of exposure is created and the risk of refusal from further procedures increases, and an incomplete course of IRT can lead to the restoration of the initial body weight.

Patients with a high BMI, having received very effective results in the first weeks of treatment, may also try to refuse further treatment. Therefore, in groups of patients with the 1st and 3rd degrees of obesity, the doctor must inform the patients about the different timing of the expected results.

In addition, patients should be informed that the rate of decrease in BMI with different duration of obesity also differs somewhat: the less the history of the disease in both men and women, the more slowly BMI undergoes changes in the early stages. However, in women with a duration of obesity up to 5 years and from 6 to 15 years in the early stages of RTI, the decrease in BMI is most intense compared to men, but with a long duration of obesity (more than 15 years) after the first 2.5 weeks of RTI, the decrease in BMI is also observed in men and women are about the same. A similar trend in the ratio of BMI loss in men and women in the second period of IRT (after 1 month) is observed only with a small duration of obesity, since with a long history of obesity, men lose body weight after 1 month from the start of IRT significantly

more than women.

Table 1

Changes in the indicators of attitudes towards the disease in obese persons under the influence of RTI

Scales Lobby	Obesity rate		
	1st	2nd	3rd
Initially			
G	37.3 ± 4.8	21.3 ± 4.6	13.4 ± 4.7
R	24.1 ± 3.2	20.4 ± 2.9	19.2 ± 3.3
3	26.2 ± 2.9	27.9 ± 2.4	21.0 ± 3.0
T	11.6 ± 2.1	9.4 ± 1.9	12.1 ± 2.3
AND	5.7 ± 2.9	6.3 ± 2.7	11.6 ± 3.2
N	3.2 ± 1.8	4.0 ± 1.6	7.2 ± 2.2
M	2.7 ± 1.1	2.6 ± 0.9	2.8 ± 1.3
A	1.6 ± 0.4	1.7 ± 0.3	1.6 ± 0.6
WITH	26.4 ± 3.7	28.4 ± 3.2	29.1 ± 3.8
I AM	4.2 ± 1.8	5.7 ± 2.0	4.7 ± 2.3
NS	3.2 ± 1.7	2.8 ± 1.4	2.7 ± 1.9
D	3.1 ± 1.6	3.2 ± 1.5	3.1 ± 1.7
After 2 months			
G	37.9 ± 4.6	27.2 ± 4.2	16.8 ± 4.3
R	23.2 ± 3.5	21.4 ± 3.4	19.2 ± 3.6
3	24.1 ± 2.6	20.1 ± 2.4	18.1 ± 2.4
T	10.1 ± 2.7	9.2 ± 2.2	9.1 ± 2.6
AND	5.2 ± 2.4	5.1 ± 2.1	8.7 ± 2.5
N	3.1 ± 1.7	4.1 ± 1.6	6.1 ± 1.9
M	2.6 ± 1.2	2.1 ± 1.0	2.0 ± 1.2
A	1.5 ± 0.6	1.6 ± 0.5	1.5 ± 0.7
WITH	27.0 ± 3.9	29.9 ± 3.5	28.7 ± 3.9
I AM	4.4 ± 1.6	5.0 ± 1.2	4.8 ± 1.7
NS	3.1 ± 1.9	2.8 ± 1.8	2.9 ± 2.0
D	2.7 ± 1.7	3.1 ± 1.5	2.9 ± 1.9
After 6 months			
G	37.8 ± 4.4	29.9 ± 4.0	19.5 ± 4.3
R	23.2 ± 3.6	21.2 ± 3.3	24.2 ± 3.7
3	20.1 ± 2.7	18.1 ± 2.4	17.4 ± 2.8
T	9.4 ± 2.6	9.0 ± 2.1	9.0 ± 2.6
AND	5.1 ± 2.1	4.8 ± 1.9	6.2 ± 2.2
N	2.9 ± 1.2	4.1 ± 1.1	4.1 ± 1.3
M	1.9 ± 0.9	1.9 ± 0.7	1.5 ± 1.0

A	1.5 ± 0.6	1.4 ± 0.5	1.5 ± 1.1
WITH	26.5 ± 3.4	22.8 ± 3.3	25.4 ± 3.7
I AM	4.2 ± 1.5	5.0 ± 1.4	4.9 ± 1.6
NS	2.8 ± 1.9	2.7 ± 1.8	2.8 ± 1.9
D	3.1 ± 1.8	2.4 ± 1.6	2.6 ± 1.7

However, in general, for the entire course of treatment with obesity duration of up to 5 years and from 6 to 15 years, the visibility indicator, according to our data, was lower in women (69.4% and 60%, in men - 71.6 and 68.8%). respectively), and with the duration of obesity more than 15 years, the opposite ratio was observed (men - 69%, women - 73.2%). This suggests that the relationship between obesity history and sex characteristics should also be taken into account when performing RTI.

In addition, the intensity of weight loss correlates with age and gender: in men and women of the younger and middle age group, weight loss is more optimized than in the older group. This paradigm reflects the activity of central regulatory mechanisms under the age of 40, as well as changes in the metabolism of sex steroids in the periphery, in particular, in adipose tissue (N.T. Starkova). As you know, androgens, possessing catabolic activity, provide a faster course of lipolysis. Estrogens, regulating liposynthesis anabolically, slow down the processes of weight loss (A.S. Efimov). The level of sex steroids, therefore, has a significant effect on the prognosis of treatment, and since it is higher in persons under 40, given the activity of the hypothalamic-pituitary-reproductive system,

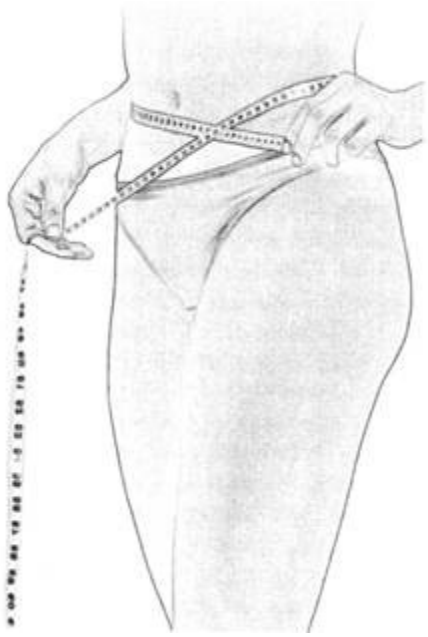
The change in the indicators of attitudes towards the disease in obese individuals is presented in Table 1, where:

G - harmonic type of patient's attitude to his condition, P - ergopathic,
3 - anosognostic,
T - alarming
And - hysterical,
N - neurasthenic,
M - melancholic
A - apathetic
C - sensitive
I am ergocentric
P - paranoid
D - dysphoric.

OUTPUT

Taking into account the individual characteristics of each patient and the nature of the personal reactions of different categories of patients increases the effectiveness of treatment, including through the formation of the correct attitude to the results

treatment throughout the course.



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