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PSYCHOLOGICAL FEATURES OF PERSONS WITH ORTHOREXIA NERVOSA

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ABSTRACT

It is good to eat healthy food. We are encouraged to do so by major medical associations, personal physicians, celebrities, schools, employers, the media and even the government. However, there are a variety of recommendations available regarding what eating healthy means, and some of these are stricter than others. This unhealthy relationship with healthy foods is referred to as orthorexia nervosa from the Greek orthos, meaning “correct or right” and orexia, meaning “appetite.” It is the subject of growing academic research and has become an accepted diagnosis in the mental health community. A person with orthorexia nervosa has become so fixated on eating healthy food that this one goal begins to squeeze out and diminish other important dimensions of life. The purpose of our study was to study the psychological characteristics of persons with orthorexia for further development medical and psychological support

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Introduction. It is good to eat healthy food. We are encouraged to do so by major medical associations, personal physicians, celebrities, schools, employers, the media and even the government. However, there are a variety of recommendations available regarding what eating healthy means, and some of these are stricter than others. Some people in their quest to be as healthy as possible begin to choose increasingly restricted diets and develop an obsessive, perfectionistic relationship with eating the right foods. This may go so far as to become psychologically and even physically unhealthy. In other words, it can become an eating disorder.

This unhealthy relationship with healthy foods is referred to as orthorexia nervosa from the Greek orthos, meaning “correct or right” and orexia, meaning “appetite.” While orthorexia nervosa is not listed in the DSM-V (the Diagnostic and Statistical Manual used by mental health practitioners to diagnose mental health problems), it is the subject of growing academic research and has become an accepted diagnosis in the mental health community.

The modification of lifestyle, including a diet, is often caused by willingness to improve one’s physical fitness or avoid diseases affecting modern society. The change of a diet may also be caused by ailments of the digestive system or by an allergy. In the beginning, an individual reduces or avoids consumption of products perceived as unhealthy or harmful for the human body. Further products are eliminated over time and ultimately, the diet consists of only such items that are considered the healthiest and safest. One can speak about orthorexia when everyday activities are subordinated to planning, buying, and preparing meals, according to an applied diet. The prevalence of orthorexia appears to be higher among vegans, fruitarians, or raw foodists, as well as among people engaged in the animal welfare organizations and supporters of organic and/or non-genetically-modified food production. The individuals characterized by orthorexia are more common among physically active people, as well as individuals trying to lose weight or maintain a slim figure promoted in the mass media. According to the existing studies, the predisposing factors of orthorexia are an improper attitude toward food, an obsessive-compulsive disorder, and values of body mass index (BMI)

exceeding the norm. A person with orthorexia nervosa has become so fixated on eating healthy food that this one goal begins to squeeze out and diminish other important dimensions of life. Thinking about what to eat replaces relationships, friendships, career goals, hobbies and most other pleasures of being alive. In extreme cases, the obsession with restricting one's diet can lead to dangerous malnutrition, a truly ironic consequence of what began as a search for improved health.

The purpose of our study was to study the psychological characteristics of persons with orthorexia for further development medical and psychological support.

Material and methods. The study was attended by 100 respondents: 50 women and 50 men. Participants completed the ORTO-15 (Institute of Food Sciences, University of Rome "La Sapienza", Minnesota Multiprofile Personality Questionnaire (MMPI-2) and a questionnaire on socio-demographic characteristics. The ORTO-15 test was used as a measure of orthorexic behaviours. The ORTO-15 is composed of 15 items with closed multiple-choice answers ("always", "often", "sometimes", "never"). Items investigate the obsessive attitude of the individuals in choosing, buying, preparing and consuming food they consider to be healthy. A score equal to 1 for each item corresponds to an orthorexic tendency in the eating behaviour, while a score equal to 4 points indicates normal eating habits. Higher scores suggest normal eating habits; a cutoff of 40 or 35 points has been suggested. We used the 40-points cutoff, which according to Donini and coworkers allows the identification of symptoms consistent with orthorexia nervosa with a sensitivity of 100.0 %, a specificity value of 73.6 %, a positive predictive value of 17.6 % and a negative predictive value of 100 %. In our study we used both the Italian and Polish validated versions of the questionnaire.

Results and discussion. Among 100 respondents (women and men) 15 % had orthorexia and 15 % had a borderline state. Among men (50 respondents), orthorexia (20 %) is more often than the borderline (16 %). Women (50 respondents) have a reverse trend: border status (14 %), orthorexia - (10 %). That is, men are more vulnerable to orthorexia. The profile of personality with orthorexia nervosa (together women and men) is characterized by high scores of schizoid (80 %), psychoasthenia (67 %), hypomania (20 %), hypochondria (7 %) and psychopathy (7 %).

Conclusions. Orthorexia arose primarily in alternative medicine subcultures where specific healthy food diets are espoused. Subsequently, interest in healthy eating has pervaded popular culture. Conversation about and photography of health food fills social media, healthy eating promotion has been taken up by governmental authorities, and corporate food marketing departments now brand their products as healthy rather than low calorie. Because interest in healthy food is a necessary prerequisite for developing orthorexia, this broadening of interest has facilitated increased prevalence of the subsequent condition. In addition, there has been a melding of several distinct concepts: losing weight, improving health and enhancing healthy appearance. The term fitness, which once meant "an ability to walk up hills without getting short of breath" now also describes the "fit" body type. Low calorie foods are seen as somewhat identical to healthy foods. Being healthy does not only mean reduced risk of cancer, it also implies "glowing skin." All of the above changes, as well as evolution in the definition of "anorexia nervosa," have brought orthorexia closer to anorexia.

Further studies are also needed to explore the relationship between body image and a strong preoccupation with healthy eating in different populations, including samples that include people who are overweight and/or have an eating disorder, and to investigate relationships more broadly between orthorexia tendencies and other factors such as perfectionism, self-esteem and self-control (which are frequently cited in the literature as the personality traits associated with orthorexia nervosa).

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