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ABSTRACTS BOOK

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Dinis S., Shvachiy L., Amaro-Leal Â., Carvalho M., Gerales V.

USABILITY SCORE OF THE NEVERMIND SYSTEM FOR MONITORING MENTAL STATUS IN PATIENTS WITH LOWER LEG AMPUTATION AND MYOCARDIAL INFARCTION

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One of the most recurrent additional problems with severe somatic diseases is the comorbid development of depression. Despite this being well established, there are little to no precautions in place to prevent the harmful evolution of depression in these patients at a primary care level. As a possible solution, the NEVERMIND system provides support for early mood assessment or psychological treatment and a real-time comprehensive assessment of the patient's mental status.

The system consists of an autonomous docking station, a smart t-shirt for the recording of physiological data, and a mobile application for the monitoring of mental health and guidance towards a healthy lifestyle, including Mindfulness sessions and a real-time Decision Support System running locally on the patient's smartphone. In order to assess the effectiveness of the system, a 12 weeks-pilot trial has been concluded with 10 patients suffering from lower leg amputation (LLA) and 10 patients suffering from myocardial infarction (MI), both recruited in Santa Maria Hospital in Lisbon.

The usability, acceptability and satisfaction questionnaires (scale from 0, Inadequate to 4, Excellent) were answered by patients at the end of the trial (). Two of the LLA patients dropped out of the study. The average rating for the LLA patients was 3.4, while for the MI patients it was 2.8. When asked if the patients would recommend the system, 75% of LLA patients and 80% of MI patients said they would. On the other hand, when asked if they would buy the mobile application, 50% of the LLA patients and 20% of the MI patients said they would.

These results show that even though the system could get some improvements, it is generally well accepted by the patients, and it is reliable enough that most patients would recommend it to someone. However, only a low percentage of the patients would buy the mobile application. All of this means that the NEVERMIND system could be a successful and desirable option for monitoring mental status in these patients.

Grinko N. V.

ORTHOREXIA NERVOSA TENDENCY AMONG MEDICAL STUDENTS IN CHERNIVTSI

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Behavioral responses associated with the act of eating, manner or mode of eating and patterns in the activity guide the definition of eating behaviour. Eating behaviour is influenced by individual perception, previous experiences, nutritional status, and social, demographic, and cultural conditions. Various forms of eating disorders have existed for a very long time; however, anorexia nervosa and bulimia nervosa have only recently been included in the Diagnostic and Statistical Manual of Mental Disorders. The term orthorexia nervosa was first defined by Steven Bratman in 1997 as a form of anorexia nervosa. The term was derived from the Greek words "orthos" (right, true) and rexia (appetite), and it is related to an obsession with healthy foods and nutrition. In a case of orthorexia nervosa, typically, the individual excessively controls each meal and failing to observe the planned dietary regime results in self-reproach and self-hatred. Orthorexic individuals pay extreme attention to eating healthy foods; they are very attentive to the contents of foods they purchase and tend to be particular about the methods and tools used in the preparation of food. Since a universal definition of orthorexia nervosa has not yet been made and diagnostic criteria have not been established, the contributions of new studies to the literature are of great importance.

This study was carried out in September and December of 2017 among 215 students in the department of nervous diseases, psychiatry and medical psychology at Bukovinian State medical university in Chernivtsi, Ukraine. Participants completed a questionnaire related to individual characteristics and the ORTO-15 scale during a face-to-face interview.

The orthorexic tendency was significantly higher in males ($p=0.050$) and students who lived with their family ($p=0.003$). Mean ORTHO-15 scale score did not differ significantly between groups when the participants were grouped by parameters of smoking, alcohol consumption, chronic disease status, body mass index, diet observance, or use of nutritional supplement products.

In our study, the tendency toward orthorexia nervosa was greater among men. Further evaluation of eating attitudes and eating behaviour, as well as personality characteristics of the individuals, could add to our understanding of difference based on gender. Qualitative studies should be conducted to examine the association between living with family and inclination toward orthorexia nervosa, and potential confounding factors should be identified. Criteria and survey tools must also distinguish between exceptional enthusiasm for eating healthy food and the subsequent intensification into obsessive thinking and compulsive behaviour.