determines the need for further endocrinological examination to justify differentiated tactics for the management of patients.

Grinko N.V.

PSYCHOLOGICAL PECULIARITIES OF PERSONS WITH ORTHOREXIA NERVOSA

S. M. Savenko Department of Nervous Diseases, Psychiatry and Medical Psychology
Higher State Educational Establishment of Ukraine
«Bukovinian State Medical University»

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 US government. However, there is a variety of recommendations available regarding what healthy diet 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 result in 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.

A person with orthorexia nervosa has become so fixed 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 objective of our study was to study the psychological characteristics of persons with orthorexia for further development medical and psychological support.

The study included 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.

Of the 100 surveyed respondents (among 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 rates of schizoid (80%), psychoasthenia (67%), hypomania (20%), hypochondria (7%) and psychopathy (7%).

Further studies are 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).

Herasymiuk I.G.

QUALITY OF LIFE OF PATIENTS WITH RECURRENT DEPRESSIVE DISORDER

S. M. Savenko Department of Nervous Diseases, Psychiatry and Medical Psychology
Higher State Educational Establishment of Ukraine
«Bukovinian State Medical University»

There is a recognized third conceptualization of well-being, which is quality of life (QoL). Cooke et al. (2016) note that QoL is often used interchangeably with life satisfaction and subjective well-being in research. In this respect, the QoL conceptualization of well-being may be broader and more comprehensive than both hedonic and eudaimonic conceptualizations. QoL can encompass