Eating disorders and personality traits in Ecuadorian drug-dependent patients

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Introduction

The Eating Disorders (ED) form a group of mental disorders differentiated by a behavior altered before the food intake and / or the appearance of behaviors focused on maintaining weight. This alteration causes physical problems and psychosocial functioning. The TCAs are diseases that have as main characteristics an exaggerated care for self-image and body weight. The alterations of main importance included in this group are anorexia nervosa (AN), bulimia nervosa (BN) including binge eating disorder (BED). New trends in fashion and new standards in physical appearance and eating patterns are described as possible triggers for the increase in the frequency of such disorders. The sustenance to study personality in eating disorders is based on the observation of specific patterns, such as low tolerance to frustration, poor control of impulses, inflexibility and the need for control that added to internment in a rehabilitation center by addictions, unleashes any change in the patient's psyche [8]. The objectives of this work are: to characterize the personality traits of institutionalized drug users. Specify the risk of eating disorder of institutionalized drug users and analyze the degree of relationship of personality traits with the risk of suffering an eating disorder (Anorexia nervosa, Bulimia nervosa, Binge Eating Disorder) of the study participants.

Method

The present investigation obeys a cross-sectional non-experimental design of descriptive correlational type. We worked with a non-probabilistic sample of selection by male internal volunteers of n = 60 between the ages of 18 and 60 from the centers

(M = 32.5, SD = 9.6), of the centers: The BARCA (Specialized Center in Treatment of Addictions), CETVI (Therapeutic Community "Thirst for life") and CRATI (Rehabilitation Center for Addicted Adolescents and Comprehensive Treatment in Mental and Physical Health), all therapeutic addiction centers belonging to the city of Cuenca, Ecuador. As for the inclusion criteria, the institutionalized users of the rehabilitation centers were considered. The exclusion criteria were determined for users with mental deficit, organic and ambulatory pathologies. To carry out this research we worked with the Millon Multiaxial Clinical Inventory (MCMI-III) is a self-report scale with 175 items that evaluates 14 personality patterns, and 10 clinical syndromes. The items have two response options (true-false). Its reliability was computed internal consistency (Alpha) and values were obtained between 0.66 and 0.90 respectively. Food Attitude Test (EAT-40). It includes 40 items with 6 response options. The Likert scale, which is rated from 0 to 3 points, aims to measure symptoms and behaviors characteristic of ACT. With an internal consistency Alpha = 0.94 in a total sample, and 0.79 in AN, BN and TA.

Results

As a first point, personality traits of institutionalized drug users were determined, identifying that of the total population 21.7% have antisocial personality traits, 18.3% depressive traits, as well as 15.3% paranoid personality traits the percentages being higher. The narcissistic personality traits are presented in 10%, in regard to the sadistic and masochistic features there is 8.3%, followed by the schizoid,

avoidant, compulsive and schizotypal traits with a percentage of 3.3 % each. Subsequent to this, 5% have dependent personality traits, and 1.7% have borderline features (Table 1).

Table 1. Personality traits of institutionalized drug users.

Personality type	Percentage		
	Frequency	Presence of pathology	Absence of pathology
Schizoid	2	3,3	96,7
Avoidative	2	3,3	96,7
Depressant	11	18,3	81,7
Dependent	3	5,0	95,0
Histrionic	60	0	100,0
Narcissistic	6	10,0	90,0
Antisocial	13	21,7	78,3
Sadistic	5	8,3	91,7
Compulsive	2	3,3	96,7
Negativist	6	10,0	90,0
Masochistic	5	8,3	91,7
Schizotypal	2	3,3	96,7
Bordelinde	1	1,7	98,3
Paranoid	9	15,3	84,7

Discussion

According to the study carried out, it can be revealed that people with predominant features, both depressive, paranoid and antisocial, tend to develop or present in greater percentage problems of eating disorders such as anorexia nervosa, bulimia nervosa and binge eating disorders, however; the AN and BN are characterized by the personality traits perfectionism, obsessive-compulsive, narcissism, sociotropy and autonomy, while impulsivity and the search for sensations are more typical of the disorders characterized by binge eating, which shows no similarity to the results of this investigation; it is possible to recover that in this study population there is the incidence of a pathology such as drug dependence, which can be considered as favorable for an ACT.

Following this line, the use of drugs can cause attempts to control the appetite, or in turn represent severe weight loss or bulimic behaviors associated with intoxication or deprivation. Likewise, it can be evidenced that there is a possible connection between anorexia or bulimia with antisocial personality disorder, drug dependence disorder, alcohol and major depressive disorder, these being the most punctuated personality traits in the study population. According to research conducted and what has been observed in different rehabilitation centers these features are considered more linked to an addiction. As a measure of foreseeing this event that brings about a family, social, mental and economic deterioration, an integral evaluation is necessary, to later have a solid base and foundation on the approaches of disease prevention and health promotion proposed by the World Organization of Health [16]. With this in the field of intervention of the clinical psychologist highlights the psychotherapeutic approach, guidance and prevention of relapses that will reinforce a physical and psychological recovery, highlighting the enhancement of a holistic care.