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Assessment of Social Anxiety and Eating Disorders Prevalence in Voronezh State Medical University Students

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Introduction Prevalence of anxiety and depression has increased worldwide in last decades [1]. Bandelow B, Michaelis S (2015) state that 33.7% of the population suffer from an anxiety disorder during lifetime [2].

The cost of treating anxiety is significant for health-care system. According to a study conducted by Wallace K, Zhao X, Misra R in 2018, for adults suffering from both depression and anxiety 28,832 dollars per person are spent every year, followed by patients with depression (19,648 dollars) or anxiety (16,990 dollars) [3].

Prevalence of mental health problems in medical students is constantly growing and exceeds the prevalence of mental health problems in students of other specialties, which can lead to serious consequences for students themselves and their future patients [4]. The meta-analysis conducted by Zeng W, Chen R, Wang X et al (2019) included ten cross-sectional studies involving 30,817 Chinese medical students. Prevalence of depression, anxiety, suicidal thoughts, and eating disorders (ED) was 29%, 21%, 11%, and 2%, respectively [4].

According to other meta-analysis social anxiety disorder (SAD) is one of the most common comorbid diseases in ED with a prevalence of SAD from 16 to 88.2% in anorexia nervosa and 17-67.8% in bulimia nervosa, while the lifetime prevalence of SAD in the population without ED is just 12% [5]. SD and ED are associated with an increased risk for life quality declining of University students which may result to distorted psychological and social adaptation [6]. SD in students may also lead to alcohol and drug addiction. [8].

University education itself often leads SD and ED. Manifestation of other psychiatric disorders is also associated with this period of life [6,7].

Objective: Assessment of social anxiety and eating disorders prevalence in students of Voronezh State Medical University him. N.N. Burdenko.

Methods The included 1100 participants from first to sixth years of education in Voronezh State Medical University. The prevalence of anxiety and eating disorders was estimated with Liebowitz social anxiety scale (LSAS) and The Dutch Eating Behavior Questionnaire (DEBQ)

Results

According to data analysis, 46% of students didn't reveal any level of social anxiety. Scores of low social anxiety level were found in 30%, moderate level – in 16%, marked level – in 6%. High level of SAD was revealed only in 2%.

Among participants of first year (n=150) 38% didn't have any features of social anxiety. Low social anxiety level was diagnosed in 30%, moderate level – in 22%, marked level – in 6%, and high level – in 4%.

Among third year students (n=150), 42% didn't have any significant level of social anxiety. Low social anxiety level were revealed in 32%, moderate level – in 16%, marked level – in 8%, and high level – in 2%.

Finally, among fifth year students (n=150), 56% didn't have any significant level of social anxiety. Symptoms of low social anxiety level were revealed in 30%, moderate level – in 10%, marked level – in 4%. No high level anxiety features were found in this group.

Table

The average DEBQ score of participants

Year of education	restrained eating	emotional eating	external eating
1	2,02±0,01	1,65±0,01	2,19±0,02
2	2,31±0,02	1,64±0,01	2,11±0,01
3	2,15±0,01	1,7±0,01	2,27±0,01
4	2,01±0,01	1,69±0,01	2,26±0,02
5	2,49±0,015	2,05±0,01	2,29±0,01
6	2,20±0,01	1,79±0,01	2,29±0,02

Conclusion

- 1) Features of social anxiety and eating disorders were revealed in more than half of participants (54%).
- 2) Most students had low and moderate levels of social anxiety.
- 3) Anxiety was lower in fifth year students.
- 4) High level of social anxiety was revealed in first and third year students.
- 5) More research in social anxiety and eating disorders in medical University students is required.

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Markers of skin aging and quality of life indicators for women with menopausal syndrome

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Introduction. Despite the fact that all organs and systems are involved in the aging process, the most significant for women are the visual manifestations of aging, primarily skin changes, in particular the facial skin. This fact is confirmed by the high popularity of cosmetology services. On the one hand, it is known that various skin diseases negatively affect the quality of life (QOL) of a person [1,2]. It has been established that QOL worsens if the patient has diseases that are manifested by skin defects [3]. On the other hand, aging of the body and associated changes are the main factor that leads to a decrease in QOL.

Aim. The aim of this study is to identify the relationship between markers of skin aging and QOL in women with menopausal syndrome (MS).

Materials and methods. We examined 36 women in the period of menopausal transition (MT) (n = 12) and postmenopause (PM) (n = 24), who applied for a specialized appointment on the problems of menopause in clinics of Regional Clinical Hospital No 3 and Regional Clinical Hospital No 1.

All women underwent anamnesis collection and determination of the modified menopausal index (MMI) (Kupperman H. et al. 1959, modified by Uvarova E.V. 1983) [4].

After the initial examination by a gynecologist, the patients with MS were referred to a cosmetologist who performed computer mapping of the facial skin (CMFS), using a digital video camera "AramoSG" with the skinXPpro program. Facial skin examination included: tests for moisture and elasticity, oiliness (in the T- and U-zones of the face), determination of smoothness / roughness (skin relief), pore sizes, pigmentation, skin sensitivity and test of wrinkle depth and width. Patients were also asked to fill out a special Women's Health Questionnaire (WHQ) [5,6] (by Dr. Myra Hunter, Department of Psychology Adamson, Center ST Thomas Hospital, Lambeth Palace Road, London, UK), which psychometric properties in Russian-speaking population was studied by Russian authors [7]. The questionnaire consists of 37 questions, which are combined into 9 scales [5,6,7]: Depression (DEP), Somatic symptoms (SOM), Memory / concentration (MEM), Vasomotor symptoms (VAS), Anxiety / fears (ANX), Sexual problems (SEX), Sleep (SLE), Menstrual symptoms (MEN), Attractiveness (ATT). Each scale has a dimension from 0 to 1 point, the closer the value is to 0, the better the QOL of the respondent [7]. Statistical processing was performed