

Preventive Medicine Conference 2020: Emotional, external and restrained eating behavior in Georgia and Features of Eating Behavior

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Abstract:

Food is not only used for the cure of hunger, but for a solution to the problems that exist. The purpose of our research has been to study the distribution of emotional, external, and food insecurity among the Georgian population and, consequently, the introduction of new strategies to combat obesity and the increase in Georgia. Proper research is done inside Georgia.

Structural moderation showed a positive association between maternal and adolescent emotional intake in young adolescents. The father's emotional diet is closely linked to the emotional diet of their young children, but not their older children. The relationship between parental nutrition and adolescent spirituality is found only when the parent is reported to be the mother. In younger adolescents, lower maternal support for higher control and higher maternal psychological cognition were associated with higher levels of emotional eating. For adolescents, high-regulation of maternal behavior was associated with higher levels of emotional food, and a higher emotional response to higher levels of maternal mind control was found. Father-related support and psychosocial control was significantly associated with more adolescent emotional eating. The model fits the data well for all news reporters. Multivariate analysis revealed no significant difference in the relationship between ratings and reproductive conditions, on the one hand, and adolescents' emotional eating on the other hand, by adult or adolescent sex. Also, the BMI adjustment model revealed no significant relationship between emotional BMI intake and

adolescents, and there was no significant relationship between ratings and parental variations in adolescent emotional.

Three general psychosocial dimensions of restricted eating behavior, emotional eating and external eating were measured by the Eating Behavi Questionnaire. Emotional eating refers to the tendency to eat in response to negative emotions such as depression, discouragement and feelings of loneliness. External food means eating more in response to external food chains such as seeing, smelling and tasting food. Banned diets mean strong determination and efforts to reduce processed foods and calories to control body weight.

Despite the imaginative nature of these eating habits, few studies have been conducted to provide a more comprehensive understanding of the basis of psychological structure in terms of personality traits. These dietary habits are directly related to obese and overweight people. Emotional and external foods can be considered problematic food styles as they are associated with high body fat and unhealthy foods like sweets, and ice cream. Emotional nutrition is based on psychological theories that focus on overeating as compensation and in response to negative, psychologically-charged emotions in adequate relationships during childhood. Emotional eating is expected to be related to feelings of depression. External food is based on an external concept that suggests that ones are more integrated and therefore more prone to external dietary processes, although "external" as a feature of heightened personality is not found to be common among

obese. One's reaction to the outside world, however, may be of interest to external food, because there is a disturbance in the reaction and perception of food aroma in the environment. Emotional and external foods are very interrelated, and the personality traits that separate these details from one another can be very helpful in understanding

However, the concept of obesity has also been considered problematic, since self-control can be risky to overweight and obesity means that the individual must make efforts to develop and maintain a strategy to control calorie intake, suggesting factors related to something exercise can be required. However, if abstinence is considered to be a failure in the planning and control of the resulting diet rather than preventing excessive eating, it may be associated with less cognitive function. Personality traits may provide further clarification on the issue of the ban on mentally healthy or unhealthy foods among the obese. One of the major personality theories is a five personality model (FFM) called "Big Five." FFM is based on research that identifies five global personality traits: Neuroticism, extindowsion, Openness, Agreeableness and Consciousness. The main assessment tool for these is the revised NEO Personality Inventory. No previous research combining DEBQ and NEO PI-R can be found, but previous research has linked DEBQ with Big Five personality traits according to IPIP, a social domain rating of five personality domains, in a sample student diet was positively associated with several factors in the Neuroticism domain , as factors of repression, and are related to the negative aspects of Conscienceness that measure objective behavior. The acquisition of an external diet has been sparser but more direct in the same way as emotional eating. The restricted diet was similarly related to depressive factors in Neuroticism, and to the Openness domain. Studies linking DEBQ

and other psychological tests have found that restricted diet is associated with higher self-esteem, contradicting findings on several stressors in a sample of students, and more than expected.

Emotional eating was related to aspects of stress but also to a practice such as lack of patience. Limitations from previous studies on the DEBQ include locally poorly used metals and a very specific sample of students who do not represent the dietary habits they are trying. Banned foods measured by other question papers than the DEBQ have been associated with self-control which means the ability to withdraw from themselves and support suffering, and greater self-esteem. The purpose of our study was to study the relationship between DEBQ and NEO PI-R in a health sample of obese men and women. Our aim has been to consider the full scale of NEO PI-R, including Neuroticism, Openness and Conscience as previously described, but also the two Extraversion and Agreeableness domains not mentioned in previous literature on eating behavior.

Demographic data, nutritional values, 72-h dietary recall, modified ADP questionnaires and anthropometric measurements were collected through face-to-face interviews. Emotional, external and restricted eating was seen in 40,5% of the respondents. In addition to ethnic, economic and occupational specialties, dietary macrostructures are also influenced by nutritional priorities, psychological changes in eating habits, and symptoms of medical condition. For the purpose of changing your eating habits among people with eating disorders it is important to open shelters, offices and cupboards in medical facilities. In relation to the problem it is recommended that a call by experts of the public health care organization to conduct meaningful group studies to better accept the problem and to establish a more important public advocacy.