

# ALIMENTARY OBESITY DUE TO DISORDERS OF EATING BEHAVIOR WORSENS THE CLINICAL COURSE OF THE CHRONIC OBSTRUCTIVE PULMONARY DISEASE

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## *Abstract*

*The aim:* to study the peculiarities of COPD in patients with alimentary obesity due to disorders of eating behavior.

*Materials and methods.* 46 patients with COPD were examined. Depending on the body mass index the patients were divided into two groups. The first group included 29 patients with alimentary obesity, the second group — 17 patients with normal body weight. The patients were examined using clinical methods, anthropometric measurements, 6-minute walk test, spirometry, mMRS scale, CAT questionnaire, evaluation of nutritional status, basic energy metabolism, and eating behavior.

*Results.* In COPD patients with alimentary obesity a dyspnea score was 0,64 points higher and walking distance 66 meters shorter, compared with the control group. CAT score was 21,  $96 \pm 0,6$ , indicating a significant impact of COPD on health and daily living activity. The actual working day energy value of food consumed by first group patients was 951,05 kcal/day; for a holiday — 1363,91 kcal/day above recommended daily value. 89,66 % of the patients in the first group had disorders of eating behavior, 55,17 % of which were combined forms.

*Conclusion.* Concomitant alimentary obesity significantly contributes to worsening of clinical symptoms of COPD, increases the level of dyspnea, reduces exercise tolerance, deteriorating health, increases lung ventilation disorders. Patients with comorbid pathology presented with disorders in actual feeding by increasing the daily energy value of diet. 89,66 % of patients with COPD in combination with alimentary obesity had eating disorders, 55,17 % of which were combined forms.

**Key words:** chronic obstructive pulmonary disease, obesity, eating behavior.

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