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ORIGINAL ARTICLE

Nutritional status, nutritional self-perception, and use of licit drugs in adolescents



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KEYWORDS

Body weight;
Alcohol drinking;
Tobacco use

Abstract

Objective: To associate the nutritional status and the self-perception of nutritional status with the use of licit drugs among adolescents.

Methods: A cross-sectional study was conducted in which 210 adolescents answered a questionnaire on alcohol and tobacco experimentation and self-perceptions about their nutritional status. The correspondence between the adolescents' perception of their own nutritional status and actual nutritional status was analyzed, as well as associations between nutritional status, self-perception of nutritional status, gender, age, and presence of smokers at home with alcohol and tobacco use. The variables were analyzed separately in a bivariate analysis and, subsequently, a multivariate analysis determined the factors associated with drug use.

Results: The study included 210 adolescents with a median age of 148 months; 56.6% were females. Of the total sample, 6.6% have tried cigarettes, and 20% have tried alcohol; 32.3% had BMI Z-Score ≥ 1 , 12.85% had BMI Z-Score ≥ 2 , and 50.7% had a correct perception of his/her weight. After a multivariate analysis, only the self-perception about weight statistically influenced experimentation of tobacco, and patients who identified themselves as having very high weight were more likely to experiment tobacco (odds ratio (OR) 13.57; confidence interval (95% CI) 2.05–89.8; $p=0.007$); regarding alcohol use, adolescents who identified themselves as having high weight were 2.4 times more likely to experiment with alcohol than adolescents that identified themselves as having normal weight (95% CI 1.08–5.32, $p=0.031$).

Conclusions: Adolescents with self-perception of excess weight may constitute a risk group for alcohol and tobacco use.

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PALAVRAS-CHAVE

Peso corporal;
Alcoolismo;
Hábito de fumar

Estado nutricional, autopercepção do estado nutricional e experimentação de drogas lícitas em adolescentes**Resumo**

Objetivo: Associar o estado nutricional e a autopercepção do estado nutricional com a experimentação de drogas lícitas em adolescentes.

Métodos: Estudo transversal no qual 210 adolescentes responderam a um questionário sobre experimentação de álcool e tabaco e sobre suas autopercepções nutricionais. Foi analisada a concordância entre autopercepção nutricional do adolescente e seu estado nutricional, bem como associações entre o estado nutricional, a autopercepção nutricional, sexo, idade e presença de tabagistas em casa com a experimentação de álcool e tabaco. As variáveis foram analisadas separadamente em análise bivariada e, a seguir, análise múltipla determinou fatores associados à experimentação.

Resultados: Participaram do estudo 210 adolescentes com mediana de idade de 148 meses, 56,6% do sexo feminino. Do total da amostra, 6,6% já experimentaram cigarro e 20% já experimentaram álcool; 32,3% tinham Z-escore $IMC \geq 1$ e 12,85% tinham Z-escore $IMC \geq 2$ e 50,7% acertaram suas classificações nutricionais. Após análise multivariada, apenas a autoimagem sobre o peso influenciou estatisticamente na experimentação de fumo. Pacientes que se identificavam com peso muito alto apresentaram maior chance de experimentação de fumo (*odds ratio* (OR) 13,57; intervalo de confiança (95% IC) 2,05–89,8; $p=0,007$); em relação ao uso de álcool, adolescentes que se identificavam com peso alto apresentaram chance de uso de álcool 2,40 vezes maior do que crianças que se viam com peso normal (IC 95% 1,08–5,32; $p=0,031$).

Conclusões: Adolescentes com autopercepção de excesso de peso podem constituir um grupo de risco para a experimentação de álcool e tabaco.

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Introduction

There has been a significant increase in the number of overweight children and adolescents in the last two decades worldwide.^{1–3} In Brazil, when comparing data between 1975 and 2010 in the age group between 10 and 19 years, excess weight increased from 3.7% to 21.7% in boys and 7.6% to 19% in girls. According to the Brazilian Institute of Geography and Statistics (Instituto Brasileiro de Geografia e Estatística – IBGE) data, 34.8% of boys and 32% of girls were overweight and 16.6% of boys and 11.8% of girls were obese in 2010.⁴

Obesity has become the most prevalent chronic non-communicable disease in children and adolescents, with major future effects on health.⁵ Excess weight in this population is associated with the occurrence of type 2 diabetes mellitus and cardiovascular disease, increased prevalence of obesity and increased morbidity and mortality in adulthood, as well as increased risk of psychosocial problems and psychological abuse at school.^{6–10}

Adolescence should be seen as a phase of growth and development, characterized by transformation. It is a stage of human life characterized by biological, psycho-emotional and socio-cultural changes that constitute an important period to implement new practices, behaviors and gain autonomy.¹¹ The discrepancy between these changes may contribute to the adolescents' dissatisfaction with their bodies and lead to risky behaviors and vulnerability. Previous studies have suggested that adolescents generally perceive

their nutritional status inappropriately^{12,13}; most often, this population tends to underestimate their own nutritional status, especially those who are overweight. However, in recent years, there has been a change in the perception of adolescent nutritional status, more prone to overestimation and the habit of dieting, especially girls, reflecting the consequences of the ideal thin body glorified by society.^{12,13}

The normal adolescence syndrome consists of important features such as the search for one's identity, group trends, mood swings, the evolution of sexuality and separation from parents, among others.¹¹ These characteristics may interfere with the perception that adolescents have about their own nutritional status and thus, with their degree of satisfaction with their own body image.¹⁴

The adolescent dissatisfied with his/her body image can resort to risky behaviors, such as very restrictive diets, practice of unsafe sex and use of licit and illicit drugs in order to change one's body or to be more accepted by their peers.^{15,16} Every year, millions of adolescents around the world lose their lives, most due to automobile accidents, suicide and homicide,¹⁷ often associated with the consumption of alcohol or other drugs.

It is known that early use of licit drugs constitutes an immediate hazard to the adolescent's health.¹⁸ Some studies have suggested that when experimenting with illicit drugs in adolescence is associated with other risk factors, such as family history of substance abuse, practice of other risk behaviors, substance abuse among peers, lack of interest in school activities, among others, it can be the first step

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