

CLINICAL CAPSULES

Body Dissatisfaction, Health Behavior

Adolescents who are unhappy with their bodies are more motivated to engage in health-compromising behavior than in health-promoting behavior, said Dianne Neumark-Sztainer, Ph.D., of the University of Minnesota, Minneapolis, and her colleagues.

Their goal in Project EAT (Eating Among Teens)-II was to compare the associations between body dissatisfaction in 1999 and health behaviors in 2004 after adjusting for demographic variables (J. Adolesc. Health 2006;39:244-51).

The investigators contacted 1,130 boys and 1,386 girls (about 55% of the participants) from the EAT-I study, a survey of adolescent eating patterns and weight status that was conducted during the 1998-1999 school year.

Overall, about 34% of the girls reported low body satisfaction, 26% reported low-middle satisfaction, 22% reported high-middle satisfaction, and 18% reported high satisfaction. Low body satisfaction in girls predicted dieting, binge eating, less physical activity, eating fewer fruits and vegetables, and weight control be-

haviors that were defined as "unhealthy" or "very unhealthy."

About 24% of boys reported low body satisfaction, 26% reported low-middle, 24% reported high-middle, and 26% reported high. Low body satisfaction in boys significantly predicted dieting, binge eating, smoking, less physical activity, and a range of weight control behaviors that included "healthy" but also "unhealthy," and "very unhealthy."

Bullying Stresses Boys More Than Girls

A lower perceived risk of being bullied significantly mitigated the effect of past bullying experiences on psychological distress

in girls, but not in boys, based on a survey of 100 girls and 86 boys aged 11-14 years.

The findings suggest that perception of possible bullying predicts distress in girls, while distress in boys is more likely to be affected by both the perceived risk of bullying and past experience of being bullied.

To determine the roles of past bullying and perceived risk of bullying on psychological distress, Tam K. Dao of Florida State University, Tallahassee, and associates surveyed middle-school children in north Florida and compiled a victimization composite score. They also used a measurement of symptoms related to depression and anxiety (the K-10 scale) to assess nonspecific emotional distress (J. Adolesc. Health 2006;39:277-82).

Overall, boys reported more physical aggression and attacks on their property, while girls reported more emotional aggression. Reports of sexual aggression were not significantly different between the genders, Mr. Dao and his associates said.

A significantly strong relationship among nonspecific psychological distress, perceived risk of victimization, and past experience of victimization was evident in a multiple regression analysis. On further review by gender, girls were significantly more likely than boys to report a perceived risk of bullying, but boys' and girls' ratings of past experiences of victimization and nonspecific psychological distress were not significantly different.

Combination Improves Insomnia

Sleep hygiene combined with melatonin is safe and effective for initial insomnia in children aged 6-14 years with attention-deficit hyperactivity disorder who take stimulants, reported Dr. Margaret D. Weiss of the Children's and Women's Health Care Centre of Vancouver, B.C., and her associates.

The dysregulation that characterizes ADHD may play a role in the arousal that prevents these children from falling asleep, the researchers explained. If so, a combination of sleep hygiene and melatonin could improve the dysregulation without the need for hypnotic medication.

Twenty-eight patients modified their sleeping behaviors by setting consistent bedtimes and wake-up times, and eliminating naps and caffeine intake. Five of the 28 patients who began the study responded favorably to the sleep protocol during the 10-day screening phase and did not progress to receive melatonin. The remaining 23 children received either 5 mg melatonin or a placebo 20 minutes before bedtime; 19 completed the 30-day double-blind study (J. Am. Acad. Child Adolesc. Psychiatry 2006;45:512-19).

In response to the sleep modification, the average minutes of sleep-onset latency dropped significantly from baseline to follow-up based on data from wrist activity monitors worn by the children (98 minutes vs. 73 minutes) and sleep logs completed by their parents (92 minutes vs. 69 minutes). The average sleep-onset latency dropped by 16 minutes more in response to melatonin, compared with the placebo, based on sleep log data.

The study was sponsored by Circa Dia BV, which manufactures short-acting, pharmaceutical-grade melatonin, and Dr. Weiss has a research grant from the company.

—Heidi Splette

Improving the Care of Your Female Patient

CLINICAL HIGHLIGHTS:

- ADHD in Women
- Bipolar Illness
- Cancer Screening
- Contraception Update
- Depression & Anxiety
- Hyperactive Bladder/Incontinence
- Hypertension & Stroke
- Infertility Update
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