

## QANDLI DIABET 2-TUR BEMORLARDA OVQATLANISHGA NISBATAN XULQ ATVOR BUZILISHINI DEBQ SO'ROV NOMASI ASOSIDA BAHOLASH

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**Mavzuning dolzarbligi:** Qandli diabet (QD) 2-tur bugungi kunda keng tarqalgan metabolik kasalliklardan biri bo'lib, uning rivojlanishi va kechishi ko'plab omillar, jumladan ovqatlanish xulq-atvori bilan chambarchas bog'liqdir. Ovqatlanish xulq-atvoridagi buzilishlar glikemik ko'rsatkichlar darajasining beqarorligiga olib kelishi sababli, ushbu omillarni o'rganish va baholash klinik amaliyotda muhim ahamiyat kasb etadi.

**Tadqiqot maqsadi:** QD 2-tur bilan og'rigan bemorlarda ovqatlanish xulq-atvori buzilishlarini DEBQ so'rovnomasi asosida o'rganish.

**Tadqiqot materiallari va tekshiruv usullari:** Tekshiruvga RIEIATM da statsionar davolanagan QD 2-tur bilan og'rigan 20 nafar bemor olindi. Bemorlarda nahorgi glyukoza, glikirlangan gemoglobin (HbA1c), qonda insulin miqdori aniqlandi. Ovqatlanish xulq-atvori DEBQ so'rovnomasi yordamida baholandi.

**Natijalar:** Bemorlardan 14 nafari (70%) ayollar va 6 nafari (30%) erkaklarni, o'rtacha  $56,3 \pm 2,2$  yoshni, kasallik davomiyligi esa  $8,45 \pm 0,9$  yilni tashkil etdi. Nahorgi glyukoza miqdori o'rtacha  $12 \pm 0,8$  mmol/l, HbA1c -  $10,6 \pm 0,5\%$ , qondagi insulin miqdori  $15,8 \pm 7,4$  mMe/ml ni tashkil etdi. Bemorlarning TVI o'rtacha  $28,6 \pm 0,9$  ga teng bo'ldi. DEBQ so'rovnomasi natijalari tahlil qilinganda, nazoratsiz ovqatlanish  $25,2 \pm 1,46$  balldan; emotsional ovqatlanish  $15,5 \pm 1,2$  balldan, cheklangan ovqatlanish  $24,2 \pm 1,16$  balldan iborat bo'ldi. So'rovnoma natijalari korrelyatsion tahlil qilinganda cheklangan ovqatlanish bilan nazoratsiz ovqatlanish o'rtasida yuqori darajadagi manfiy korrelyatsiya kuzatildi ( $r = -0,6$ ), ya'ni ovqatlanishni nazorat qilish kuchaygani sari nazoratsiz ovqatlanish holatlari kamaygan. Glikemiya ko'rsatkichi bilan cheklangan ovqatlanish o'rtasida o'rtacha kuchli darajadagi manfiy bog'liqlik aniqlandi ( $r = -0,5$ ). Bu cheklangan ovqatlanish darajasi yuqori bo'lgan bemorlarda glikemiya ko'rsatkichlari nisbatan past bo'lishini ko'rsatadi. Shuningdek, HbA1c ko'rsatkichi bilan cheklangan ovqatlanish o'rtasida ham o'rtacha kuchli darajadagi manfiy korrelyatsiya qayd etildi ( $r = -0,5$ ), bu esa ovqatlanishni nazorat qilish glikemik nazorat yaxshilanishi bilan bog'liqligini ko'rsatadi. Yosh bilan diabet staji o'rtasida esa yuqori musbat korrelyatsiya ( $r = 0,6$ ) qayd etildi. Bu yosh oshishi bilan qandli diabet davomiyligi ham ortib borishini ko'rsatadi.

**Xulosa:** Cheklangan ovqatlanish ko'rsatkichi o'rtacha darajada bo'lib, bemorlarda ovqatlanish ustidan qisman nazorat mavjudligini, biroq qat'iy dieta to'liq shakllanmaganligini ifodaladi. Nazoratsiz ovqatlanish o'rtacha darajadali bu bemorlarda ovqatlanish xulq-atvorining tashqi omillarga sezgir ekanligini va bu holat glikemik nazoratga salbiy ta'sir ko'rsatishi mumkinligi kuzatildi. Emotsional ovqatlanish past darajadali esa hissiy omillar ta'siri nisbatan kam ifodalanganligini bildirdi. Bemorlarda TVI ortiqcha vazn darajasini ifodalab, QD 2-turda insulinorezistentlik va glikemik nazorat buzilishining muhim metabolik omillaridan biri ekanligi bilan namoyon bo'ldi.

## ASSESSMENT OF EATING BEHAVIOR DISORDERS IN PATIENTS WITH TYPE 2 DIABETES MELLITUS BASED ON THE DEBQ QUESTIONNAIRE

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### Abstract

Type 2 diabetes mellitus (T2DM) is one of the most prevalent metabolic disorders worldwide, and its development and progression are closely associated with various factors, including eating behavior. Disturbances in eating behavior may contribute to instability of glycemic parameters; therefore, assessment of these factors is of considerable importance in clinical practice. This study aimed to evaluate eating behavior disorders in patients with T2DM using the Dutch Eating Behavior Questionnaire (DEBQ). The study included 20 patients with T2DM who received inpatient treatment at the Republican Specialized Scientific-Practical Medical Center of Endocrinology. Fasting blood glucose, glycated hemoglobin (HbA1c), and serum insulin levels were assessed in all participants. Eating behavior characteristics were evaluated using the DEBQ questionnaire. Statistical analysis included correlation analysis of clinical and metabolic parameters. Among the examined patients, 14 (70%) were women and 6 (30%) were men. The mean age was  $56.3 \pm 2.2$  years, and the mean duration of diabetes was  $8.45 \pm 0.9$  years. The average fasting blood glucose level was  $12 \pm 0.8$  mmol/L, HbA1c was  $10.6 \pm 0.5\%$ , and serum insulin level was  $15.8 \pm 7.4$  mIU/mL. The mean body mass index (BMI) was  $28.6 \pm 0.9$  kg/m<sup>2</sup>. According to DEBQ results, the mean scores for uncontrolled eating, emotional eating, and restrained eating were  $25.2 \pm 1.46$ ,  $15.5 \pm 1.2$ , and  $24.2 \pm 1.16$ , respectively. Correlation analysis demonstrated a strong negative association between restrained eating and uncontrolled eating ( $r = -0.6$ ), indicating that increased dietary control was associated with reduced uncontrolled eating behavior. Moderate negative correlations were identified between restrained eating and glycemia ( $r = -0.5$ ), as well as between restrained eating and HbA1c ( $r = -0.5$ ), suggesting improved glycemic control in patients with higher dietary restraint. A strong positive correlation was observed between patient age and diabetes duration ( $r = 0.6$ ). The findings indicate that restrained eating behavior was present at a moderate level, reflecting partial dietary control among patients, although strict adherence to dietary recommendations was not fully established. Moderate levels of uncontrolled eating suggest increased sensitivity to external factors that may negatively influence glycemic control. Low emotional eating scores indicate a relatively minor influence of emotional factors on eating behavior. Elevated BMI reflected overweight status, which remains one of the major metabolic factors contributing to insulin resistance and impaired glycemic control in T2DM.

### Keywords:

Type 2 diabetes mellitus; DEBQ questionnaire; eating behavior; restrained eating; uncontrolled eating; emotional eating; glycemic control; HbA1c; insulin resistance; body mass index.