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## Weight loss program using mindfulness based cognitive therapy (MBCT)

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The modern life style includes unhealthy habits such as physical inactivity and poor diet, linking consumerism and immediacy, with consequences for public health. This has mobilized public and private initiatives in an attempt to reverse this critical situation, found the alarming statistics on the conditions associated with weight. In this sense, is the treatment of Mindfulness Based Cognitive Therapy (MBCT) programs and mindfulness interventions are currently used in a variety of clinical settings, including some cognitive therapies such as systematic technique taught and trainable. Mindfulness should not be considered as a religious concept or spiritual, but cognitive, having been adopted in Gestalt therapy and different Cognitive Behavioral Therapy (CBT), such as Acceptance and Commitment Therapy (ACT), the dialectical behavior therapy (DBT), MBCT and Mindfulness Based Stress Reduction Program (MBSR). Notable uses can be illustrated by TCD, which refers mindfulness as one of four critical skills that help in emotional regulation and ACT, which considers mindfulness an important resource to help the patient in the process of acceptance; it is to understand the reality of realizing the inevitable appearance of thoughts, feelings and sensations without avoiding them, reject them or judge them. This work had an objective to describe the experience from the intervention in MBCT in participants who sought help for weight loss in clinical school. 70 individuals participated and were divided in groups of 10 participants per group. The meetings were held for 8 weeks, involving psychoeducation and experiential exercises of mindfulness and levels were measured: 1. self-pity, 2. Emotional regulation and 3. Symptoms of depression, anxiety, stress, resilience and 6. acceptance and action and positive and negative affect, through SELFCS scales (Neff, KD, 2003) MAAS (Brown, K. & Ryan, R., 2003), DASS-21 (Lovibond & Lovibond, 1995), CD-RISC (Connor & Davidson, 2003), AAQ-II (Bond et al. 2011) PANAS (Watson & et al., 1988), applied before and after participation in the program. We conclude that the TCBM may favor interventions in weight loss group. Participation in the program was associated with clinically significant improvement in relation to self-esteem, self-pity, emotional regulation, as well as significant reductions in symptoms of depression, anxiety, stress. The main objectives of the participants were also observed: the reduction of binge eating and weight reduction.

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## Comparison of depressive symptoms in adolescent boys and girls

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Symptoms of depression is different between the genders. Men shows behaviors such as irritability, restlessness, difficulty in concentrating and aggression when they are depression instead of natural sorrow. Sleep disturbance is a common symptom of depression in men. Men are less likely to visit a doctor and unwittingly they replace other emotions like anger with sadness. This seems to be "feminine" knowing that suffering depression, depressed men may be valid. Men's disease is not diagnosed and treated! A sample of 191 adolescents, including 108 were male and 83 of girls aged 13 to 19 years of depressed psychiatric were diagnosed. Data collected for 10 years from 2004 to 2014 and their depressive symptoms by the Beck Depression Inventory II were evaluated. Depressed girls felt sadness, guilt, punishment, worthlessness, low energy and fatigue or asthenia more vulnerable than boys to have symptoms such as irritability, depression and suicidal thoughts or desires to reduce their pleasure respectively. The results of t-test showed that the difference between the total scores of boys and girls with depressive disorder (16.93) is significant at 0.001. F values for the components of feeling sad (58.13), hatred of self (12.38), suicidal thoughts or desires (12.97), restlessness (17.35) and irritability (46. 41) in the 0.001 was significant. Experiences of depression in boys and girls varied, according to gender roles.

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