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The relation between narcissism and self-handicapping in students (boys and girls)

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Marcissism is one type of personality; sometimes this character creates the extreme case and isolation of individual. As regards, narcissism have a positive roles on the self-esteem, confidence, good performance so the purpose of this study was to determine the relation between narcissism and self-handicapping in boys and girls students in the high school Physical Education classes in Tehran. This study was performed to descriptive/correlational survey way. 187 student (boys=86 and girl=101) completed Self-Handicapping Scale and Narcissistic Personality Inventory-40. Results revealed that there were a positive significant relation between narcissism and self-handicapping of student (r=0/54, sig=0/001), and a significant difference between boys and girls student's self-handicapping (t=3/11, sig=0/01). Also, there were a significant difference between boys and girls student's narcissism (t=2/52, sig=0/01). These results suggest that people with higher narcissism exhibited more total self-handicapping in Physical Education classes. Also, girls mostly had claimed self-handicapping and boys mostly had behavioral self-handicapping. According to this result it can be said one of the major reason for self handicapping behavior in physical education classes is narcissism character, one way to avoid these behaviors is consideration of teachers to the personality character especially to narcissism.

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Hyperandrogenism in female athletes with functional hypothalamic amenorrhea: A distinct phenotype

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his study was conducted to compare the reproductive, metabolic and skeletal profiles of young athletic women (15-30 years of age) with functional hypothalamic amenorrhea (FHA) as well as clinical or biochemical hyperandrogenism (FHA-EX+HA) with BMI matched women with FHA due to exercise (FHA-EX) or anorexia nervosa (FHA-AN) alone. The main outcomes assessed included reproductive hormone profile such as LH, FSH, total testosterone, pelvic ultrasound features, metabolic function and skeletal health markers such as number of stress fractures and bone mineral density (BMD) as assessed by spine DXA z-scores. FHA-EX+HA were older at diagnosis compared to the other groups with a median (IQR) age of 22 (18.75-25.25) years vs. 17.5 (15.75-19) for FHA-EX; (P<0.01) and 18 (16-22.25) for FHA-AN (P=0.01). There were no differences among the groups based on the number of hours of exercise per week, type of physical activity or duration of amenorrhea. Median (IQR) LH/FSH ratio was higher in FHA-EX+HA than both other groups, 1.44 (1.03-1.77) vs. 0.50 (0.20-0.94) for FHA-EX and 0.67 (0.51-0.87) for FHA-AN (P<0.01 for both). Total testosterone concentrations were not different among the groups. Median (IQR) fasting serum glucose concentration was higher in FHA-EX+HA vs. FHA-EX, 88.5 (82.8-90) vs. 83.5 (78.8-86.3) (P=0.01) but not different from FHA-AN (P=0.31). Percentage of women with stress fractures was lower in FHA-EX+HA (4.5%) as compared to both FHA-EX (27.3%) and FHA-AN (50%); P=0.04 and 0.002 respectively. The LH/FSH ratio was positively associated with serum glucose (r=0.29; P=0.02) as well as with DXA spine score (r=0.39; P=0.049) in the entire cohort. In a small cohort of female athletes with hyperandrogenism, a distinct reproductive hormone profile consisting of higher LH to FHS ratio may be associated with adverse metabolic health markers but improved skeletal health.

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