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Determination of eating disorders among young adults

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Abstract

Background: Feeding and eating disorders (FEDs) are associated with impairments in physical health and social, emotional and cognitive development, which in adolescence can impact identity formation and self-esteem. The present study was conducted to determine eating disorders among young adults.

Materials and Methods: 370 school students of both genders were included. BMI of all subjects was recorded. Eating concern score, weight concern score and shape concern score were recorded.

Results: Out of 370 subjects, males were 130 and females were 240. BMI was normal in 120, underweight in 160, overweight in 50 and obese in 40. Age group was 18-22 years in 140, 22-26 years in 110, 26-30 years in 70 and >30 years in 50 subjects. The difference was significant ($P < 0.05$).

Conclusion: Most of the students were underweight and had eating disorders.

Keywords: Eating, feeding, students

Introduction

Feeding and eating disorders (FEDs) are associated with impairments in physical health and social, emotional and cognitive development, which in adolescence can impact identity formation and self-esteem. If untreated, the outcome is extremely poor^[1]. Early intervention appears more promising than interventions for established and chronic illness. Of key importance, FEDs require both paediatric and mental health expertise across the spectrum of presentations^[2].

Anorexia nervosa (AN) involves the restriction of energy intake leading to a significantly low body weight in the context of age, sex, and physical health. A patient may also present with a fear of gaining weight and/or a disturbance in the way one's body is perceived. An estimated 1% of American women suffer from AN in their lifetime. It is the third most common chronic disease in adolescent girls^[3]. There are two subtypes that clinicians usually distinguish between when treating affected individuals: restricting and purging. Purging could include vomiting but more often is exhibited in the form of excessive and/or compulsive exercise or diuretic misuse. This psychological disorder, given its characteristic physical manifestations, carries high risk for severe and chronic damage to the body^[4]. Electrolyte disturbance and damage to the gastrointestinal tract, often including the abuse of laxatives, is not uncommon. Those with are also more likely to experience varying severities of osteoporosis, infertility, cardiovascular disease, and a myriad of other health conditions^[5]. The present study was conducted to determine eating disorders among young adults.

Materials and Methods

The present study comprised of 370 school students of both genders. All were informed regarding the study and their written consent was obtained.

Data such as name, age, gender etc. was recorded. BMI of all subjects was recorded. Eating concern score, weight concern score and shape concern score were recorded. Results were assessed statistically, with level of significance set below 0.05.

Results

Table 1: Distribution of subjects

Total- 370		
Gender	Males	Females
Number	130	240

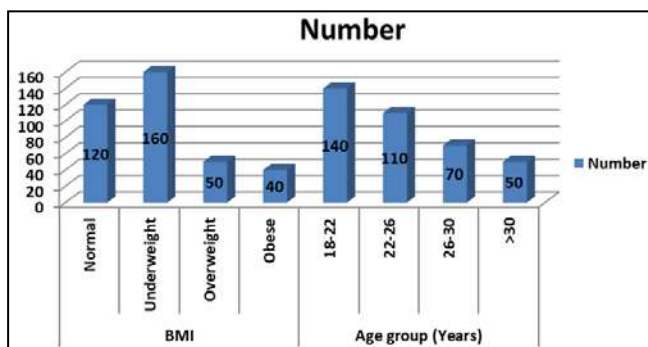
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Table I shows that out of 370 subjects, males were 130 and females were 240.

Table 1: Assessment of characteristics

Parameters	Variables	Number	P value
BMI	Normal	120	0.05
	Underweight	160	
	Overweight	50	
	Obese	40	
Age group (Years)	18-22	140	0.04
	22-26	110	
	26-30	70	
	>30	50	

Table II, graph I shows that BMI was normal in 120, underweight in 160, overweight in 50 and obese in 40. Age group was 18-22 years in 140, 22-26 years in 110, 26-30 years in 70 and >30 years in 50 subjects. The difference was significant ($P < 0.05$).



Graph 1: Assessment of characteristics

Table 3: Assessment of subscale scores

Subscale scores	Mean	SD
Eating concern	1.32	1.54
Weight concern score	2.65	2.03
Shape concern score	3.12	1.10

Table III shows that mean eating concern score was 1.32, weight concern score was 2.65 and shape concern score was 3.12.

Discussion

The incidence of ED has remained relatively stable over the last few decades with a possible increase in the number of 15–19 year olds diagnosed with AN. BED, EDs among boys, and subthreshold or atypical cases also appear to be on the increase, but this rise may reflect increased awareness among health professionals [6]. Further research is needed to determine whether the same increase is occurring in childhood onset AN [7]. The increase in obesity in the same time period is likely to be a factor in these changes since obesity is a risk factor for ED, and both BN and BED are more likely to occur in overweight populations. DSM-5’s reclassification of FEDs in 2013 means that more young people meet diagnostic criteria for a specific feeding disorder (FD) or eating disorder (ED) than previously [8]. The criteria needed to make a diagnosis of anorexia nervosa (AN) or bulimia nervosa (BN) have been broadened and new diagnoses such as binge eating disorders (BED), night eating syndrome, purging disorder and avoidant-restrictive food intake disorder (ARFID) included. The International

Classification of Diseases (ICD) 10 criteria are currently under revision [9]. The present study was conducted to determine eating disorders among young adults.

In present study, out of 370 subjects, males were 130 and females were 240. There is a single hospital-based retrospective review, which reported a prevalence of 1.25% for ED. Of them, almost 85% had psychogenic vomiting and about 15% had AN. This is in contrast to the international literature, wherein the frequency of occurrence of BN and BED is more common than that of AN. A meta-analysis of 15 studies from various settings reported that the estimated lifetime prevalence of any ED was 1.01%, and those of AN, BN, and BED were 0.21%, 0.81%, and 2.22%, respectively. BED had the highest point prevalence of ED, followed by BN and AN, among young females across China, Japan, Africa, and Latin America [10].

We found that BMI was normal in 120, underweight in 160, overweight in 50 and obese in 40. Age group was 18-22 years in 140, 22-26 years in 110, 26-30 years in 70 and >30 years in 50 subjects. The mean eating concern score was 1.32, weight concern score was 2.65 and shape concern score was 3.12.

Although diagnostic criteria are the same for children and adults, young people lack the capacity to express abstract concepts such as self-awareness or motivation. Diagnosis therefore takes into consideration behaviour as well as cognitions. Young people are typically brought to a health professional by concerned parents with a history of restricting energy dense, fatty or sugar-containing foods, accompanied by increasingly rigid eating patterns. Social withdrawal, increased restlessness and low mood develop as weight loss escalates. Specific energy-eliminating behaviour, such as excessive exercising, self-induced vomiting or, more rarely in young people than adults, laxative misuse, may be present [11]. It can take some time for parents and health professionals to recognise when these behaviors fall outside the normal range, and the young person may be very sick by the time they present. This is particularly the case with children who have a shorter duration of illness and more rapid weight loss, with high levels of medical instability [12]. Males may also not be recognized as readily, as they may exercise excessively, and be focused on muscular build than low body weight.

Conclusion

Authors found that most of the students were underweight and had eating disorders.

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