

Eating Disorders among Psychic Patients: A Clinical Study

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ABSTRACT

Background: Eating disorders (ED) are common conditions that have gained increasing attention over the last two decades. This study was conducted to correlate the eating disorder with body weight dissatisfaction (BWD) and body shape dissatisfaction (BSD) in study population. **Materials & Methods:** This study was conducted in department of Psychiatry in year 2012. It was cross sectional type of study conducted on 2360 patients visited the department with any psychiatric disorders. Patient information regarding name, age, gender etc was recorded. Body mass index (BMI) was also recorded. Patients were asked to reply the Eating aptitude test (EAT) and BSQ questionnaire. EAT is 26 items evaluated attitudes, feelings and preoccupations in relation to food and weight. The BSQ is a self-report, 34 items questionnaire that evaluates feelings of low self-esteem, the desire to lose weight and body dissatisfaction. For detecting body shape dissatisfaction (BSD), Cooper and Taylor classification was used. The BSD value, <81-slight BSD value, 81- 110- moderate BSD and BSD value 111-140- extreme BSD. For detecting BWD, discrepancy between students current and desired weight was considered. **Results:** Out of 520 patients, 250 (48%) were males and 270 (51%) were females. 40% (208) had BSD, 60% (312) had BWD, 20% (104) had positive EAT, 60% (338) had normal weight, 10% (52) had underweight and 25% (130) had overweight. The magnitudes of BSD in patients with positive EAT. 94 patients (90%) with a positive EAT expressed BSD. Out of 104 slightly dissatisfied BSD patients, 26 had positive EAT. Of 56 moderately dissatisfied BSD patients, 54 had positive EAT. Of 48 severely dissatisfied BSD patients, 14 had positive EAT. The difference was significant ($P < 0.05$). Patients with overweight had significantly higher BSD, BWD and positive EAT **Conclusion:** Eating disorders are increasing day by day. This is an alarming signal for most of the people and westernization is playing important role in this. There is need to educate the people psychologically also.

Keywords: *Body Weight Dissatisfaction, Eating Disorders, Eating Aptitude Test*

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Eating disorders (ED) are common conditions that have gained increasing attention over the last two decades. Eating disorders are mental illness defined by abnormal eating habits that negatively affect a person's physical or mental health. Both genetic and environmental factors play important role in causing eating disorder. It has prevalence rate of 1.6% in females and 0.8% in males in high-income countries possibly due to cultural and economic factors. Victims of sexual abuse are also likely to develop ED.¹

Literature shows its association with decreased quality of life, substantial disease burden, depression, substance abuse and suicide. 'Anorexia nervosa' (AN) and 'bulimia nervosa' (BN) are the most important types of eating disorders. American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders (DSM) also includes 'binge eating disorder' (BED) and 'eating disorder not otherwise specified'.² People with DE also suffer from body dysmorphic disorder (BDD), altering the way a person sees himself or herself. Person diagnosed with BDD also had some type of eating disorder, with 15% of individuals having anorexia nervosa or bulimia nervosa. The media are oftentimes blamed for the rise in the incidence of eating disorders due to the fact that media images of idealized slim physical shape of people such as model and celebrities motivate or even force people to attempt to achieve slimness themselves.³

Socioeconomic status (SES) are among few precipitating factor for eating disorders, presuming that possessing more resources allows for an individual to actively choose to diet and reduce body weight.⁴

Patients in anorexia nervosa refuse to maintain a minimally normal weight, have an intense fear of gaining weight and significant misinterpretation of their body and its shape. Bulimia nervosa is characterized by repeated episodes of binge eating followed by inappropriate behaviour to counteract the calories gained in binges via self-induced vomiting, misuse of laxatives, fasting or excessive exercise.⁵

The body shape is formed of cognitive, perceptual, affective, behavioral and social components while body image is the three dimensional mental representation that each person has of oneself. Body weight dissatisfaction (BWD) and body shape dissatisfaction (BSD) refer to discomfort with one's own body weight and shape and both have been shown to play major roles in the genesis of eating disorders.⁶ This study was conducted to correlate the eating disorder with body weight dissatisfaction (BWD) and body shape dissatisfaction (BSD) in study population.

MATERIALS & METHODS

This study was conducted in department of Psychiatry in year 2012. It was cross sectional type of study conducted on 2360 patients visited the department with any psychiatric disorders. Patient information regarding name, age, gender etc was recorded. Body mass index (BMI) was also

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recorded. Patients were asked to reply the Eating aptitude test (EAT) and BSQ questionnaire.⁷ EAT is 26 items evaluated attitudes, feelings and preoccupations in relation to food and weight. The BSQ is a self-report, 34 items questionnaire that evaluates feelings of low self-esteem, the desire to lose weight and body dissatisfaction.

For detecting body shape dissatisfaction (BSD), Cooper and Taylor classification was used.⁸ The BSD value, <81-slight BSD value, 81- 110- moderate BSD and BSD value 111-140- extreme BSD. For detecting BWD, discrepancy between students current and desired weight was considered.

RESULTS

Table I shows that out of 520 patients, 250 (48%) were males and 270 (51%) were females. Graph I shows that 40% (208) had BSD, 60% (312) had BWD, 20% (104) had positive EAT, 60% (338) had normal weight, 10 % (52) had underweight and 25% (130) had overweight.

Table II shows the magnitudes of BSD in patients with positive EAT. 94 patients (90%) with a positive EAT expressed BSD. Out of 104 slightly dissatisfied BSD patients, 26 had positive EAT. Of 56 moderately dissatisfied BSD patients, 54 had positive EAT. Of 48 severely dissatisfied BSD patients, 14 had positive EAT. The difference was significant ($P < 0.05$). Table III shows that patients with overweight had significantly higher BSD, BWD and positive EAT.

DISCUSSION

Eating disorders are characterized by extreme emotions, attitudes and behaviours surrounding weights and foods. They are classified into four categories, anorexia nervosa, bulimia nervosa, binge eating disorder and eating disorder not otherwise. These disorders are prevalent, predominantly Western and Westernized cultures with very few reports from underdeveloped and developing countries. This is a psychic disorder seen more prevalent among females as compared to males.⁹

This study was conducted to correlate the eating disorder with body weight dissatisfaction (BWD) and body shape dissatisfaction (BSD) in study population. Body weight dissatisfaction BWD and body shape dissatisfaction (BSD) refer to the discomfort with one's own body weight and shape; both have been shown to play a major role in the genesis of eating disorders. Out of 520 patients, 250 (48%) were males and 270 (51%) were females. A study conducted by COX et al¹⁰ in their study revealed that 72% of females were suffering from Eating disorder.

More patients were concerned about their weight than their shape. Our results are in agreement with the study done by Haris et al.¹¹ The high prevalence of both BWD and BSD is probably due to the rapid societal transition and socio-cultural pressure to achieve an elusive "ideal body". The

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prevalence of underweight, overweight and normal body weight among our sample is similar to other studies.^{12,13} The prevalence of eating disorder among psychic patients was 22%.

The high prevalence of BSD and BWD in our study is consistent with Lazer et al¹⁴ finding that 52% of young women evaluated their shape negatively and 45% were dissatisfied with their weights. We also tried to establish the relation between BSD, BWD and positive EAT. Patients with overweight had significantly higher BSD, BWD and positive EAT. Our results are in agreement to the results of Sobel J.¹⁵ However a study conducted by Wong Y found that overweight patients had higher BWD only.

CONCLUSION

Eating disorders are increasing day by day. This is an alarming signal for most of the people and westernization is playing important role in this. There is need to educate the people psychologically also.

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Conflict of Interests

The author declared no conflict of interests.

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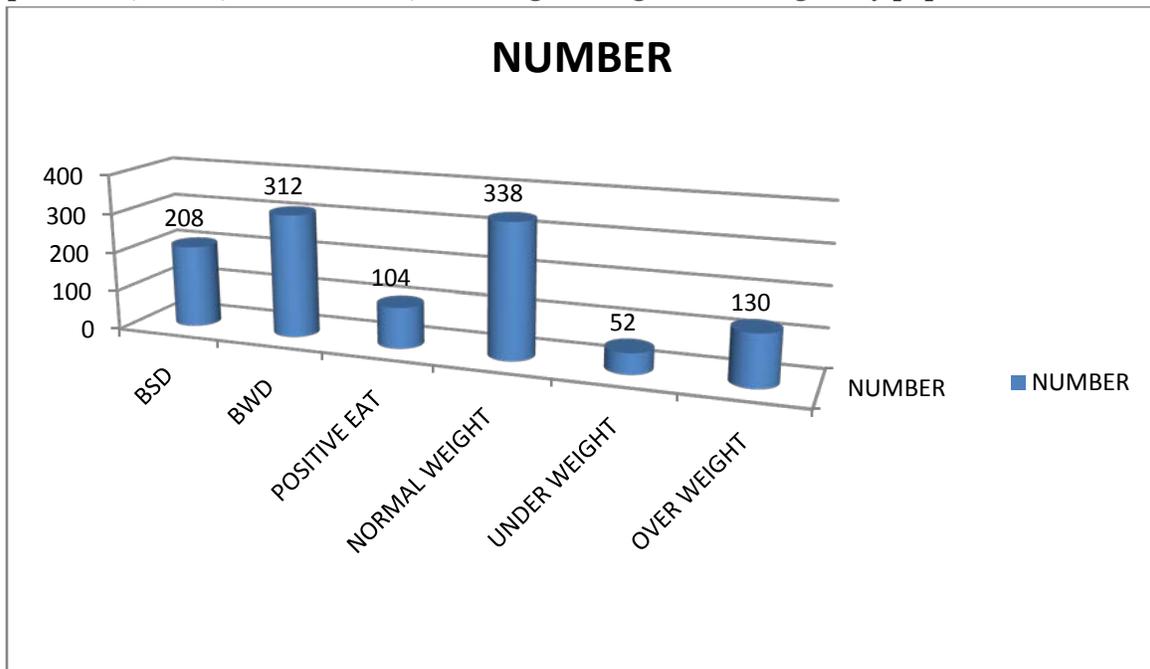
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Table I Distribution of patients

Total - 520		
Gender	Male	Female
Number	250 (48%)	270 (51%)

Graph I BSD, BWD, Positive EAT, and weight categories among study population



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Table II Magnitude of BSD and positive EAT

Level of dissatisfaction	BSD (208)	Positive EAT (104)	P value
Slightly dissatisfied	104 (50%)	26 (25%)	0.01
Moderately dissatisfied	56 (27%)	54 (52%)	0.02
Severely dissatisfied	48 (23%)	14 (13%)	0.01
Total	208	94 (90%)	

Table III Correlation between BSD, BWD and positive EAT among patients

	BSD	BWD	Positive EAT	P value
Underweight (52)	11	7	26	
Normal weight (332)	73	40	40	
Over weight (130)	124	265	38	<0.05
Total	208	312	104	

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