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ORIGINAL RESEARCH

Determination of Eating Disorders Among Young Adults

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ABSTRACT

Background: To determine eating disorders among young adults.

Materials and Methods: Three hundred ten school students of both genders were included in the study. BMI of all subjects was recorded. Eating concern score, weight concern score and shape concern score were recorded**.**

Results: Out of 310 subjects, males were 140 and females were 170. Age group was 18-21 years comprises of 120, 22-25 years had 100, 26-29 years in 60 and >30 years in 30 subjects. BMI was normal in 130, underweight in 120, overweight in 25 and obese in 35. The difference was significant (P< 0.05). The mean weight concern score was 2.63, mean eating concern score was 1.34 and shape concern score was 3.11.

Conclusion: It was observed in the study that most of the students were underweight and had eating disorders.

Keywords: Feeding, Students, eating disorders.

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INTRODUCTION

Eating disorders are severe conditions that affect children, adolescents, and young adults with increasing frequency.[1] These disorders carry a high medical and psychiatric morbidity, with a standardized mortality ratio for anorexia nervosa (AN) of 6 and for bulimia nervosa (BN) of 2. Eating disorders are predominantly found in girls and women with a female-to-male ratio of 9:1. Onset usually begins during adolescence, with the highest risk group being girls aged from 15 to 19 years. In recent years, an increasing prevalence has been seen in minority populations and in younger age groups.[2] Athletes, diabetics, and obese adolescents are particularly vulnerable. Disturbances of body image and diet are less prevalent in young men than in young women. Nevertheless, it is more common than generally believed: Approximately 10% of cases of AN and BN are young adolescent men. In addition, presenting symptoms of eating disorders in boys may include intense bodybuilding, the use of anabolic steroids, and preoccupation with body shape and musculature.[3]

Electrolyte disturbance and damage to the gastrointestinal tract, often including the abuse of laxatives, is not uncommon. Those with AN are also more likely to experience varying severities of osteoporosis, infertility, cardiovascular disease, and a myriad of other health conditions.[4] Considering this, we attempted present study to determine eating disorders among young adults.

MATERIALS & METHODS

A sum total of three hundred ten school students of both genders were included in the study. All were made aware of the study and their written consent was obtained. Ethical clearance was obtained before starting the study.

Baseline characteristics 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 using SPSS version 21.0, with level of significance set below 0.05.

RESULTS

Table I Distribution of subjects

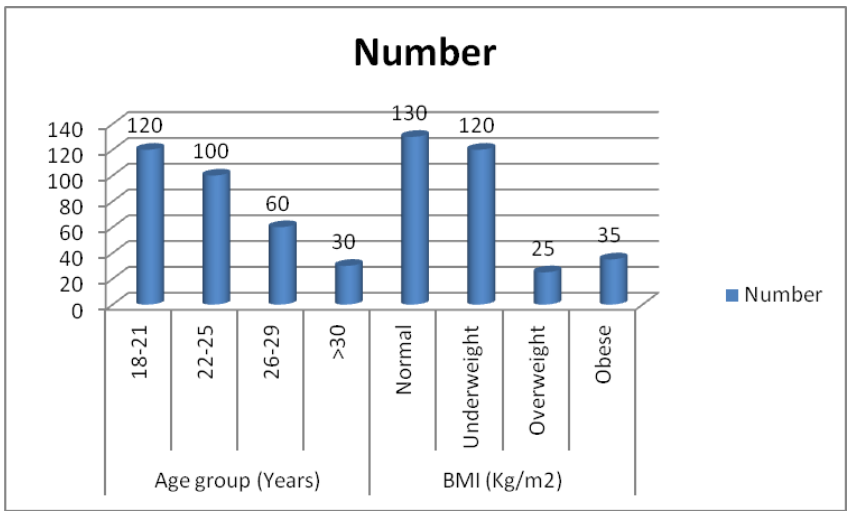
Total- 310		
Gender	**Males**	**Females**
Number	140	170

Out of 310 subjects, males were 140 and females were 170 (Table I).

Table II Assessment of characteristics

Parameters	Variables	Number	P value
Age group (Years)	18-21	120	0.81
	22-25	100	
	26-29	60	
	>30	30	
BMI (Kg/m^2)	Normal	130	0.05
	Underweight	120	
	Overweight	25	
	Obese	35	

Age group was 18-21 years comprises of 120, 22-25 years had 100, 26-29 years in 60 and >30 years in 30 subjects. BMI was normal in 130, underweight in 120, overweight in 25 and obese in 35. The difference was significant (P< 0.05) (Table II, graph I).



Graph I Assessment of characteristics

Table III Subscale scores assessment

Subscale scores	Mean	SD
Weight concern score	2.63	2.05
Eating concern	1.34	1.56
Shape concern score	3.11	1.12

The mean weight concern score was 2.63, mean eating concern score was 1.34 and shape concern score was 3.11.

DISCUSSION

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. 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.[5] 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 in their lifetime. It is the third most common chronic disease in adolescent girls.[6] 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.[7] Further research is needed to determine whether the same increase is occurring in childhood onset AN.[8] 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.[9] The International Classification of Diseases (ICD) 10 criteria are currently under revision.[10] The present study was conducted to determine eating disorders among young adults.

Our results showed that out of 310 subjects, males were 140 and females were 170. Micali et al[11] aimed to determine the prevalence of ED symptoms in early adolescence, derive symptoms dimensions, and determine their effects on social and psychological outcomes and subsequent body mass index (BMI) in 7,082 adolescents aged 13 years. Extreme levels of fear of weight gain, avoidance of fattening foods, and distress about weight and shape were common among girls (11%). Three ED symptoms dimensions were identified: bingeing/overeating, weight/shape concern and weight-control behaviors, and food restriction. Bingeing/overeating was strongly associated with higher functional impairment, family burden, and comorbid psychopathology. Bingeing/overeating and weight/shape concern and weight-control behaviors predicted higher BMI 2 years later, whereas food restriction predicted lower BMI. These effects did not change when BMI at age 13 years was included in the model. Eating disorder cognitions are common among young teenage girls. Eating disorder symptoms have adverse cross-sectional and distal consequences, in particular on increasing body weight 2 years later. These findings have important implications for early identification of adolescents engaging in ED behaviors and for obesity prevention.

Our results showed that age group was 18-21 years comprises of 120, 22-25 years had 100, 26-29 years in 60 and >30 years in 30 subjects. BMI was normal in 130, underweight in 120, overweight in 25 and obese in 35. Mammen et al[12] studied the prevalence and psychiatric co-morbidity among juveniles with eating disorders. Forty-one cases with ICD 10 diagnosis of eating disorders were identified and analyzed. The prevalence of eating disorders was 1.25%. Psychogenic vomiting was the commonest eating disorders and anorexia nervosa the emerging eating disorder. The most common co-morbidities were depression, intellectual disability, and dissociative disorder.

We observed that the mean weight concern score was 2.63, mean eating concern score was 1.34 and shape concern score was 3.11. 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 behaviours, such as excessive exercising, self induced vomiting or, more rarely in young people than adults, laxative misuse, may be present.[13] Chew et al[14] state that eating disorders can damage multiple organ systems and significantly impact the future health of adolescents. Most complications develop because of prolonged malnutrition, dramatic weight fluctuations, or purging. Cardiac complications are often seen as the result of AN in which electrocardiograph (ECG) abnormalities (sinus bradycardia and prolonged correct QT [QTc] intervals) and cardiac dysrhythmias are reported.

CONCLUSION

It was observed in the study that most of the students were underweight and had eating disorders.

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