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Prevalence of Eating Disorder Gender Wise

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ABSTRACT

The conducted study assesses the prevalence of disturbed eating attitude among male and female population in our society and the interrelationship of disturbed eating with a seven basic causes that are responsible for its prevalence is also investigated. This investigation examined the factors, structure and correlates of the reasons of eating disorders. This study is done using 200 sample sizes for each male and female gender, than using a questionnaire, various causes have been evaluated that how much any factor is responsible for the breakthrough of eating attitude abnormality in present days. These results have importance in implicating in view of the high prevalence of eating attitude in individuals. These disorders are due to a complex interaction of social, biological and psychological factors, which bring about such harmful behavior, complex combination of factors can be categorized as genetic, biochemical, emotional, intellectual and environmental. The study reveals that women are more likely than male to develop eating disorder whereas pervasiveness of dieting in women is increased by the value of slimness in western society and the depression. Treatments of abnormal eating attitude always include cognitive-behavioral or group psychotherapy, sometimes along with medication help to resolve it even after few months. The purpose is the evaluation of literature the causes associated with prevalence of eating disorder in society. The important thing is to stop as soon as you recognize these behaviors in yourself then should get help to begin the road to recovery.

Keywords: eating disorder, Depression, cognitive-behavioral and group psychotherapy

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INTRODUCTION

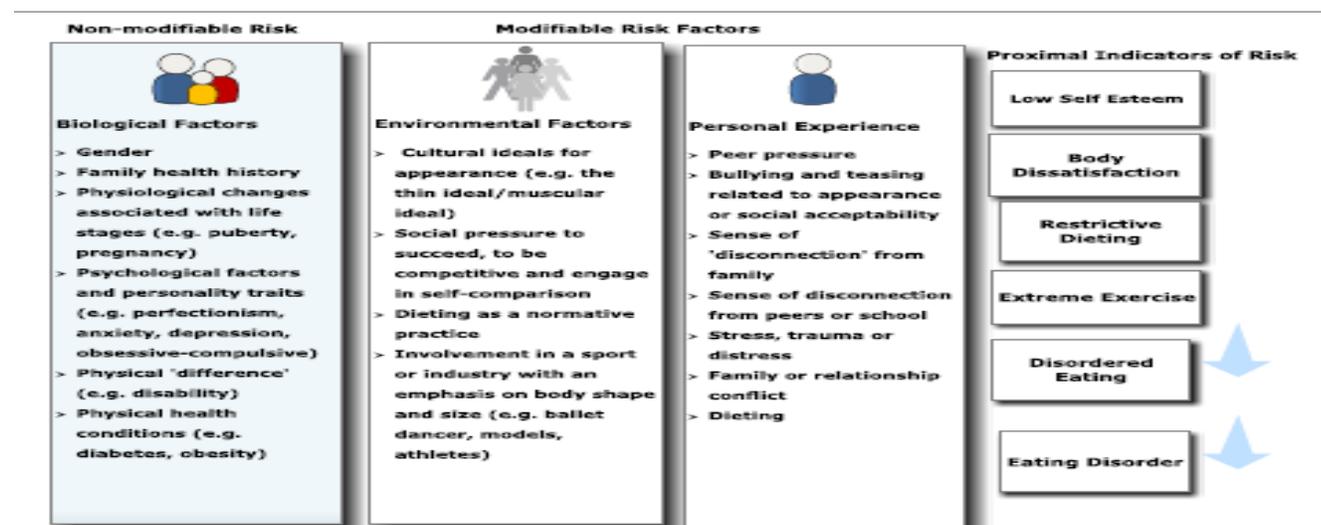
Eating disorder:

Disordered eating (DE) refers to a spectrum of attitudes and behaviors like a preoccupation with body weight and shape, food restriction, and dieting as well as bingeing, vomiting, and the abuse of diuretics, laxatives and diet pills. The purpose of DE is to accomplish a lean body weight to compensate for pervasive body dissatisfaction. In many cases, people with DE also have a body image problem, i.e. an inability to acknowledge their change in body weight. Conventionally, EATING DISORDER OTHERWISE NOT SPECIFIED (EDNOS) is considered to be present when one or more criteria for Anorexia nervosa (AN) or Bulimia nervosa (BN) are not present or lack the required duration or frequency¹.

Risk factor:

Biological factors in the individual, such as gender, genetic susceptibility, and physiological changes associated with transition stages in life such as puberty have been identified as contributory risk factors. Individual psychological factors and personality traits are also identified, with risk associated with low self-esteem, anxiety, depression, perfectionism and obsessive-compulsiveness. Life experiences also contribute to the development of eating disorders, with an emphasis on the socio-cultural thin ideal and environmental experiences such as peer pressure, bullying, relationship conflicts and dieting as specific risks for the development of eating disorders².

The following diagram illustrates the most commonly identified risk factors for the development of an eating disorder.



Modifiable risk factors

Socio-cultural, and environmental risk factors, and to some extent the experience of psychological risk factors, may be modifiable, and amenable to change. The modifiable risk factors for eating disorders are identified as: body dissatisfaction, extreme weight loss behaviors, low self-esteem, adoption of the socially endorsed thin body ideal as a personal standard, and placement of an undue emphasis on weight and shape in the evaluation of the self and others³.

Dieting and Disordered Eating

One of the most important cause contributing to DE is dieting means unhealthy eating patterns like to fast, to skip meal etc. it may also due to various activities like over exercise, vomiting etc.

Unhealthy weight loss dieting is also associated with other health concerns including depression, anxiety, nutritional and metabolic problems, and, contrary to expectation, with an increase in weight⁴.

Negative Body Image or Body Dissatisfaction

Body dissatisfaction is major indicator of risk for developing an eating disorder as is importance of shape and weight to the person's evaluation of their self-worth. In our society, dissatisfaction with the body has become a cultural norm and this is integrally tied up with the belief that losing weight will improve body satisfaction. Individuals with poor body image are more likely to engage at some point in their lives in dangerous dietary practices and weight control methods, excessive exercise, substance abuse, and unnecessary surgical interventions to alter appearance.

Body dissatisfaction is also associated with depressed mood and low self-esteem and therefore represents a significant mental health issue. Long term poor body image is a predictor of reduced mental and physical health on multiple indices, as well as lowered social functioning and poor lifestyle choices².

Protective Factors

Protective factors that reduce the likelihood of the development of an eating disorder often represent the opposite experience to that associated with risk. For example:

Risk Factors	Protective Factors
Low self esteem	High self esteem
Negative body image/body dissatisfaction	Positive body image
Anxiety, stress, negative affect	Emotional well-being
Disconnection from peers or school	School achievement, good social skills
Acceptance of cultural 'ideals' such as thinness, muscularity, or success	Critical processing of cultural and media messages
Disconnection from family	

(Adapted from NEDC, 2010)

Depression:

Individual psychological factors and personality traits are also identified, with risk associated with low self-esteem, anxiety, depression, perfectionism and obsessive-compulsiveness.²

Media influence:

Media playing a vital role in developing a woman's ideal body image especially young girls through videos, images etc. actually their consequences are coming as negatively impacted on the life of individuals especially females and provoking them towards DE.

PREVALENCE OF EATING DISORDERS:

Eating disorders are severe conditions, but little is known about the prevalence or correlates of these disorders from population-based surveys. Although the lifetime prevalence estimates of eating disorders from population-based studies of adults are relatively low (0.5%-1.0% for anorexia nervosa [AN] and 0.5%-3.0% for bulimia nervosa [BN])^{5, 6}. Regarding children and adolescents, previous population-based studies of eating disorders have focused on youths who meet full DSM-IV criteria without presenting information on youths with eating problems that fall below current diagnostic thresholds. Eating disorder not otherwise specified (EDNOS), a broad category that covers clinically significant eating disorders that do not meet criteria for AN or BN, tends to be more frequently diagnosed in clinical settings than either of the DSM-IV eating disorder sub types. In fact, adult population-based studies that have expanded measures to include EDNOS subtypes have found a greater prevalence of binge-eating disorder (BED) and related symptoms than that of Anorexia nervosa and Bulimia nervosa combined.

Gender Prevalence

Eating disorders have been reported in up to 4% of adolescents and young adults. The most

common age at onset for anorexia nervosa is the mid-teens; in 5% of the patients, the onset of the disorder is in the early twenties. The onset of bulimia nervosa is usually in adolescence but may be as late as early adulthood⁷.

Both anorexia nervosa and bulimia nervosa are more commonly seen in girls and women. Estimate of female-to-male ratio range from 6:1 to 10:1.

Lifetime Prevalence

The reported lifetime prevalence of anorexia nervosa among women has ranged from 0.9% - 2.2% and 0.2 - 0.3% in men.⁸ With regard to bulimia nervosa, estimates of lifetime prevalence among women range from 1.5% to 2% and 0.5% in men. Prevalence of eating disorders in young children is unknown. However, children as young as 5 years have reported awareness of dieting and know that inducing vomiting can produce weight loss. Eating disorder not otherwise specified is the most prevalent eating disorder. The National Comorbidity Survey Replication reported Binge Eating Disorders in 3.5% of women and 2% of men. Of patients requesting treatment for obesity, 5% - 10% may have binge eating disorders⁹.

Cultural Considerations

Eating disorders are most common in the United States, Canada, Europe, Australia, New Zealand, and South Africa. However, the prevalence in non-Western countries is growing. Rates are increasing in Asia, especially in Japan and China, where women are exposed to cultural change and modernization. In the United States, eating disorders are common in young Latin American, Native American, and African American women, but the rates are still lower than in white women. African American women are more likely to develop bulimia and more likely to purge. Female athletes involved in running, gymnastics, or ballet and male body builders or wrestlers are at increased risk¹⁰.

MATERIALS AND METHOD

The study comprises on the comparison as well as evaluation of reasons why eating disorders are prevalent in males and females of different age groups of our society. A particular questionnaire has been designed having different questions regarding individual's habit of eating; whether reason individual think for their abnormal eating behavior is and so on. This questionnaire has been filled by both males and females of different age group. The data has been collected from different clinics, hospitals, universities, colleges, schools, markets etc. of society. The sample size is of 200 male participants and 200 female participants for the survey program. Through this data the percentage evaluation of different factors i.e. eating timings, habit of snacks, media inflation,

surrounding influence, comparison of one with others, dieting habit and depression causing eating disorders in different gender with different age has been conducted. Data is analyzed and statistical tools are applied to show the results in percentage value that would give a conclusion of different factors that are responsible for causing eating disorders in different gender. And at the end the most prevalent cause has been found out responsible for abnormal eating behavior in a society.

RESULTS AND DISCUSSION

Table 1: revealing the prevalence of eating disorder in percentages in both genders.

Gender	Normal Individual	Prevalance Percent	
		ANOREXIA	BULIMIA
Male	60.03%	19.50%	20.11%
Female	47.79%	16.27%	35.59%

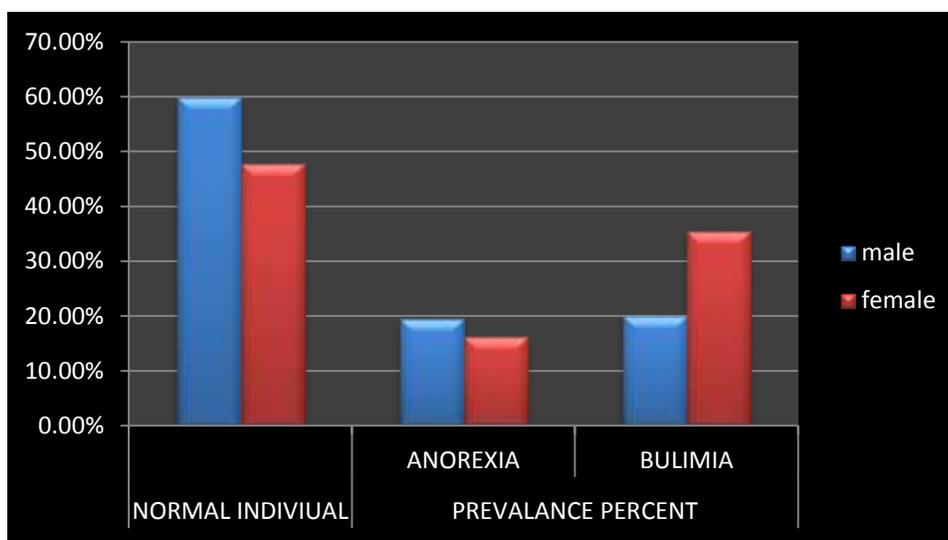


Figure 1: Representing the percentage of male and female suffering from eating disorder

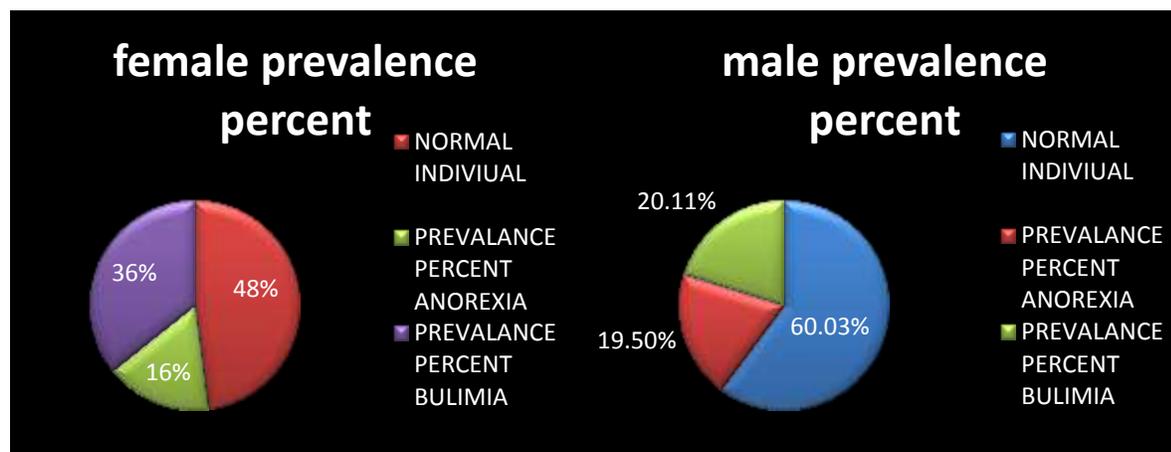


Figure 2: comparing the prevalence of eating disorders in both genders

The results show prevalence and unawareness of eating disorder in society. The results also reveal that they are prevailing more in females than male that corresponds with previous researches as well as higher number of females than males are suffering from this problem and considering it as normal. Esp. bulimia percentage is high which can be due to many reasons.

Factors affecting the prevalence of eating disorder:

Table 2: factors that are influencing on both genders and pushing individual towards eating disorders

Gender	Factors Influencing Eating Disorder						
	Media influence	Surrounding influence	Habit of snacks	Timing	Depression	Dieting behavior	Comparison with others
Male	64.36%	48.85%	21.83%	76.43%	62.64%	27.50%	45.66%
Female	68.47%	67.11%	35.93%	50.84%	89.83%	74.57%	30.84%

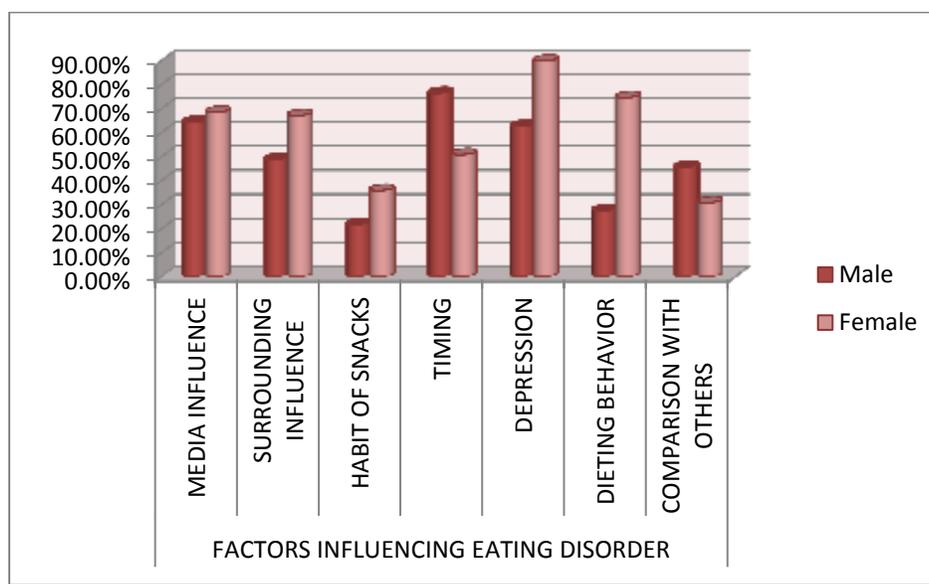


Figure 3: graphical representation of factors that influencing eating disorders and pull an individual toward eating disorder

The factor influencing most in males is the timing of food to be taken and in females most influencing factor is depression that leads to different eating disorder esp. bulimia in females. Also media inflation, dieting habit and comparison with others are the factors that are pronouncing.

The increased interest in physical fitness, most people exercise on a regular basis for a varied purpose thus causes psychological and physical effects which are both adaptive and maladaptive. Also a psychological behavior is the leading cause to eating disorders. Anorexia nervosa is simply starving you and bulimia nervosa is characterized by excessive eating. The charts of prevailing eating disorders gender wise reveals that males suffered from eating disorders include for anorexia

19.50% and for bulimia 20.11%. While females include the eating disorders appear to be as anorexia 16.27% and bulimia 35.59%. Revealing females are suffering more as compare to males and most females are suffering from bulimia. On further analysis 7 basic causes has found, responsible for eating disorders. They are: media inflation, surrounding inflation, habit of snacks, timing, depression, dieting behavior and comparison with others. Media has a profound effect on daily life. Surroundings of our society, relatives, coworkers etc. also have a pronounced impact that seems to affect majorly female than male. Habit of snacks is among the leading causes but influencing mostly females (35.93 %). Timing of eating is the factor influencing majorly male (76.43 %). Improper timing of having breakfast, high tea, lunch and dinner due to work load, psychological behavior of individual, habit of snacks etc. majorly effecting the male population. Depression (psychological complain) the most important and prevalent cause that leads to eating disorders both in males and females but has a great impact on females (89.83 %). The dieting habits and sense of comparing oneself with others to attain maximum satisfaction are important factors contributing towards eating disorders. But at all it has been found that female population is suffering more than male as depression is the reason that female population is facing mostly now a days.

CONCLUSION:

Comparing both genders it has been concluded that females are affected more than male for eating disorders. Male population is majorly facing problem of eating due to inappropriate timing of eating whereas females are suffering due to problem of depression (psychological disorder). DEPRESSION is prevailing mostly among female population that results with increase outbreak of eating disorders among them. And males have inappropriate timing of eating leading them to such consequences. The awareness should be spread in various educational institutions, different localities; clinics etc. and steps should be taken to remove depression and its causes from society, ensuring people a care free life, should help people to arrange their proper work schedule and have a healthy and organized living. This would be helpful to improve education and awareness among society about eating disorders, its causes and future consequences. We should convince that lower class or working class should be properly educated. Females should be guided fully about depression and males should be encouraged to maintain their routine a scheduled one. Such step will definitely contribute a little for gifting a society healthy and quality life.

FUTURE PROSPECT:

As a part of health care system it is our duty to improve education and awareness program among society about eating disorders, its causes and future consequences, how we can avoid them and further more. We should make convinced that lower class or working class should be properly educated. Females should be guided fully about depression and males should be encouraged to maintain their routine a scheduled one. Such step will definitely contribute a little for gifting a society healthy and quality life.

COMPETING INTEREST:

The authors have no competing interests.

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