PREVALENCE OF EATING DISORDERS AMONG MEDICAL STUDENTS

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ABSTRACT:
An eating disorder is a mental disorder defined by abnormal eating habits that negatively affect a person's physical and/or mental health. In the developed world, anorexia affects about 0.4% and bulimia affects about 1.3% of young women each year. This survey study was conducted among different medical and dental college students of different medical and dental colleges. Different questions regarding height, weight, eating habits were asked. The students were asked to fill EAT-26 and SCOFF questionnaires. A total of 137 medical and dental students participated in the study. Out of 137, only 89 students returned the proforma. There were 59 males and 30 females in the study. The mean age of the students was 21.89±1.67 years. Around fifteen percent of the students were diagnosed with mental health disorder and fifty two percent were undergoing active stressors.

Keywords: Eating Disorder, Mental Health Disorders, Medical Students, Dental Students
INTRODUCTION:
An eating disorder is a mental disorder defined by abnormal eating habits that negatively affect a person's physical and/or mental health. They include binge eating disorder, where people eat a large amount in a short period of time; anorexia nervosa, where people eat very little due to a fear of gaining weight and thus have a low body weight; bulimia nervosa, where people eat a lot and then try to rid themselves of the food; pica, where people eat non-food items; rumination syndrome, where people regurgitate food; avoidant/restrictive food intake disorder (ARFID), where people have a reduced food intake for some psychological reasons; and a group of other specified feeding or eating disorders. Anxiety disorders, depression and substance abuse are common among people with eating disorders. These disorders do not include obesity.

The causes of eating disorders are not clear, although both biological and environmental factors appear to play a role. Eating disorders affect about 12 percent of dancers. Cultural idealization of thinness is believed to contribute to some eating disorders. Individuals who have experienced sexual abuse are also more likely to develop eating disorders. Some disorders such as pica and rumination disorder occur more often in people with intellectual disabilities. Only one eating disorder can be diagnosed at a given time.

Treatment can be effective for many eating disorders. Treatment varies by disorder and may involve counselling, dietary advice, reducing excessive exercise and the reduction of efforts to eliminate food. Medications may be used to help with some of the associated symptoms. Hospitalization may be needed in more serious cases. About 70% of people with anorexia and 50% of people with bulimia recover within five years. Recovery from binge eating disorder is less clear and estimated
at 20% to 60%. Both anorexia and bulimia increase the risk of death. In the developed world, anorexia affects about 0.4% and bulimia affects about 1.3% of young women in a given year. Binge eating disorder affects about 1.6% of women and 0.8% of men in a given year. Among women about 4% have anorexia, 2% have bulimia, and 2% have binge eating disorder at some time in their life. Rates of eating disorders appear to be lower in less developed countries. Anorexia and bulimia occur nearly ten times more often in females than males. Eating disorders typically begin in late childhood or early adulthood. Rates of other eating disorders are not clear (1-3).

MATERIAL OF METHODS:
This survey study was conducted among different medical and dental college students of different medical and dental colleges. Different questions regarding height, weight, eating habits were asked. The students were asked to fill EAT-26 and SCOFF questionnaires. All the data was kept confidential. All the data was analyzed with SPSS Ver. 23.0. Relevant statistical analysis was performed. The qualitative variables were presented as frequency and percentages. The quantitative variables were presented as mean and standard deviation.

RESULTS:
A total of 137 medical and dental students participated in the study. Out of 137, only 89 students returned the proforma. There were 59 males and 30 females in the study. The mean age of the students was 21.89±1.67 years. Around fifteen percent of the students were diagnosed with mental health disorder and fifty two percent were undergoing active stressors.

DISCUSSION:
The initial diagnosis should be made by a competent medical professional. The medical history is the most
powerful tool for diagnosing eating disorders. There are many medical disorders that mimic eating disorders and comorbid psychiatric disorders. All organic causes should be ruled out prior to a diagnosis of an eating disorder or any other psychiatric disorder. In the past 30 years eating disorders have become increasingly conspicuous and it is uncertain whether the changes in presentation reflect a true increase. Anorexia nervosa and bulimia nervosa are the most clearly defined subgroups of a wider range of eating disorders. Many patients present with subthreshold expressions of the two main diagnoses: others with different patterns and symptoms. The diagnostic workup typically includes complete medical and psychosocial history and follows a rational and formulaic approach to the diagnosis. Neuroimaging using MRI, PET and SPECT scans have been used to detect cases in which a lesion, tumor or other organic condition has been either the sole causative or contributory factor in an eating disorder. Right frontal intracerebral lesions with their close relationship to the limbic system could be causative for eating disorders, we therefore recommend performing a cranial MRI in all patients with suspected eating disorders, intracranial pathology should also be considered however certain is the diagnosis of early-onset anorexia nervosa. Second, neuroimaging plays an important part in diagnosing early-onset anorexia nervosa, both from a clinical and a research prospective.

After ruling out organic causes and the initial diagnosis of an eating disorder being made by a medical professional, a trained mental health professional aids in the assessment and treatment of the underlying psychological components of the eating disorder and any comorbid psychological conditions. The clinician conducts a clinical interview and may employ various psychometric tests. Some are general
in nature while others were devised specifically for use in the assessment of eating disorders. Some of the general tests that may be used are the Hamilton Depression Rating Scale and the Beck Depression Inventory. Longitudinal research showed that there is an increase in chance that a young adult female would develop bulimia due to their current psychological pressure and as the person ages and matures, their emotional problems change or are resolved and then the symptoms decline (4-6).

REFERENCES: