

A STUDY ON PREVALENCE OF ANOREXIA NERVOSA BY USING EATING ATTITUDE TEST EAT-26 AMONG FEMALE STUDENTS OF JOHAR INSTITUTE OF PROFESSIONAL STUDIES, LAHORE

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<p>Author's Affiliation</p> <p>¹ Johar Institute of Professional Studies, Lahore</p> <p>² Khaldunia Institute of Technology and Applied Sciences, Lahore</p> <p>³ Johar Institute of Professional Studies, Lahore</p> <p>⁴ Ghurki Trust and Teaching Hospital Lahore</p> <p>Corresponding Author:</p> <p>Nida Naz</p> <p>Johar Institute of professional Studies</p>	<p>ABSTRACT</p> <p>Background: Anorexia nervosa is a psychiatric and life-threatening eating disorder characterized by low body weight, nutritional limitation, afraid of getting fat, and a strong urge of being thin.</p> <p>Objective: The objective of this research is to find out the rising incidence of anorexia nervosa and to detect eating attitudes among female students of johar institute of professional studies, Lahore.</p> <p>Material and Method: This cross sectional study was conducted on March 2021 to August 2021 among female students of Johar Institute of Professional Studies. Data was collected from 113 students via non probability convenience sampling technique. Participants were screened for eligibility criteria. We included female hostilities and day scholar with minimum age was 18 years & maximum age was 26 years. The exclusion criteria include male sex, age less than 18 and greater than 26, students having psychological disorders, history of GIT, athletes & neurological disorders. Eating attitude test (EAT26) questionnaire was used for data collection. Data was analyzed using SPSS version 21.</p> <p>Result: A total of 52 students were 18-22 years old while 61 students were 22-26 years old. This study revealed that (39.80%) 45 students consider underweight, (58.40%) 66 participants were normal and (1.80%) 2 were overweight while 7 Day Scholar females were anorexic and 37 subjects had no symptoms and 42 hostilities were anorexic and 27 had no symptoms. According to EAT26 score, from total 113 participants there were 64 students indicating healthy, 6 subjects were mild anorexic, 11 students were moderate anorexic and 32 were severe anorexic.</p> <p>Conclusion: According to this research, it has been concluded the majority of female students exhibited indications of anorexia nervosa. Anorexia nervosa was prevalent among hostilities as compared to today's scholars.</p> <p>Keywords: Anorexia nervosa, Eating disorder, Body mass index, EAT-26, Female, students</p>
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INTRODUCTION

Food consumption that is extravagant or insufficient is detrimental to a person's

physical and emotional wellbeing. Binge disordered eating, anorexia nervosa and bulimia nervosa are the most frequent

illnesses caused by bad eating habits. Although the precise cause of eating disorders is unknown, numerous variables have been linked to it, like anxiety, environment, and temperament, parenting behavior, communication, and health issues.¹

Anorexia nervosa is a life-threatening disease. Low weight, nutritional limitation, afraid of getting fat, and a strong urge of being slim are all characteristics of this condition. It's a highly dangerous mental illness that affects mostly women, especially teenagers. Anorexia nervosa can coexist with a variety of issues, including a dependency on medications, nausea and diarrhea, seizures, recurrent swelling, fluid retention, menstrual irregularities, uncomfortable attitude, and stress symptoms.²

In the West, AN affects about 0.5 percent to 1 percent in teenagers. A further 5% to 10% of post-pubertal females suffer from milder types of eating problems. In another research, almost 27 percent of 1739 girls aging 12 to 18 years had disturbed food behaviors. According to several researches, Anorexia can cause a variety of secondary illnesses and can obstruct proper intellectual and physiological development of future generations.³ Because of the weight reduction, people's attitudes toward anorexia nervosa are a combination of annoyance and adoration. Both attitudes may decrease the chances of seeking essential early treatment & increasing the risk of incidence and death.⁴

Bulimia nervosa, anorexia nervosa and binge consuming behavior, sub - threshold in addition any emotional eating have lifespan incidence rates of 0.6, 1.0, 2.8, 1.2, and 4.5 percent in the United States, respectively.⁵ The term "body weight dissatisfaction" refers to the disparity

between one's actual weight and one's imagined ideal weight. BWD has been characterized as being one of the behavior factors linked to disordered eating. It has been reported that BWD is more common among nutrition students.⁶

The prevalence of Anorexia nervosa survival rate in high-income communities is recorded in the general community about 1% in female as well as less than 0.5% in males. This usually starts in early to mid-adolescence, but it can continue into adulthood.⁷ This is most evident in Anorexia Nervosa and Bulimia Nervosa, as individuals are overwhelmed by the risk of gaining weight, cultivating a repertoire of disrupted actions to avoid the expected consequences. Most of the other main psychological characteristics of EDs are similar to cognitive and behavioral characteristics.⁸

This study employed eating attitude test (EAT-26) questionnaire to find out the frequency of anorexia nervosa and to study eating attitudes among females having Anorexia Nervosa. The EAT-26 is a valid, reliable and cost-effective tool that could be applied to evaluate anorexic characteristics objectively. The initial edition of the EAT-40 includes 7 factors to study eating disorders. These factors are Food preoccupation, desire for thinness and body image preoccupations, vomiting and laxative misuse, dieting, delayed eating, hidden eating, and perceived pressure to gain weight. The EAT-26 was a shorter variant with three components⁸

Includes Food preoccupation bulimia, oral control and Dieting. The overall score is calculated using a Likert scale of 6 point, with a cutoff value of 20. Individuals who have a score of 20 or above are thought to have a general pattern of disordered eating.⁹

MATERIAL AND METHODS

This was cross sectional study conducted on the young female students of the Johar Institute of Professional Studies, Lahore. The study was approved by review committee of Johar Institute of Professional Studies. Permission was taken from the head of Police Colony. A total population of students was 500 resident. At the time of study, 113 students out of 500 were identified having age 18 and above. Rao-soft sample size calculator was used with the 95% confidence interval and the estimated sample size was 113. Participants included in this study having age 18 and above. Only females were recruited in the study.

Male participants, age less than 18 and greater than 26, students having psychological disorders, history of GIT, athletes & neurological disorders were excluded from this study. After applying inclusion and exclusion criteria, 113 participants were included in the study. Consent was taken from each participant and details of the study were explained before the commencement of study. Demographic details were obtained from all the participants. The data was collected by filling EAT-26 questionnaire from the female students of Johar Institute of Professional Studies. EAT-26 was used to measure the symptoms of anorexia nervosa and related eating disorders. Individual's score 20 or higher than 20 are being referred for a diagnostic interview. A significant level of concern towards diet, weight gain, or problematic dietary patterns is indicated by a score of 20 or higher and normal eating pattern can be indicated by a score less than 20 on the EAT-26.

For the aim of this research analysis and coding of data, statistical package for social sciences (SPSS), 21 Version is used. Frequency table and Bar chart was used for calculation of quantitative variables.

RESULTS

Descriptive statistics was applied for demographic details of the participants (Table 1). We enrolled 113 female participants in our study (Table 2). Out of 113 participants 45 were from the department of DPT, 30 subjects were from PHARM-D, 20 students were from MLT, 18 participants were from the department of BSCS (Figure 1). Their mean age was 1.5398 and standard deviation was $\pm .50063$.

Female Participant's minimum age was 18 and maximum age was 26. Bar chart shows that there were 38 females were Day Scholar and 75 were Hostilities. According to BMI that there were 45 (39.8%) students consider underweight, 66 (58.4%) participants were normal and 2 (1.80%) were overweight (Table 3). Frequency of anorexia nervosa of female students 42 hostilities were anorexic and 27 were not meanwhile 7 Day Scholar females were anorexic and 37 subject were not anorexic (Figure 2). EAT-26 questionnaire conclude that 64 students were healthy, 6 subjects were mild anorexic, 11 students were moderate anorexic and 32 were severe anorexic (Table 4).

Table: 1 Descriptive Statistics

	Frequency	Percent	Valid percent	Cumulative Percent	Mean	Standard Deviation
Valid 18-22	52	46.0	46.0	46.0	1.5398	± .50063
23-26	61	54.0	54.0	100.0		
Total	113	100.0	100.0			

Table: 2 Frequency of Student Gender

	Frequency	Percent	Valid Percent	Cumulative percent
Valid Female	113	100.0	100.0	100.0

Figure 1: Departments

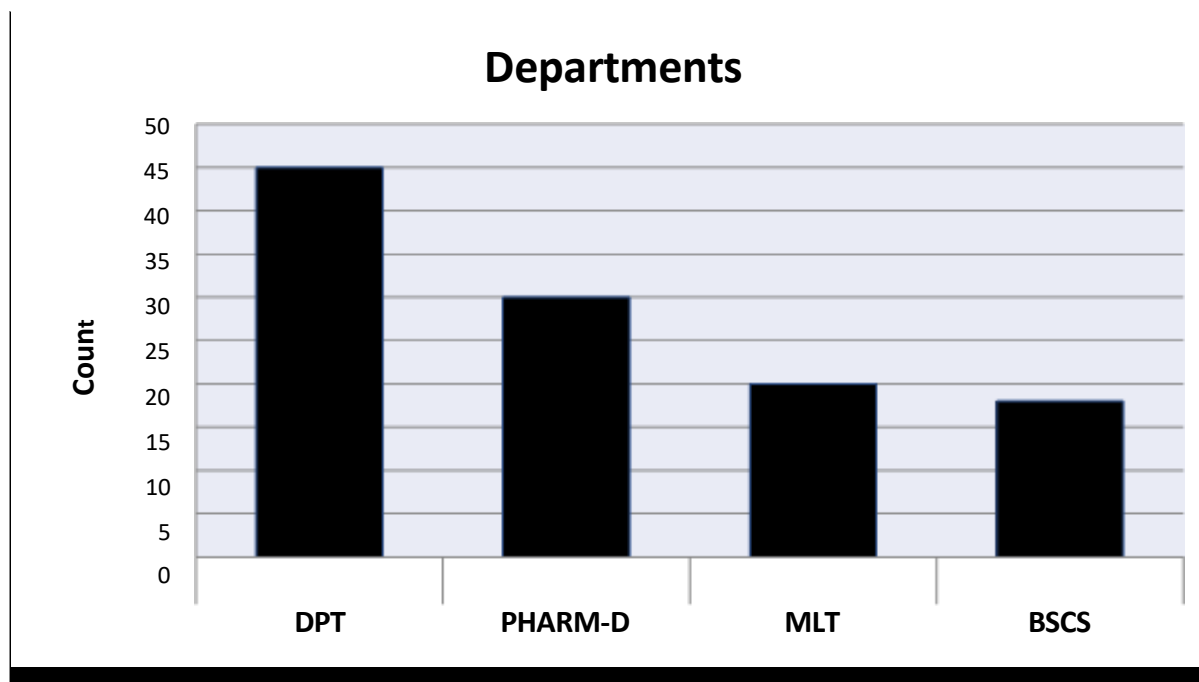


Table 3: Classification of BMI

	Range	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Healthy	Underweight Below 18.5	45	39.8	39.8	39.8
	18.5 - 24.9	66	58.4	58.4	98.2
	25.0 - 29.9	2	1.8	1.8	100.0
	Overweight Total	113	100.0	100.0	

Figure 2: Frequency of Anorexia Nervosa

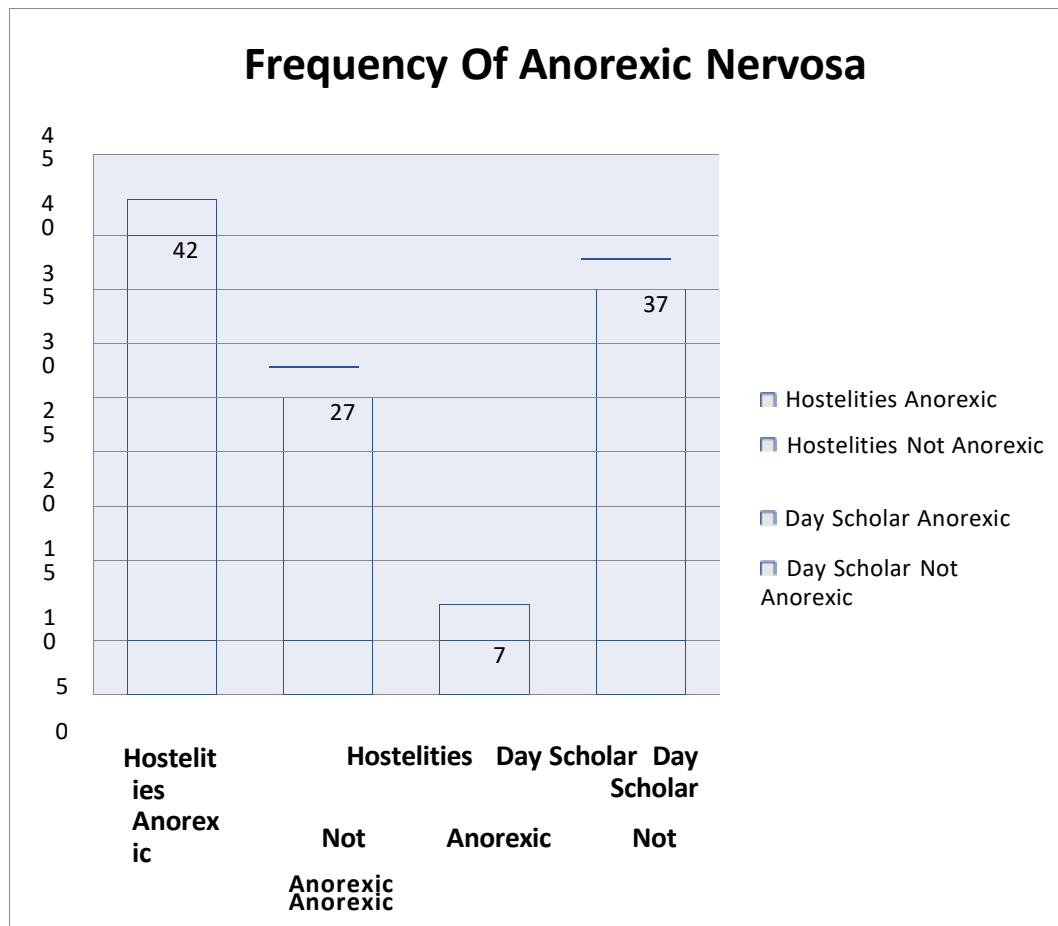


Table 4: EAT-26

	Frequency	percent	Valid Percent	Cumulative percent
Valid				
•Healthy (score<20)	64	56.6	56.6	56.6
•Indicate mild anorexic (score20-24)	6	5.3	5.3	61.9
•Indicate moderate anorexic (score 25-30)	11	9.7	9.7	71.7
•Indicate severe anorexic (score>31)	32	28.3	28.3	100.0
Total	113	100.0	100.0	

DISCUSSION

This study reflects the prevalence and symptoms of eating disorder-anorexia nervosa among day scholars and hostilities female students. This study was conducted on different departments of Johar institute of professional studies. The same study has been conducted by (Waris et al. 2020) among female students and their results showed higher prevalence of anorexia nervosa in hostilities female students as compare to day scholars.¹⁰

Our study also showed the high prevalence of symptoms of anorexia nervosa among hostilities females as compare to day

scholars. The data was collected from students by EAT26 to determine and measure the symptoms of anorexia nervosa. 113 female students of JIPS from different departments enrolled in this research.

(Sharan and Sundar 2015) in their research discussed that Amenorrhea could possibly indicate pivotal physiological problems capable of providing details about the illness's causation and assist with the development of biological

therapies. They also reported that Non Western countries Individuals with signs of anorexia appear with a variety of reasons for refusing meals apart from having weight issues.¹¹

An increasing in the number of people having a significant BMI ultimately contributes to low self-esteem and individual self-evaluation so this might result to self-destructive actions like excessive dieting or binge eating.¹² Females having significant symptoms of anorexia nervosa also have higher Body Mass Index (BMI) but some of the students who have BMI less than average, also shows anorexic symptoms. So our survey study reveals a significant connection

of symptoms of anorexia nervosa, as well as with body weight changes.¹³

CONCLUSION

According to this research, it has been concluded the majority of female students exhibited indications of anorexia nervosa. Anorexia nervosa was prevalent among hostilities as compare to day scholars.

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