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Mesquita

Abstract

Eating disorders, particularly, anorexia nervosa and bulimia nervosa have been highlighted for clinicians and researchers. They are heterogeneous group of complex psychiatric disorders characterized by abnormal eating behaviours that lead to a high rate of morbidity. Considering that early detection of predisposition to eating disorders is very important, the present study aimed to detect the risks of adults over 18 years. This choice was due to the fact that the great majority of the published researches were in samples of adolescents and young adults, not having many data in higher age. The research was carried out in 2017, in Brazil, with 142 adults participants, 107 women and 35 men. To assess the risk of eating disorders was used Eating Attitudes Test (EAT-26). According to the results of the EAT-26 the prevalence of high risk for eating disorders was 49.9%, a very alarming finding, is well above the world average. Through the detection of populations at risk it is possible to implement and intensify educational actions focused on the nutrition.

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High risk of eating disorders in adults shows the need for more nutritional education actions

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Abstract

Eating disorders, particularly, anorexia nervosa and bulimia nervosa have been highlighted for clinicians and researchers. They are heterogeneous group of complex psychiatric disorders characterized by abnormal eating behaviours that lead to a high rate of morbidity. Considering that early detection of predisposition to eating disorders is very important, the present study aimed to detect the risks of adults over 18 years. This choice was due to the fact that the great majority of the published researches were in samples of adolescents and young adults, not having many data in higher age. The research was carried out in 2017, in Brazil, with 142 adults participants, 107 women and 35 men. To assess the risk of eating disorders was used Eating Attitudes Test (EAT-26). According to the results of the EAT-26 the prevalence of high risk for eating disorders was 49.9%, a very alarming finding, is well above the world average. Through the detection of populations at risk it is possible to implement and intensify educational actions focused on the nutrition.

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1. Introduction

The lean body has been defended as an ideal of beauty, generating an overvaluation of the body image, guiding the search for aesthetic standards that are not always necessarily healthy (Araujo, et al, 2010)

The fear of gaining weight and the desire to lose it can trigger an excessive preoccupation with eating and cause behavioral changes and even eating disorders (Alves, et al., 2008).

Dissatisfaction with body image is understood as a negative feeling that the individual has in relation to their weight and body shape and is associated with factors such as low self-esteem, depression, social anxiety states and, mainly, to inadequate control attitudes of weight, such as use of anorectic substances, anabolic steroids, purgative techniques and inadequate eating behaviors (Carvalho, et al., 2013).

According to Dunker et al. (2003), anorexia nervosa is characterized by intense fear of gaining weight, distortion of body image and significant loss of weight as a result of dietary restriction. The disease begins with the restriction of foods more caloric and later it extends to other types of food. Anorexia nervosa can generate sequelae due to a self-imposed dietary restriction that, when installed in a chronic way, leads the patient to malnutrition, dehydration, infertility, hypothermia, cardiovascular complications, among others (Vilela et al., 2004).

Bulimia nervosa is characterized by a large and uncontrollable food intake in a single moment, accompanied by inadequate compensation methods such as: self-induced vomiting, laxative abuse, diuretics, appetite suppressants, in addition to inadequate diets and excessive exercise physical properties (Sapoznik, 2005 & Diniz, 2007). Eating disorders are common multifactorial disorders, the etiology of which appears to be regulated by interplay of environmental and genetic factors. They are often associated with substantial morbidity (Mitchell & Crow, 2006) once psychological stress associated with dysregulated eating behavior and subsequent nutritional disturbances have a potent effect on several organ systems, generating diseases. On the other hand, the risk of eating disorders has been shown to be increased in some somatic illnesses (Tiller et al., 1994).

Several co-morbidities such as depression, anxiety disorder, obsessive-compulsive disorder, substance abuse, attention-deficit hyperactivity disorders, and personality disorders are prominent in patients with eating disorders. Suicide and suicide attempts are dangerous comorbidities in eating disorders. Although primary cause of pre-mature death in eating disorders are medical co-morbidities, a meta-analysis that combined the results of 42 published studies of mortality of eating disorders determined that the second most common cause of death in eating disorders is suicide (Sullivan, 2001).

In addition, even if the medical complications of late-life eating disorders are the same underlined for early onset eating disorders, the risk of death for cardiovascular, metabolic, gastric and bone disorders is considerably higher (Rabe & Ammerman, 2003).

Considering the relevance of eating disorders, and especially considering that early detection of predisposition to them is also very important, the present study aimed to detect the risks of adults over 18 years. This choice was due to the fact that the great majority of the published researches were in samples of adolescents and young adults, not having many data in higher age groups.

2. Methods

The research was carried out in 2017, in Brazil, with 142 adult participants, 107 women and 35 men, through a collection of data by online form (Google Docs Forms), with suitability of free and informed consent form for the online format. The search for practical methods and tools to collect reliable information, is constant in the area of epidemiology. The advancement of technologies and media has been an important contribution, the Internet in recent times has also become a data collection tool (Holmes 2009). To assess the risk of eating disorders was used Eating Attitudes Test (EAT-26) for all volunteers who participated in the study. The EAT-26 (Garner et al., 1982) is a self-completion questionnaire composed of 26 questions in the Likert scale of points (always = 3, often = 2, rarely = 1, never = 0). Question 25 presents inverted scores. The score is calculated from the sum of the responses of each item,

varying from 0 to 78 points, and the higher the score, the greater the risk of developing eating disorders. Score 20 or higher: high risk, score 10 to 19: low risk; score from 0 to 9: out of risk. The questionnaire consists of three subscales, each evaluating different factors of dietary behavior: diet (13 items), bulimia and food concern (six items) and oral self-control (seven items).

The questionnaire was validated for female and male populations, it was translated and validated for several languages and cultures. The Portuguese version (used in this study) was validated in Brazil (Nunes et al., 1994).

Participants were also questioned about whether or not to engage in regular physical activity and whether they were adept at intermittent fasting.

3. Results and Discussion

Eating Disorders are characterized by important changes in eating attitudes and by the presence of dissatisfaction with body image, and anorexia nervosa and bulimia nervosa are the main categories of these disorders (APA, 2013).

The diagnosis of these disorders, as well as, the appropriate treatment is fundamental to avoid more serious complications. However, equally important is the prevention, screening of people at risk for these disorders and educational actions regarding nutrition.

EAT-26 is ideal for screening studies, detecting individuals susceptible to the development of eating disorders, not for diagnosis. The test indicates the presence of abnormal eating patterns, but does not reveal the possible underlying psychopathology (Freitas; Gorenstein & Appolinario, 2002).

Studies in the area of eating disorders have been pointing to an apparent increase of their occurrence in the last decades (Hoek & Hoeken, 2003; Busse & Silva, 2004). Specific measures are necessary not only for the treatment but also for its prevention, because of the seriousness of these disorders (Agras, 2001).

According to Nielsen (2001), eating disorders present significant severity in several aspects: they present a considerable risk of emotional, psychosocial and sexual impairment, besides the high risk of morbidity (Moya, 2003) and mortality (Cordás et al., 2004).

In figure 1 are the general data of the volunteers. The high risk, low risk and out of risk were found in 70 (49.9%), 55 (38.7%) and 17 (11.9%) volunteers respectively.

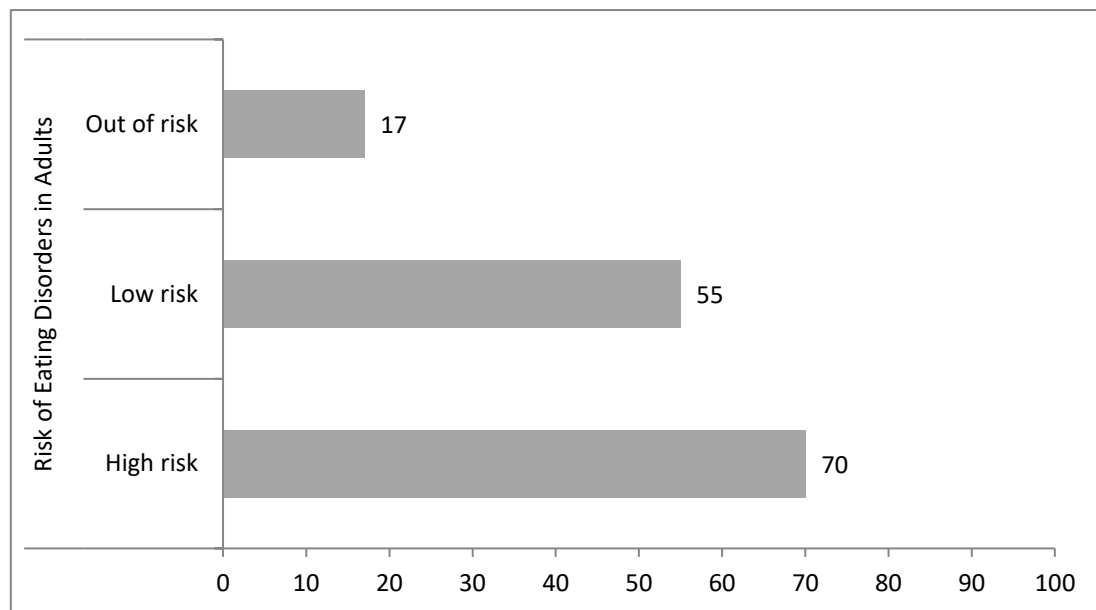


Figure 1. Distribution of the 142 research volunteers regarding the risk for eating disorders.

According to the results of the EAT-26 the prevalence of high risk for eating disorders was 49.9%, a very alarming finding, considering that a prevalence of positive EAT-26 is well above the world average, with rates of 8% or less are considered low and above 20% require a greater concern (Alves et al., 2008).

Fiattes & Salles (2001) 15 observed that 25.4% of Nutrition students presented risk. Alvarenga et al. (2011) identified that 26.1% of Brazilian university students in the health area are at risk of developing eating disorders with abnormal concerns about diet and body weight.

Table 1 presents data stratified into three groups: exercise practitioners (minimum of three times a week, for at least 50 minutes), non-practitioners and followers of intermittent fasting, considered here as volunteers who are fasting from 14 to 16 hours for day, at least five days a week. For practitioners of regular physical exercise, the respective percentage indices were 52%, 36% and 12% for high, low and non-risk. For non-practitioners, 36% are at high risk, 51.6% are at low risk and 12.4% are out of risk. Of the twenty participants who are fasting for intermittent fasting, 18 (90%) are at high risk, which leads to a special attention for these people, as well as being a basis for new research that can elucidate the issue further, in larger samples.

Table 1. Percentage distribution of participants by groups regarding the risk of eating disorders

	Risk of Eating Disorders in Adults					
	High risk		Low risk		Out of risk	
	N	%	N	%	N	%
Physical exercise practitioners	26	52	18	36	6	12
No physical exercise	26	36	37	51,6	9	12,4
Adepts of intermittent fasting	18	90	0	0	2	10

It is necessary to adopt effective strategies with a broad population scope for the modification of these restrictive diet behaviors and body dissatisfaction due to its relation with eating disorders and as a consequence in the long term of damages to health, besides the high financial cost and human (Dunker, 2009).

Through the detection of populations at risk it is possible to implement and intensify educational actions focused on the nutrition, well-being and quality of life of the people, which may reflect positively in preventive terms, avoiding that eating disorders effectively occur.

5. Conclusion

Based on these results we conclude that the adults of sample are at risk for developing eating disorders, and, this risk is of relevance with regard to the world prevalence, and the adepts of intermittent fasting presented greater risk.

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