Intention of collaboration of research on Eating Disorders

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Eating disorders (EDs)

- EDs are psychological illnesses defined by abnormal eating habits that may involve either insufficient or excessive food intake to the detriment of an individual's physical and mental health.
- The present lifetime prevalence of all eating disorders is about 5%. Women are more affected than are men.
- Eating disorders can be associated with profound and protracted physical and psychosocial morbidity.

(Janet Treasure, et al., 2010)
Categories of eating disorders

- The Diagnostic and Statistical Manual of Mental Disorders describes different types of eating disorders (EDs) (DSM-V):
  - Anorexia nervosa (AN);
  - Bulimia nervosa (BN);
  - Binge Eating Disorder (BED);
  - Eating Disorders Not Otherwise Specified (EDNOS).

- The lifetime prevalence of DSM-5 Anorexia Nervosa among women might be up to 4%, and of Bulimia Nervosa 2%.

  (Smink FR, van Hoeken D and Hoek HW., 2013)
Age of Onset and Persistence

- Median age of onset of EDs ranged from 18–21 years
High rate of body dissatisfaction from adolescents

- Epidemiological studies using self-administered questionnaires on body image and dieting among adolescents report high rates of body dissatisfaction among adolescents from Western countries.

- In the United States, 46% to 80% of adolescent girls report dissatisfaction with their weight, and 26% to 77% report having dieted at some time. (D Neumark-Sztainer, et al., 2000)
Psychiatric comorbidities

- Female patients suffering from an ED often also suffer from other psychiatric disorders, mood and anxiety disorders being the most common comorbidities (Blinder BJ, et al., 2006)
  - 97% with one or more evidenced psychiatric comorbid diagnoses;
  - 94% comorbid mood disorders, largely unipolar depression;
  - 56% anxiety disorders;
  - 22% substance use disorders;
- Eating disorders were positively related to almost all of the core DSM-IV mood, anxiety, impulse-control, and substance use disorders after controlling for age, sex, and race-ethnicity. (JI Hudson, et al., 2007)
Physical consequences and costs

- EDs are often accompanied by severe physical consequences. (Fairburn CG & Harrison PJ, 2003)
- While proper treatment can be highly effective for many suffering from eating disorders, the consequences of eating disorders can be severe, including death.
- Among adolescents, they are considered to be the third most prevalent chronic illness, after obesity and asthma.
- As well as the individual burden, the treatment of EDs is also associated with high health care system costs. (Agras WS, 2001)
Prevalence of eating disorder

- Eating disorders have been reported worldwide both in developed regions and developing country such as Brazil and China.

- The lifetime prevalence of eating disorders in adults is about 0.6% for anorexia nervosa, 1% for bulimia nervosa, and 3% for binge eating disorder. (JI Hudson, et al, 2007)
Etiology of EDs

- The causal factors underpinning eating disorders have been clarified by understanding about the central control of appetite.

- The onset age is linked both with the questions and concerns raised by the pubertal changes and by the increasing interest of our society in issues such as the shape of the female body and the search for an ideal weight.
Cultural, social, and interpersonal elements can trigger onset, and changes in neural networks can sustain the illness.

Psychological studies suggested that the EDs is related with personality (Holliday et al., 2009) and mood reaction (Crosby et al., 2009 and Wildes et al., 2007).

The sociological studies have been emphasized on the social culture and the upbringing style of the family.

Humphrey's study showed that EDs parents usually pass their feeding habits to their children and ignore children's feelings, and they tend to control their children (Humphrey, 1989).
Traditional Chinese culture factors

- In traditional Chinese feeding habits, people show great affections towards chubby infants and over-weight young children as people consider them to be healthy.

- Parents are happy to hear the praise other people give to their chubby infants and over-weight young children, since it is an indication that they are doing a good parenting job.

- When children eat together, they are encouraged by adults to compete with each other to eat more, and usually the one who eats the most get praised.

- With the development of Chinese, urban families can afford to provide ample food to their children, so it is very common for parents to encourage children to over-eat, sometimes even force them to eat more than they need.
Whether the upbringing style and feeding habits of Chinese parents will play specific role align with personality in the mechanism of developing EDs are worthy studing and comparing with the Eds development in the western background.

QUT expert: Dr Esben Strodl (Faculty of Health, School of Psychology and Counselling) had the same interesting.
Intention of collaborating research

- To examine whether core beliefs and meta-emotions mediate the relationship between parental bonding and dysfunctional eating behavior and to comparing these relationships across the following countries: Australia, England, China, India and Pakistan.

- Approximately 500 university students will be recruited from each country. Attempts will be made to recruit equal proportions of males and females, as well as to get as broad a spread of SES, age and BMI as possible.

- Parental Bonding Questionnaire, Eating Disorders Inventory and Belief and Emotion Questionnaire will be used to rate eating behavior and related factors.

- We hope to find cross-culture differences of multi-factors from individual and family about eating disorders.