

Frequency of anorexia nervosa among female university students of Lahore, Pakistan

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Objective: To attain the information of frequently increasing anorexia nervosa among female university students of Lahore, Pakistan.

Methodology: This study was a cross sectional survey conducted from January to August 2018 and included female students of University of Lahore, University of South Asia and Riphah International University, Lahore. Hostilities and day scholars at the age of 19 years to 30 years were included in the study. Students with rheumatoid arthritis, diagnosed psychological disorder and any other neurological disorder were excluded from the study. Non-probability convenience sampling technique was used. Eating attitude test (EAT-26) was used to collect the data which comprised of 26 questions.

Results: The average age of the participants in

the study was 22.21 ± 2.356 . Among them 42.59% were anorexic. In day scholars, 20.37% were anorexic and in hostilities, 22.22% were anorexic. In hostilities, 35.19% had no symptoms, 17.59% had mild symptoms, 4.32% had moderate symptoms and 0.31% had severe symptoms. In day scholars, 21.91% had no symptoms, 17.90% had mild symptoms, 2.47% had moderate symptoms while 0.31% had severe symptoms.

Conclusion: Most female university students at mean age of 22 had symptoms of anorexia nervosa. Its prevalence was high in hostilities as compared to day scholars. (Rawal Med J 202;45:780-782).

Keywords: Anorexia, amenorrhea, eating attitude scale.

INTRODUCTION

Anorexia nervosa is very serious and lethal illness, often referred to simply as anorexia, is an eating disorder, characterized by low weight, food restriction, fear of gaining weight, and a strong desire to be thin.¹ It is a very deadly psychological disease and build ups more among females specially in teens.² Diagnostic and Statistical Manual of Mental Disorders (DSM-5) presents the following changes for defining the criteria of anorexia nervosa: the weight loss, fear of being overweight and their behavior, amenorrhea is not commonly noticed.¹ Anorexia nervosa can also be present along with different problems like medicine reliance, vomiting and diarrhea, epilepsy, episodic edema polydipsia, amenorrhea, awkward behavior or depression like symptoms.³ They mostly refuse that are ill and that they have something called anorexia nervosa.⁴ It affects commonly teenage girls of middle class, and very few young males are affected.^{5,6}

Some think that this anorexia nervosa is 'weight phobia'.⁷ Women who had greater desire to be thin

and lean are at increase chance of developing the disorder anorexia nervosa.⁷ Swinburne et al reported that anxiety disorder leads toward eating disorder.⁸ Villarejo et al showed that lifetime obesity is seed in 28 percent (ranging from 5 percent in anorexia nervosa to 87 in the binge-eating disorders is much more than the last decade, the frequency of obesity associated disorders was characterized by the incident of binge episode exclusively bulimic disorder.⁹ In a study from An-Najah National University on 2001 female students using The Sick, Control, One Stone, Fat, Food (SCOFF) screening questionnaire and the Eating Attitudes Test (EAT-26) showed that 28.6% scored ≥ 20 on the EAT-26 while 38.2% scored ≥ 2 on the SCOFF scale and a positive correlation was found between BMI and EAT-26 and SCOFF scores.¹⁰ The aim of this study was to assess frequency of anorexia nervosa among female university students of Lahore, Pakistan.

METHODOLOGY

This study was a cross sectional survey conducted

from January 2018 to august 2018 and included female university student of University of Lahore, University of South Asia, Riphah International University, Lahore. Female university students at age of 19 years to 30 years were included in the study. Students with rheumatoid arthritis, diagnosed psychological disorder and any neurological disorder were excluded from the study. A Sample size of 324 female students was calculated by Raosoft software by using prevalence of anorexia nervosa and confidence interval was kept 95%. Non-probability convenience sampling technique was used.

A questionnaire comprising of 26 questions was used. Diagnosis was made by using EAT 26. It is eating attitude test consist of 26 questions used to diagnosis the symptoms and severity of anorexia nervosa and BMI scoring.

Statistical Analysis: Statistical analysis was performed using SPSS version 21, $p < 0.05$ was considered significant.

RESULTS

Total of 324 participants were included in this study with mean age of 22.21 ± 2.356 years. The prevalence of anorexia nervosa was 42.59%. Symptoms were more present in hostilities than day scholars (Table 1). Mean score of age group for this study was 22. Students presented with mild symptoms more than moderate or severe.

Table 1. Frequency of anorexia nervosa.

		Not anorexic	Anorexic	Total
Residency	Day scholars	72	66	138
	Hostilities	114	72	186
	Total	186	138	324

Table 2. BMI scores in two coharts.

		Under weight	Healthy weight	Over weight	Obese	Total
Residency	Day scholar	16	103	15	4	138
	Hostalities	26	130	26	4	186
	Total	42	233	41	8	324

Table 1 shows that in day scholars, 66 were anorexic and in hostilities, 72 were anorexic. Total of both were 138 anorexic. Table 2 shows that in day scholars, 16 underweight, 103 healthy weights, 15

overweight, 4 were obese. In hostilities, 26 underweight, 130 healthy weights, 26 overweight, 4 obese. Total of both were 42 underweight, 233 healthy weights, 41 overweight and 8 obese.

DISCUSSION

Lazarie et al conducted a study in Serbia on female university students. She used EAT 40 and mean age group was also 22 years. The study of this showed low prevalence of anorexic students.¹¹ Our study showed higher prevalence of anorexia nervosa symptoms in Lahore than Serbia. Repeated researches showed that the prevalence of anorexia nervosa was more common with a non-Western background because of cultures, their family differences along with their body composition.

Some authors state that anorexia nervosa have not any concern with weight fluctuation and there were many people who were not satisfied from their body shape, but they not gone to develop symptoms of anorexia nervosa so some authors said that body weight may be concerned with symptoms of anorexia nervosa but it is not essential feature.¹² However, this study in female students is in disagreement with the above mentioned researches because it shows strong relationship of anorexia nervosa with weight changes.

The people with BMI value greater have more symptoms of anorexia nervosa. And some shows symptoms of anorexia nervosa and because of their symptoms they avoid eating and exercise daily and their BMI was below than average. So this study shows a strong relationship of anorexic symptoms along with the changes in weight.

During the era of being a student too much burden and pressure, environment with higher expectations to compete imposed by the society or their parents or some students set their all own standards with their desire to be perfect were all risk factors to develop this disorder.¹¹ This study in female university students in Pakistan also agree with all these risk factors. So the prevalence among females is high and hostilities because of their lifestyle to be seated all the time. And taking classes of 6 to 8 hours and lack of exercises make them more prone to this disorder of anorexia nervosa. So this study shows that it is more common in hostilities females.

CONCLUSION

This study concluded that most of the female university students had symptoms of anorexia nervosa. Its prevalence was high in hostilities as compared to day scholars.

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