

NURSE IN PREVENTION OF EATING DISORDERS

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Abstract

Eating disorders include disorders in behavior during eating and they are public health issue. They usually come in the form of binge eating or extreme reduction of eating. Through this paper, three main eating disorders were described: anorexia, bulimia and binge eating. These eating disorders affect mainly young adults, but are not uncommon in middle age. Thereby, the general population relatively little knows about them, and often are too late to recognize. It is considered that eating disorders is not caused by failure of will, they are real and curable biopsychosocial disorder in which, among other features, certain forms of behavior are going out of control. The goals of research were to finding the answer to question how is the general population informed about eating disorders, to compare results according to the gender and age of the examinees, and to plan the procedures of the nurse in prevention of eating disorders.

Research was based on online survey where 350 people were interviewed. The survey questions were analyzed by gender and age (four age groups), so the differences in opinion and knowledge could be seen between age and gender (specifically in critical group for the development of eating disorders). The cause of the eating disorder is analyzed through the opinions of the questioned people. The data were analyzed with methods of descriptive statistics.

Results were indicated very good knowledge and recognizing of the symptoms of the certain eating disorder. In relation to gender, female group has given better results in knowing about eating disorders than male group. Age group from 10 to 20 years in comparison to other age group has recognized the eating disorders in a very high percentage.

The conclusion is that the nurse has a big role in prevention of eating disorders through education of youth in the community.

Key words: Eating disorder, Anorexia nervosa, Bulimia nervosa, Binge eating, Nurse, Prevention of eating disorders.

1. Introduction

Although the awareness about the existence of eating disorders has been present through the whole history, only in the modern times there has been problem researches and observation. Eating disorders arise as results of the combination of biological, psychological and sociocultural factors that influence each on other [1].

Today, eating disorders includes young girls on the beginning of puberty, so it is very important to start the prevention as early as possible. It is often said that 1 - 2% of adolescent girls and young women in developed countries will be ill from anorexia or bulimia nervosa, and that is considered one of the "main health problems" in the USA. The mortality rate is high, between 4 and 18%. Anorexia and bulimia nervosa are most common in the age between 12 and 25; anorexia is a little more often in the younger age (the most cases are around the 14th and 17th year of age), while bulimia comes in average around the 18th year of age [2].

It is estimated that currently in Croatia there are 35,000 - 45,000 people suffering from eating disorders, and most young women and young men have difficulties in accepting of own body, in the relationship with food and in general with self-esteem [3]. Being skinny was became a style on the beginning of the century and is kept till today.

The real style of skinny people have shown after 2nd World War in America when is starting fear of being fat and the animal fat were proclaimed as main enemy of the thinness. In the sixties, model Twiggy (170 cm/44 kg) represented a boundary that no one shouldn't have crossed. Normal women was became "overweight" or "fat" [4].

Today, reducing diet is, as the way of controlling weight, widely spread and widely accepted form of behavior. According to some authors, this behavior is so often at adolescents, especially girls, that it can be considered as normal [5]. Eating disorders are an example of disorders in which the prevalence is much lower at men than women [6].

The treatment of eating disorders is very important. It is essential to use the multidisciplinary approach that understands the biological, psychological, family and sociocultural interactions. The psychotherapy method is using cognitive behavioral technic, medical hypnosis and similar approach. During and after the therapy, it results is satisfactorily decreasing or complete disappearance of the symptoms frequency.

Symptoms of eating disorder are developing gradually, and are going to be more and more pronounced in enchanted circle of hunger, overeating, throwing up and over exercise. According some people, the beginning of depression comes before the symptoms of eating disorders and also shows that in some cases depression can be the result of eating disorders [2].

Eating disorders are characterized by psychologically and socially unacceptable behavior connected with nutrition and body weight. Eating disorders represent more than limitation of a calorie intake or daily exercising. They have extreme eating habits such as various rigorous diets which is growing to become more restrictive and large intake of food that leads to purposeful vomiting to prevent weight gain.

The person suffering from an eating disorder generally feels guilty after eating certain amount of food, and is psychologically imprisoned in a world filled with guilt and depression, not knowing what the cause is, and what the consequence of this behavior is. In the world and Croatia too, the number of people suffering from eating disorders is increasing due to social factors that are crucial for the appearance of the disease and also as the result of the body image that is being imposed in the fashion industry.

Both in the world and Croatia, young women seek for help after years of grave illness, which is partly consequence of poor informing concerning eating disorders treatment. Large number of people with the eating disorder frequently suffer from personality disturbances. Those personality disturbances range from mild to borderline, while the small percentage have psychotic disorders [7].

The diseased with the dominant neurotic personality structure have better prognosis and fewer complications in therapy than those with borderline and psychotic personality structure. People with eating disorders can suffer from anxiety, depression (or other mood disorders), an obsession with imaginary face or body defect, and personality disorder. Considering the symptoms, depression are quite frequent in the diseased, it is of great significance to evaluate are the symptoms a part of a depressive disorder, or are they a part of so called 'depressive character' which is a component of a personality [6].

The role of the nurse in prevention of eating disorders is important because of different aspects and approaches.

The prevention of eating disorders by nurse could include education of different groups of age, creation of effective emergency programs at school and community, workshops with children and adolescent, etc.

The goal is to educate all groups, to develop positive attitude at children and adolescents, and to give information about nutrition from all aspects. Primary prevention can also be focused on the education of general population and experts that meet with the highly risky age groups, among which are adolescents on first place [6].

The nurse can do prevention of eating disorders through preparing healthy menus for kindergartens, schools, hospitals and other facilities where children, adolescents and adults are stationed. The goal of this prevention is to teach and accustom children and other groups of age on a healthy meal, to introduce them with general recommendation of nutrition, teach them about main nutrients in food that are necessary for the human organism to function properly.

2. Materials and Methods

Methods for data research include online survey called "The knowledge of the general population about eating disorders". The online survey consisted from fifteen questions - closed type First three questions were general demographic, nine questions were about recognizing certain eating disorders and theirs symptoms, while the last three question were about attitudes of eating disorders. The survey was online, anonymous and voluntary. The survey was available online during 40 days. The using pattern include 350 examinees, both genders, different age groups and different type of education. The data were processed with the method of descriptive statistic and are shown in percentiles.

3. Results and Discussion

Following is the graphic display of the results of the survey: The knowledge of the general population about eating disorders.

1st question: Age of the examinees.

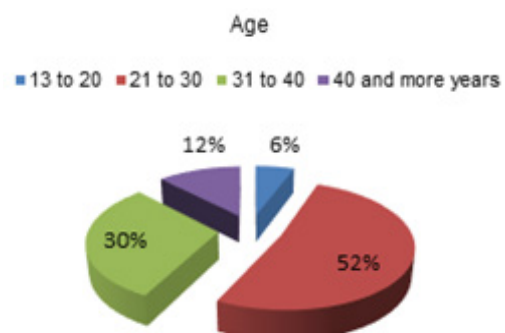


Figure 1. Age of the examinees

Considering the age from all 350 examinees, at survey was answered by 6% of examinees in the age from 13 to 20, 52% of examinees in the age from 21 to 30, 30% of examinees in the age from 31 to 40 and 12% of examinees in the age of 40 and more years.

2nd question: The gender of examinees.

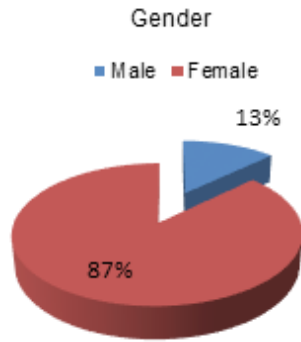


Figure 2. The gender of examinees

Considering the gender by 350 examinees the survey was answered by 13% male and 87% female.

3rd question: Education of the examinees.

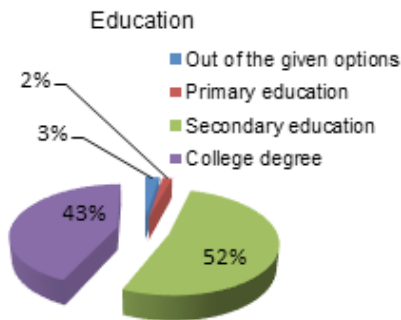


Figure 3. Education of the examinees

Considering the education 3% of the examinees are not within possible given options by survey, 2% of them has only a primary education, 52% has a completed secondary education, while 43% of them has the high education.

4th question: Do you know someone who suffered or is suffering from an eating disorder?



Figure 4. Do you know someone who suffered or is suffering from an eating disorder?

On the question: Do you know someone who was suffering or is suffering from an eating disorder 47% of the examinees answered positively, while 53% of the examinees neglected the answer.

5th question: On a scale from 1 to 5 how would you grade your own knowledge about eating disorders? (Given answers: 1 - very bad, 2 - bad, 3 - good, 4 - very good, 5 - excellent)

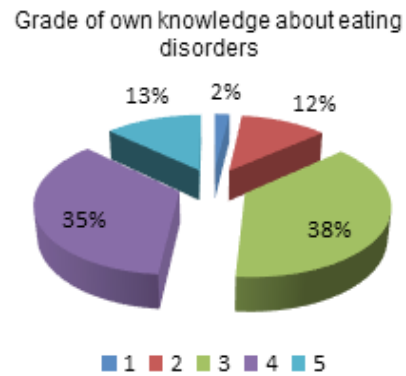


Figure 5. Knowledge of examinees about eating disorders

Their own knowledge about eating disorders the examinees graded: grade 1 (2%), grade 2 (12%), grade 3 (38%), grade 4 (35%) and grade 5 (13%).

6th question: Would you recognize an eating disorder based on their specific symptoms by family members and friends?

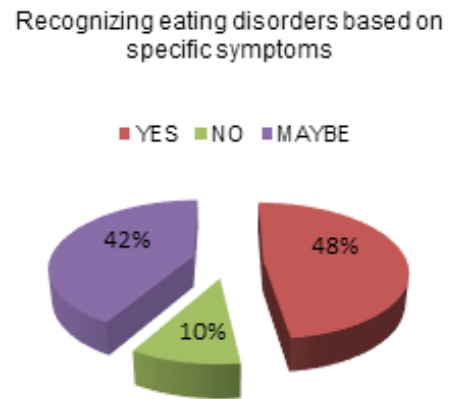


Figure 6. Recognizing eating disorders based on specific symptoms

On the question: Would you recognize an eating disorder based on their specific symptoms by family members and friends, 48% of the examinees answered positively, 42% of the examinees would maybe recognize it, while 10% thinks they would not recognize it.

7th question: According to the symptoms: They eat extremely little, they pretend they have eaten, they taken laxatives, they use exercise too much, they often measure weight, have dry yellow skin, cold hands and feet, large decrease in weight.

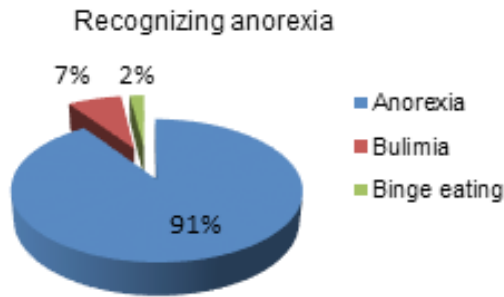


Figure 7. Recognizing anorexia

According to the symptoms of anorexia given in the survey question, anorexia was recognized by 91% of the examinees, 7% of the examinees chose bulimia for the given symptoms, while 2% of them think that the given symptoms describe the disorder of binge eating.

8th question: According to the symptoms: They overdo with eating, they eat often, they use exercise too much, they often measure weight, they often cry, they provoke own throwing up, they often stick to strict diets.

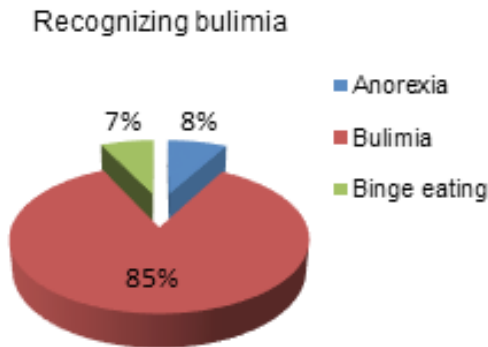


Figure 8. Recognizing bulimia

According to the symptoms of bulimia given in the survey question, the sickness was recognized by 85% of the examinees, 8% of them think that the given symptoms describe anorexia, while 7% of them chose binge eating for the symptoms.

9th question: Which sickness has the highest death rate from all mental sicknesses?

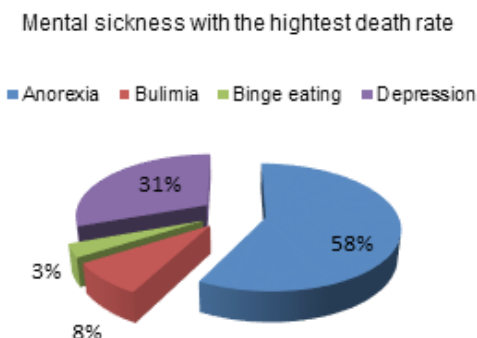


Figure 9. Mental sickness with the highest death rate

On the question about the mental sickness with the highest death rate, 58% of them chose anorexia, 31% chose depression, 8% bulimia, and 3% of them binge eating.

10th question: Do you know what binge eating is?

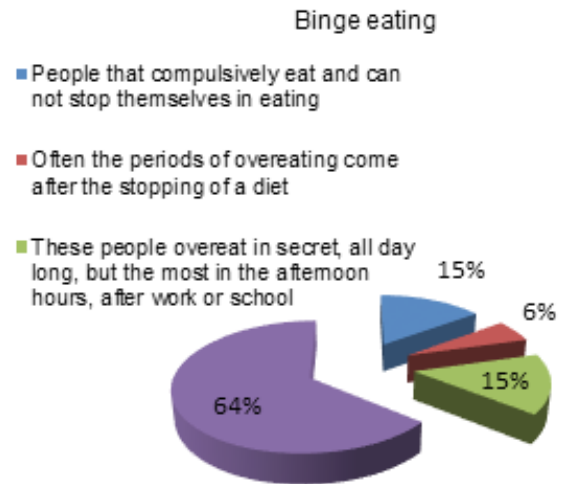


Figure 10. Recognizing Binge eating

On the question what is binge eating, 64% of the examinees answered that all mentioned answers are correct, 15% of them think that people who binge eat cannot stop themselves in eating, 15% of the examinees chose the correct answer, 6% of the examinees think that the correct answer is that is period of overeating come after the stopping of a diet.

11th question: As a consequence of binge eating we can list:

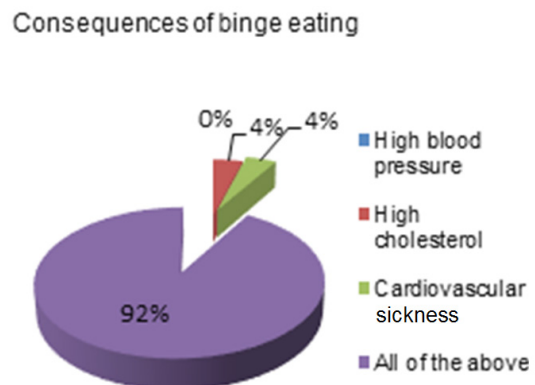


Figure 11. Consequences of binge eating

As the consequences of binge eating 92% of the examinees stated that all given answers are correct, 4% of them as a consequence of binge eating chose high cholesterol, while 4% of the examinees chose cardiovascular sicknesses, nobody chose the answer high blood pressure.

12th question: According to you which is the most often reason that leads to an eating disorder?

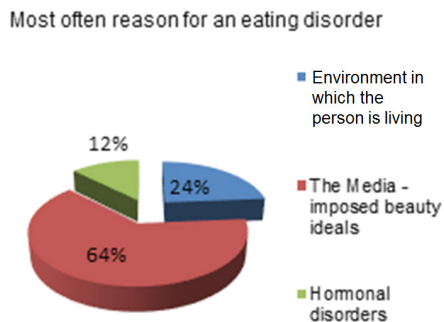


Figure 12. Most often reason for an eating disorders

According to the given answers 64% of the examinees think that the most often reason for an eating disorder is the media - imposed beauty ideals, 24% of them think it is the environment in which the person live, 12% of the examinees thinks it is hormonal disorder

13th question: The media distinctly emphasizes slenderness as a non-omitted part of beauty. The pictures and stereotypes of ideal skinny girls in the media contribute in the apparition of eating disorders.

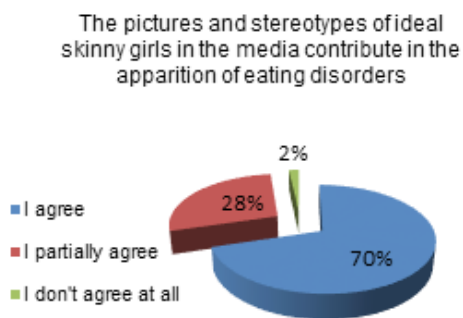


Figure 13. The pictures and stereotypes of ideal skinny girls in the media contribute in the apparition of eating disorders

70% of the examinees agree with the given statement in the survey question, 28% of them partially agree, while 2% of them don't agree at all.

14th question: If I would recognized an eating disorder, I would:

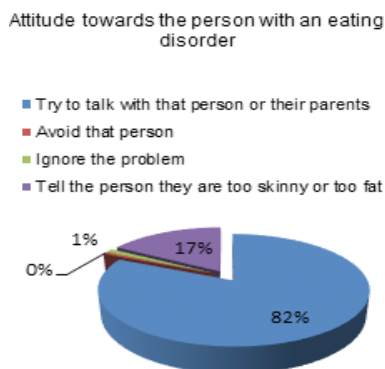


Figure 14. Attitude towards the person with an eating disorders

82% of the examinees would talk with person, 17% would tell the person they are too skinny or too fat, 1% would ignore the possible problem, and two people would avoid that person.

15th question: My attitude towards people that suffer from eating disorders is: (given answers: These people are discriminated and victims of society, I think it is their own fault they are suffering from an eating disorder, for me eating disorders are sickness of today)



Figure 15. Attitude towards people that suffer from eating disorders

73% of examinees think that people with eating disorders are discriminated and victims of the society, 24% of them think it is their own fault they are suffering from an eating disorder, and for 3% of them thinks that eating disorders are sickness of today.

From the results it is visible that the survey was filled by more females (87%) than males and can be concluded that interest for eating disorders is higher at the female population (Figure 1). 54% of females answered that they know someone with an eating disorder, and the most part of females (38%) graded their knowledge in eating disorders with 4, while the males graded their knowledge with 3.

We can conclude that the total evaluation of the knowledge of all examinees about eating disorders is very good. Most males could not recognize an eating disorder, and most females could recognize an eating disorder. A high percentage of the examinees of the female and male gender recognize anorexia based on the symptoms, and a smaller percentage, but still the most of female and male examinees recognize bulimia, while most males did not recognize the symptoms of binge eating.

Anorexia as the sickness with the highest death rate among mental sicknesses was recognized by 59% of females and 44% of males. The consequences of binge eating were well known by the most of the examinees regardless of the gender. With analysis of the attitudes towards eating disorders the given results have shown that both, males and females in the highest percentage

recognized the media as the reason for the emergence of eating disorders. The most examinees regardless of the gender think that the media distinctly emphasizes slenderness as a non-omitted part of beauty and that the pictures and stereotypes of ideal skinny girls in the media contribute in the apparition of these disorders.

Encouraging is that higher percentage of males and females would try to talk with person by which they would notice an eating disorder which means that they are ready to help that person and not ignore the problem. Most examinees of both genders stated that people with eating disorders are discriminated and they are victims of society which is also a very good, positive result.

To get clearer and correct data about the familiarity of a certain age group among the examined pattern about eating disorders, the results were divided according to age groups. The age groups were sorted in order: from 13 to 20 year, 21 to 30, 31 to 40 and 40 and more years.

In the age group from 13 to 20 years the most of the examinees were female. 45% of them answered they knew someone who is suffering from an eating disorder. On the question could they recognize an eating disorder at another person, 65% of them answered "maybe". Their own knowledge of eating disorders they graded with a 3. Very high percentage would recognize anorexia and bulimia based on the symptoms, and 45% of them said that anorexia is the mental sickness with the highest death rate. Binge eating based on the symptoms was recognized by 65% of the examinees.

From the results it is visible that the younger population is well familiar with the eating disorders. As a reason that leads to the eating disorders 40% of the examinees mentioned the media, and 40% environment where the person live. 70% of them agrees that the media distinctly emphasizes slenderness as a beauty ideal, and 80% of the examinees would be talking with person when they notice an eating disorder. 90% of the examinees in the age from 13 to 20 years think that people with eating disorders are discriminated and victims of society. The answers of this group are extremely important because exactly adolescents are in the group that is submissive to the opinions of groups and in that age young people go through the process of forming their personality and searching for their own identity.

The group from 21 to 30 age have 181 (52%) of examinees, from which 22 (12%) are male and 159 (97%) are female. In this age group 51% of the examinees stated that they don't know anybody with an eating disorder while 49% knows. Their own knowledge about eating disorders 37% of the examinees graded with a 3 and 4 which is considered a very good knowledge about eating disorders. 47% of them think they would recognize an eating disorder at person. 92% of the examinees

recognized anorexia based on the symptoms and 87% recognized bulimia, and 65% binge eating. On the question about mental sickness with the highest death rate 65% of the examinees of that age group gave the correct answer. In this age group the recognition of eating disorders based on specific symptoms is very high. As a result of eating disorders 88% of them see the role of the media and 69% agree that the media distinctly emphasizes slenderness as a non-omitted part of beauty and that the pictures and stereotypes of ideal skinny girls in the media contribute apparition of these disorders.

Most examinees 152 (83%) think they would talk with the person or their parents if they recognized the eating disorder at same, 25 (14%) of them would tell that person they are too skinny or too fat, while 4 (2%) of the examinees would ignore the problem. The most examinees (74%) have the opinion that these people are discriminated and are victims of the society, 44 (24%) of the examinees think that the person alone brought themselves to the sickness and 4 (2%) of them think that eating disorders are sickness of today. Unfortunately some individuals still don't believe that people with eating disorders are really sick people that need our help.

In the age group from 31 to 40 years was 106 examinees (30%), from which 15 (14%) were male and 91 (85%) female. The most examinees in this group answered that they know someone with an eating disorder and their general knowledge by eating disorders they mostly graded with a 3. Also, most of the examinees think that they would recognize an eating disorder at person. Anorexia and bulimia based on the symptoms were recognized by over 80% of the examinees, while 63% of the examinees recognized binge eating. Most recognized anorexia as the sickness with the highest death rate among mental sicknesses, and 88% of the examinees correctly stated the consequences of binge eating.

The media as the culprit for the emergence of disorders was stated by 65% of examinees and 69% agree that the media distinctly emphasizes slenderness as a non-omitted part of beauty. There is not a unique reason for eating disorders. A variety of factors, including the cultural and family pressure, chemical bias and emotional and personality disorders together bring to the eating disorder. On the question what they would do if they would recognize an eating disorder, the high percentage (81%) answered they would try to talk to this people or their parents. Their attitude about the eating disorders 70 (66%) says that these people are discriminated and the victims of society, 28 (26%) think that it is their own fault that led them to the eating disorder, while 8 (7%) of them thinks that eating disorders are an imaginary sickness of today.

In the age group 40 and over, 43 (12%) of the examinees participated, from which 7 (16%) were male and 36 (78%) were female. In this age group 60% of the examinees stated that they know the person with

an eating disorder, and most graded their knowledge with the grade 4, but only 44% of them think that they would recognize an eating disorder. Nevertheless, based on the symptoms, anorexia was recognized by 83% of the examinees, and bulimia by 88% of the examinees, while binge eating was recognized by 58% of the examinees. As a mental sickness with the highest death rate 65% of the examinees recognized anorexia. As consequences of binge eating most examinees 39 (90%) gave the correct answer. Most examinees 28 (65%) indicated that the media is the main cause of the eating disorders [2]. Most of the examinees 32 (74%), agree that the media distinctly emphasizes slenderness as a non-omitted part of beauty and that the pictures and stereotypes of ideal skinny girls in the media contribute in the apparition of these disorders. On the question what they would do if they would recognize an eating disorder at friend, most of the examinees 32 (74%) would talk to that person or their parents, 10 (23%) of the examinees would tell that person they are too fat or too skinny while one examinee would ignore the problem. When attitude towards eating disorders in question, 33 (76%) examinees have chosen that these people discriminated and victims of society, and 10 (23%) think it is their own fault that led them to the eating disorder.

4. Conclusions

- For all eating disorders is common the feeling of self-displeasure and self-disapproval and the complete loose of the self-worth feeling. Every of the eating disorders affects one of the mentioned feelings. People that suffer from anorexia withhold themselves from food. People that suffer from bulimia overeat and then clean themselves from the food. Some people just emotionally overeat. They all have together the agony and suffering with something that is the main part of life - food.

- Food stops being just food and gets many other meanings. General population surveyed for the purposes of this paper gave promising results about knowing the signs and symptoms for given eating disorders, especially the age group from 13 to 20 years that is only developing their capacities and ways of handling challenges. Even though exactly they are the most sensitive part of community, their problems are often not taken seriously enough till they don't grow as the community problem. There are a few ways in which nurses can preventively affect eating disorders. One of the best ways that they spread their knowledge is by educating others about eating disorders and their consequences by using public speech in secondary schools and health institutions.

- Alongside their own lectures about eating disorders, people who are personally involved with an eating dis-

orders should be included too, because they can tell their story and experiences. The first step in the fight against eating disorders is to admit that they exist.

- Often it is required to persuade the person with the eating disorder to ask professional help. So, we could develop for the community quality and productive people that successfully communicate and deal with stressful situations, have positive values and work for their own good and the good of the society. It is crucial to ensure the conditions and give the same chance to every individual to grow into such person. It is important to build socially-emotional skills in schools as a preventive measure which can protect children and adolescents from the development of eating disorders, and also promote mental health.

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