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## Research article

### Prevalence of eating disorder in working and non working individual

Amber Nawab<sup>1</sup> Misbah Ansari<sup>2</sup> Mizna Iqbal<sup>2</sup> Javeria Sheikh<sup>2</sup> Nousheen Shoukat<sup>2</sup>

<sup>1</sup>Department of Pharmaceutics, Faculty of Pharmacy, Jinnah University for Women, Karachi, Pakistan

<sup>2</sup>Student Faculty of Pharmacy, Jinnah University for Women, Karachi, Pakistan

## Abstract

**Background:** The inspection based curriculum has been selected to feature the prevalence of eating disorder in working and nonworking individuals. **Objective:** The basic characteristics of a living being includes growth, movement, reproduction etc which couldn't be done without energy which could be attain through eating a healthiest food so here the spotlight of our survey based article is on 'eating' behavior, disorder and prevalence. The root cause of any ailment for instance related to cardiac problems, neuropathies, nephropathies and so on is fundamentally initiates with the abnormal eating pattern. Therefore prevalence of eating disorder in working and non working individual has been picked to correct the base line cause of ailments. **Methodology:** A questionnaire was schemed and filled by man and women of different age groups, belongs to different communities and of peculiar professions, regarding their eating pattern, to evaluate about how much population is aware of their normal or abnormal eating behavior, on that data statistical calculation was applied to evaluate the results and to archive the conclusion. **Result:** The result gives little disappointment because the respected individuals were unaware of the term eating disorder and its prevalence. **Conclusion:** There are two types of people one who live to eat and second who eat to live the later class is on right pathway but there is a need arise to informed them that what they consume during dining is appropriate, balanced and how much to eat so their energy reserve could accomplish.

**Keywords:** Anorexia, balance diet, prevalence

**\*Corresponding author:** Dr. Amber Nawab, Assistant Professor, Department of pharmaceutics, Faculty of Pharmacy, Jinnah University for Women, Karachi, Pakistan. E- mail: danamber2011@hotmail.com

## 1. Introduction

### Prevalence of eating disorder in working and non working individual eating disorder:

Disordered eating (DE) refers to a spectrum of attitudes and behaviors like a preoccupation with body weight and shape, food inhibitions, and dieting as well as bingeing, vomiting, and the abuse of diuretics, laxatives and diet pills [1]. The purpose of DE is to accomplish a lean body weight to compensate for pervasive body dissatisfaction. In many cases, individual with DE also have a body figure problem, i.e. an inability to acknowledge their change in body

weight. They frequently feel "fat" and the DE attitude may become more intensified to a degree that the individual finally satisfy us the criteria of a clinical important eating disorder (ED).

This may account to either anorexia nervosa (AN) or bulimia nervosa (BN) or Eating Difficulties Not Otherwise Specified (EDNOS). Conventionally, EDNOS is considered to be present when one or more criteria for AN or BN are not present or lack the required duration or frequency [16].

### Types of eating disorder:

**Anorexia Nervosa:** Anorexia nervosa is a psychiatric disorder characterized by abnormal eating patterns, severe self-conceived weight loss, and maniac co-morbidities [17].

**Two major subtypes of anorexia:**

- (1) Restricting Type: fasting, decreased hazard of substance misuse, family conflict is covert
- (2) Bulimic Type: binge eating or removal, more volatile, family frequently cut off prone to substance abuse [3].

**Characteristics:** The discrepancy between weight and perceived body illustration is key to the analysis of anorexia; anorexic patients delight in their weight loss and express a fear of put on of weight. Intensely afraid of becoming fat and anxious with fears about their body size and shape so, direct all their efforts towards controlling their weight by restricting their food ingestion, but may also indulge eat, self-stimulate vomiting, misuse laxatives or diuretics (purging behaviors), exercises excessively or misuse appetite suppressants [2].

**Etiology of anorexia**

A fundamental cause of anorexia has not been identified however, in most cases it is probable that there will be a combination of causes [12], which are discussed:

- **Cultural Factors:** It is prevalent in society's where the stereotypical picture of physical attractiveness equate beauty with slimness [14].
- **Genetic Factors:** 60% chance of inheriting anorexia, in female siblings of individuals [11]
- **Stress and Life Events, Family Environment:** severe life stress is involved in the onset of 70% of the cases of anorexia. There are more rates of dieting, overeating and concern about shape and weight in the families of anorexics correlated with the common public [13].

**Prevalence:** 90% to 95% are females' 0.5%-1% of women from late adolescence to early maturity meets the full basis for anorexia. Limited data on quantity of males with anorexia. 10 million persons have been diagnosed with having an eating disorder of some type [4].

**Bulimia nervosa:** Bulimia nervosa is a severe, potentially lethal eating disorder characterized

by a cycle of bingeing and compensatory patterns such as self-convinced vomiting intended to undo or compensate for the effects of binge eating [18].

**2 major subtypes of bulimia:**

- (1) Cleansing Type: self-persuade vomiting or intake of laxatives, diuretics, or enemas
- (2) Non-purging Type: use of other compensatory mechanisms, such as fasting or excessive exercise [7].

**Characteristics:** Recurrent episodes of gorge eating, during which they utilize a large amount of food within a short period of time and when feels overcome by the wish to binge and can only stop eating once it becomes too uncomfortable to eat any more. Feels ashamed, fearful and miserable, because they have been unable to control their appetite any they fear weight gain. Tries to recover control by getting rid of the calories utilized (the most common method is vomiting, but they might starving, misuse laxatives, diuretics or craving suppressants, extreme or excessive exercise [6].

**Etiology of Bulimia:** There is a considerable overlap in the etiological factors for anorexia and bulimia nervosa. Bulimia occurs to be the result of exposure to general risk factors of psychological disorders and to risk factors for dieting. Risk factors for bulimia include: Demographic factors—being female, adolescent and residing in a developed society. A family history of psychiatric disorder especially depression, Depression, Alcohol or substance abuse both in the individual and in close relatives, Low self-esteem or perfectionism, Obesity and parental obesity, parental weight/shape concern or exposure to a social environment that encourages dieting [11].

**Prevalence:** College age: 1% to 5% women; 1% men, secondary school academics: 1.1% girls; 0.2% boys. Partial syndrome of vomiting and laxative use without binge-eating may be more occurs, especially in college interns. Do not have adequate knowledge of the etiology & maintenance of the syndrome. The prevalence of Bulimia Nervosa among adolescent and young adult females is approximately 1%-3%. The rate of development in males is around one-tenth of that in females [8].

**Risk factor for developing eating difficulties:**

- Media
- Subcultures existing within our society [9].

**Personality/psychological factors:** Sense of self value based on weight, Taking food as a means to feel in control, Dichotomous and rigid thinking, Stickler of Perfection, Poor compulsion control. Inadequate survival skills [10].

**Protective personality factors:** Having a womanish ideology, High self-respect, Conviction that body weight and shape are out of one’s control, Self-perception of being thin [11].

**Media and cultural factors:** Culture bound syndrome. Belief that being thin is the answer to all problems is prevalent in western culture. It can be seen as a behavior, which is well informed through modeling. Females who are seen as being captivated by society’s standards can be very susceptible to eating disorders as well. Upsetting when we see idealized images in the media and feel they do not meet the predictions of our population. Regular readers of fashion magazines are two to three times more likely than infrequent readers to be dieting [10].

**Prevalence:** Eating disorders have increased three fold in the last 50 years. 10% of the society population is impaired with an eating disorder. 90% of the cases are young women and adolescent girls. Up to 21% of college female show sub- commencement indications and 61% of college women show some sort of eating pathology. Over one-half of adolescent girls and one-third of adolescent boys use unhealthy weight control behaviors such as skipping foods, smoking, starving, vomiting, or using laxatives. 42% of 1<sup>st</sup>-3<sup>rd</sup> grade girls want to be thinner. 81% of 10 year olds are scared of being fatty. The usual woman is 5’4” and weighs 140 pounds. The average supermodel is 5’11” and weighs 117 pounds [15].

**2. Methodology:**

The carried on study is a cross-sectional survey based program to get the measure of prevalence of eating disorders among working and non-working individuals of our community. This study also deals with the factors responsible for the prevalence of eating disorder in our society, for that purpose a

questionnaire was prepared in which eating habits linking to eating disorders were asked, to see the abnormal eating pattern of subjects. The study was conducted in period of 15 days in which working and non-working individuals of both genders ranging between the ages of 15-40 years stuffed their daily dining routine in questionnaire. The data has been piled up from different clinics, hospitals, universities, colleges, schools, markets etc. of different localities of Karachi including posh areas to local places. Around the total 150 working and 150 non-working individuals filled this questionnaire. As for consequences of this data the percentage evaluation of divergent characteristics i.e. eating timings, habit of snacks, media influence, surrounding influence, comparison of one with others, dieting habit and depression leading to eating disorders in working and non-working individuals with different age has been analyzed and computed. Data is sized up and by using statistical tools; percentage value of each factor influencing an individual towards eating disorders is calculated along with percentage evaluation of eating disorder prevalence in each category of working and non-working individuals with mean value calculations well, data is represented as graphical representation of all percentage evaluations. It would give a comprehensive abstraction of different factors that are responsible for prevalence of eating disorders and which category of individuals eating disorder is prevailing most.

**3. Results**

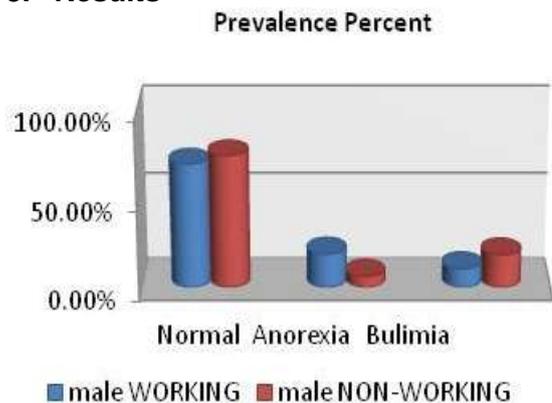


Figure 1: showing the comparative results between working males and non-working males, that in which eating disorder prevalence among male gender is observed

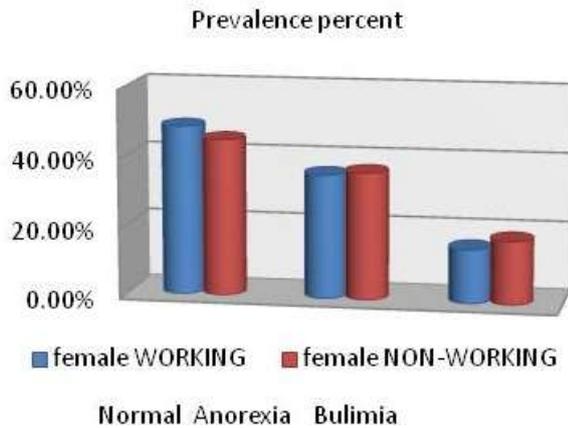


Figure 2: showing the comparative results between working females and non-working females, that in which eating disorder prevalence among female gender is observed

Results have been evaluated by applying statistical tools of simple percentages and mean value of prevalence of eating disorders, which opted to get the comparing results eating disorder prevalence between working and non-working categories of individuals. Outcome shows that eating disorder is slowly prevailing in our society as the results reveal quite a number of individual are suffering from it and lack of awareness aid in prevailing of this disorder. The results shows that the highest number of non-working females suffer with eating disorder whether it is anorexia or bulimia when comparing to all others, but the percentage of suffering are also high in working females while comparing with males. There are mix results in males as working males are more anorexic than non-working that can be due to their stressed working schedule while non-working suffers from bulimia in higher percentage than working males due to many reasons [1, 15].

There are certain factors that influence on our dieting schedule and play a major role in influencing our dieting habit that may become a reason to get an eating disorder. According to above mentioned reasons depression is the most influential cause of spread of eating disorder in females whether working or non-working while in working males timing is most influencing factor in cause of eating disorder but as observed in non-working male media is influencing in high percentage in spread of disease [11].

#### 4. Discussion

Eating disorder cannot be diagnosed easily. A variety of factors are actually the root cause of it and this disorder itself has affected a great number of populations with respect to gender as well as personal life style. As above results presents a very clear picture of our society, the male gender of our society is also suffering from this disorder but at less extent than female gender. Fruition indicates that male population are maximally healthy normal individuals with a mean of 33 that is a good sign but along with that there is also a part of our male gender living in our society facing problem of eating disorder that are anorexia nervosa and bulimia nervosa. And we have found both disorders in male gender but anorexia is more prevalent among working male than the non-working with the revelation: 19.14% are anorexic whereas non-working men are mostly suffering from bulimia than anorexia showing a vast difference of 18.75 % and 6.25% respectively. But in case of females there is completely different circumstances the most prevalent eating disorder in our females is ANOREXIA either they are working or non-working but also females are suffering from bulimia nervosa.

Considering the working society either male or female they are maximally affected with the problem of their work schedule or timing of their eating. It is the first main cause influencing working male for leading to anorexia nervosa but as comparing to male, females are facing less influence of their work timings. As our female part of society is mainly facing the problem of depression either they are working depression either they are working or non-working with an upshot of 88.32% and 94.36% respectively. Means the main issue of female is of depression. On further analysis it has been revealed that the non-working male is majorly affected by media. Depression is also one of the reason influencing male genders but working male is suffering majorly from depression as compare to non-working one. Other than that media has also profound influence on working men. But other factors such as comparison with others, surrounding influence, snack habit and dieting are the reasons influencing male gender either working or non-working affecting differently but less frequently than the timing, depression and media influence.

Factors that influence in prevailing of eating disorders

Gender	Profession	Factors influencing eating disorder						
		Media Influence	Surrounding Influence	Habit of Snacks	Timing	Depression	Dieting Behavior	Comparison with Others
Male	Working	64.08%	50.70%	16.19%	80.28%	64.78%	29.57%	48.45%
	NON-Working	59.37%	40.62%	46.87%	58.99%	53.12%	18.75%	31.25%
Female	Working	68.75%	64.28%	33.48%	48.21%	88.39%	78.57%	33.48%
	Non-Working	67.06%	76.05%	43.66%	59.15%	94.36%	61.97%	22.53%

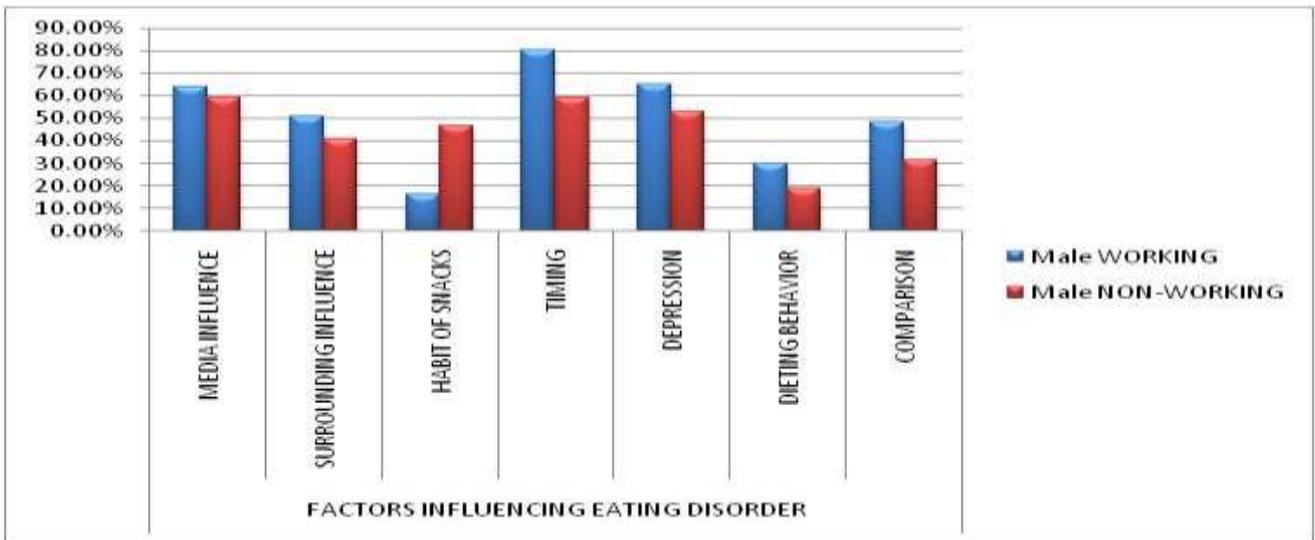


Figure 3: graph showing the effect of different factors that leads an individual towards eating disorder in males

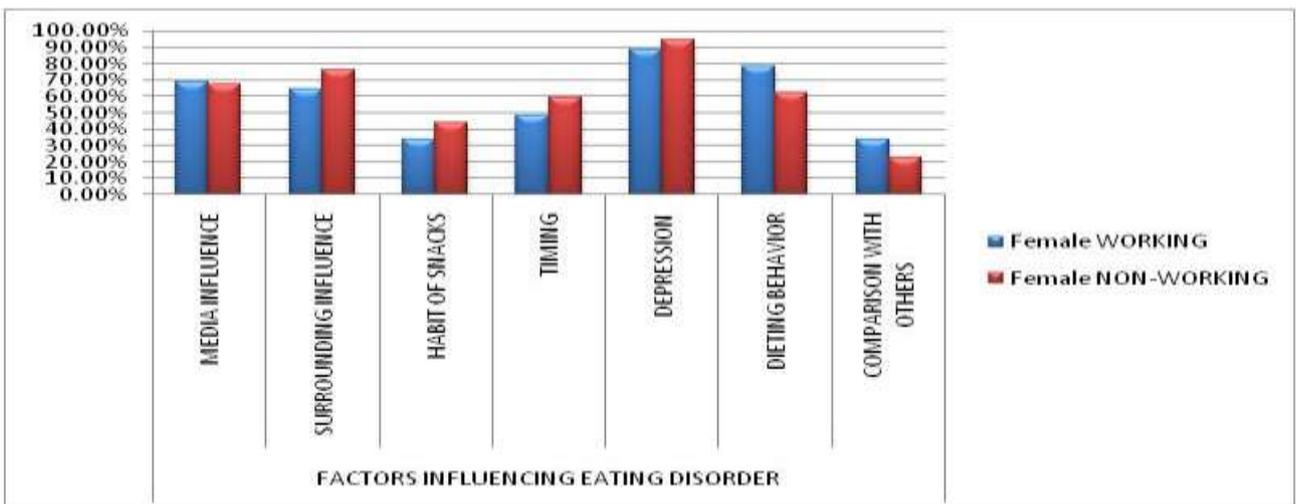


Figure 4 : graph showing the effect of different factors that leads an individual towards eating disorder in females

Focusing females, dieting behavior is the second most prevalent cause that helps them to face such disorder. Media influence is also the source of provoking working females for eating abnormalities. While for non-working female along with depression,

surrounding environment, media influence is the most common. But along with all of them snack habits, timing of eating, and dieting behavior are also influencing females. From the miniature, it has been demonstrated that female part of our society is maximally facing the problem of eating disorder especially anorexia nervosa either working or non-working but the non-working female is more profound towards facing depression. Media is the second most important ground influencing our society especially the female part. Whereas male part is less affected and if effected the reason is inappropriate timing of eating. But there should be great need of proper counseling of females in our society either they are working or non-working, for living a healthy, normal and depression free life. For males and for all proper eating timing should be managed. And it is very important to eat at right and accurate time properly without any depression or tension.

### Conclusion

The results give a clear picture that eating disorder in both genders either working or non-working is prevailing, but due to lack of awareness people are unable to identify the symptoms of it that's why prevalence is markedly increasing. Other than that certain factors are also influencing in contribution of eating disorder prevalence like media influence, surrounding influence, comparing oneself to others, habit of snacks, and disturbed timing of diet or depression. These factors are profoundly playing their part in pushing people towards the puddle of eating disorders, Regarding to the future outcomes and scenario, as health care professional it is our duty to guide people, make them aware of their state, telling them about the unusual eating patterns, showing the right way of preventing from eating disorder and also guiding them for better options if they likely have developed this disorder by encouraging them and showing a better picture of life which will be healthy and worthwhile.

### Competing interest

Authors have no competing or any conflicting interests.

- [1] American Psychiatric Association (APA). Diagnostic and statistical manual of mental disorders. Washington DC: American Chemical Society, (1994): 539–550.
- [2] October 13, (2014), <http://www.laurassoapbox.net/2014/10/something-fishy-about-eating-disorder.html>
- [3] Strober and Schneider "Just A Little Too Thin", (2005)
- [4] Debora Burgard, March 05, (2011), [www.bodypositive.com](http://www.bodypositive.com)
- [5] Pipher "Hunger Pains - The Modern Woman's Tragic Quest For Thinness", (1995)
- [6] Natenshon "When Your Child Has An Eating Disorder", (1999)
- [7] Stoylen IJ, Laberg JC. Anorexia nervosa and bulimia nervosa. Perspectives on etiology and cognitive behavior therapy. *Acta Psychiatr Scand Suppl* (1990);361:52-58.
- [8] Steiner H, Lock J. (1998) Anorexia nervosa and bulimia nervosa in children and adolescents: A review of the past 10 years. *J Am Acad Child Adolesc Psychiatry*; 37(4):352-359.
- [9] Lock J., Fitzpatrick, K. (2009) 'Anorexia Nervosa' BMJ Clinical Evidence accessed [http://clinicalevidence.bmj.com/cweb/conditions/meh/1011/1011\\_background.jsp](http://clinicalevidence.bmj.com/cweb/conditions/meh/1011/1011_background.jsp) September 2009
- [10] NCCHM – National Collaborating Centre for Mental Health (2004) 'Eating Disorders' The British Psychological Society and Gaskell; London
- [11] Russell, G. (2009) 'Anorexia Nervosa' as cited in 'Disorders of Eating' in Gelder, M. et al (Eds.) (2009) The New Oxford Textbook of Psychiatry, Oxford University Press: Oxford
- [12] Tozzi, F., Sullivan, P., Fear, J., McKenzie, J. & Bulik, C.M. (2003) 'Causes and recovery in anorexia nervosa: The patient's perspective' International Journal of Eating Disorders, 33, 143–154. as cited in NCCHM–National Collaborating Centre for Mental Health (2004) 'Eating Disorders' The British Psychological Society and Gaskell; London
- [13] World Health Organization (2007) 'ICD-10 Classification of Mental and Behavioral disorders. Clinical descriptions and Diagnostic Guidelines: 10th Edition' World Health Organization: Geneva accessed August 2009
- [14] American Psychiatric Association (2000) 'Diagnostic and statistical manual of mental disorders; 4th edition.' Washington DC: The American Psychiatric Association
- [15] Dr. Amber Nawab, Sidra Ghayas, Javeria Sheikh, Misbah Ansari, MiznaIqbal awareness of eating disorder in different age group of females of Karachi, world journal of pharmaceutical research (2015); VOL 5, issue 7 ISSN 2277-7105
- [16] University of Maryland: <https://umm.edu/health/medical/altmed/condition/anorexia-nervosa>
- [17] May 22, (2013) by Sumati Gupta, <http://www.bingeeatingbulimia.com/blog/2013/5/22/online-treatments-for-binge-eating-and-bulimia.html>