

You Are Worth More Than What You Weigh: Preventing Eating Disorders

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Eating disorders are a group of mental disorders characterised by severe abnormalities in eating attitudes and behaviours in which the individual has a distorted image of their body shape and weight. The 3 main categories mentioned in the Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV-TR) includes anorexia nervosa, bulimia nervosa, and eating disorders not otherwise specified.

Clinically significant eating disorders are characterised by severe physical and psychological effects, and carry the highest risk of premature death of all psychiatric illnesses.¹ Furthermore, eating disorders are expensive and difficult to treat. Anorexia nervosa is known to disrupt education and the vocational functioning of its sufferers. Twenty percent of them continue to experience difficulties in independent living 10 to 20 years after the onset of the illness.² Keeping in mind these drastic consequences, the World Health Organisation (WHO) has identified eating disorders among the priority mental illnesses for children and adolescents.³

Eating disorders have an estimated lifetime prevalence of 6% to 12%.¹ A study of American children aged 9 to 14 years reported that 7.1% of boys and 13.4% of girls displayed disordered eating behaviours.³

Eating disordered attitudes and behaviours which were once thought to be a “culture-bound syndrome” in the West, are on an increasing trend in Asian countries. Locally, Wang et al⁴ found that 53% of females and 28% of males wanted to be thinner despite being normal weight. A study done in Singapore by Ho et al⁵ showed that the prevalence of females at-risk of developing an Eating Disorder is 7.4%. Furthermore, there is evidence suggesting that Asian women have higher levels of body dissatisfaction and preoccupation with being thin compared to those in the Western nations.⁶

Our Eating Disorder Programme at Singapore General Hospital saw 163 new cases of patients diagnosed with eating disorders in 2012. This reflects a 30% increase from the 126 new cases we saw in 2011. This compelling data, along with the reasons mentioned above, highlights the need for effective prevention programmes.

Eating disorders are multi-factorial. However, there are a few empirically supported risk factors that prevention programmes can aim to work on. These include shape and weight concern, dieting, perfectionism, low self esteem, weight based teasing, socio-cultural pressures to be thin, and thin-ideal internalisation.^{1,7}

Universal prevention programmes for eating disorders are aimed to target the above mentioned risk factors so as to prevent their occurrence and promote healthy development of body image and self. These programmes should be delivered by health professionals and include young girls as well as boys, since adolescent males form an important part of the social milieu and may experience similar risk factors for developing this illness as well.⁷ However, it is important to note that programmes meant to educate the youth regarding signs and symptoms of eating disorders are no longer recommended as they may adversely affect the participants by glamorizing the illness and reinforcing the thin ideal body image, hence doing more harm.⁸

As majority of the patients with eating disorders are youths of school going age, it is therefore important to engage parents and school personnel in prevention efforts. Secondary prevention programmes need to involve parents, teachers, school and university counsellors, dance teachers, athletic coaches, etc to help them identify the warning signs, medical and psychological complications and make appropriate referrals. These personnel can also act as key pillars of support when the recovering student returns back to school.⁹

While prevention of eating disorders is receiving much attention, it is important to acknowledge that eating disorders share common risk factors with obesity, such as dieting, media internalization, body dissatisfaction and weight related teasing.¹⁰ Currently, the fields of eating disorder and obesity prevention run independently, with some concern that prevention of one may possibly increase the risk of the other.

Concerns over rising childhood obesity in Singapore have spurred various national and school-based programmes. These include regular screening of weight in schools,

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banning fast food advertisements and selling of “junk food” in school canteens, creating caloric awareness by prominently displaying calorie counts in menus, and promotional campaigns emphasizing the dangers of excess weight. There is concern that these measures may inadvertently contribute to over concern with weight and shape, unhealthy weight control practices such as inappropriate dieting, excessive worry about fats in foods, preoccupation with calories, and weight bias. Unfortunately, few studies have examined the effects of obesity prevention efforts on risk-factors for eating disorders. Those that have suggest that focusing on health, not weight, may be key to avoiding harm to body image and eating behaviours.¹¹ Experts in the field of prevention have suggested that an integrated approach may be needed to address both these diseases effectively.¹⁰ Expanding obesity prevention programmes to include the awareness and prevention of eating disorders, and vice versa, may help to ensure that they promote overall health and safety.

Eating Disorders Awareness Week (EDAW) is celebrated internationally during the last week of February. The aims are to prevent eating disorders and body image issues while reducing the stigma associated with this disorder. It is also important to recognise how societal influences, our attitudes and behaviors shape this disorder, and work towards reducing these pressures.

Our local theme for EDAW 2013 is “You are worth more than what you weigh!”. Our aim is to shift the emphasis society and media places on shape and size to more substantial personal attributes and characteristics that define the individual. At the same time, we also hope to make people realise the detrimental effects of dieting and eating disorders, and the impact it has on the individual as well as the family.

We hope these efforts can get society to put aside the obsession with the thin-ideal, celebrate and accept our natural body size and shape and work towards an approach of health at every size.

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