



The spectrum of eating disorders: prevalence in an area of Northeast Italy

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Abstract

This study aims at exploring the prevalence of eating disorders in a sample of adolescents living in a community in Northeast Italy. It takes into account age and gender differences in a mixed male–female sample of 1000 school-aged adolescents corresponding to 10% of the young population aged 15–19 years of the district. The study was based on self-reported questionnaires, including the Eating Attitudes Test (EAT), the Bulimic Investigatory Test of Edinburgh (BITE), and the Body Attitudes Test (BAT). The cases at risk were identified on the basis of the suggested validated cutoff for a clinically relevant syndrome. Females scored higher than males at all ages, body mass index levels, and socio-economic status levels. We found 100 females (15.8%) and 8 males (2.8%) scoring higher than the suggested cutoff for caseness on the EAT (cutoff=30); 26 females (4.1%) and 1 male (0.3%) scoring higher than the suggested cutoff for caseness on the BITE (cutoff=20); 287 females (45.5%) and 24 males (8.6%) scoring higher than the suggested cutoff for caseness on the BAT (cutoff=36). We did not find any gradient between age and socioeconomic status and the scores on the eating disorder inventories. BAT scores predicted with sharp precision the presence of an abnormal psychometric pattern on the EAT and the BITE. The prevalence of psychometric patterns that indicate an eating disorder seems in our adolescent sample higher than those reported in previous similar studies carried out in the North of Italy. The use of self-report inventories is a limitation in drawing definitive conclusions on the rates of eating disorder in this area; however, bodily dissatisfaction seems to be psychologically linked to abnormal eating patterns.

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1. Introduction

Eating disorders are a group of disorders marked by a high incidence during adolescence, a high

risk of comorbidity for other psychiatric disorders (particularly mood and obsessive-compulsive disorders), and a high risk of premature death by suicide or by the organic consequences of abnormal eating patterns (Beumont et al., 1993; Kaye et al., 2000; American Psychiatric Association (Work Group on Eating Disorders), 2000). These

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characteristics justify the increasing attention paid to eating disorders in recent years by both clinicians and health authorities. Growing concern was raised by recent studies indicating an apparent increase in the incidence of eating disorders among young people, although data on the epidemiology of anorexia and bulimia nervosa are not yet definitive (Willi et al., 1990; Lucas et al., 1991; Eagles et al., 1995; Taraldsen et al., 1996; Wakeling, 1996; Pawluck and Gorey, 1998; Braun et al., 1999; Lucas et al., 1999). In fact, a growing number of studies set out to investigate the precise prevalence of eating disorders in the most at-risk age groups; various methods were used to obtain information, but most often self-report questionnaires.

Eating disorders, indeed, include a wide spectrum of unhealthy and potentially dangerous attitudes and behaviors, the boundaries of which are often difficult to define with precision (Shisslak et al., 1995; Patton et al., 1999). Abnormal eating patterns (such as prolonged starvation, self-induced vomiting, and use of purging or diuretic drugs), proneness to binge eating, and bodily dissatisfaction are widespread and widely intertwined among clinical populations, often representing prodromal symptoms that are likely to evolve into long-term abnormal eating habits (Shisslak et al., 1995; Patton et al., 1999). Moreover, patients with eating disorders often display a broad range of symptoms that frequently occur on a continuum between anorexia nervosa and bulimia nervosa.

Previous epidemiological community studies carried out in Italy tried to estimate the prevalence of eating disorders, often relying on single self-report measures of eating habits, though sometimes such data were integrated with adequate clinical interviews in selected subsamples of the population under investigation. Prevalence rates, however, varied from one study to another, probably reflecting both methodological limits and real geographical differences. From among 4435 students aged 11–26 years in Rome (central Italy), Cuzzolaro et al. (1988) found a prevalence of clinically relevant anorexia nervosa of 0.8%. Rathner and Messner (1993) found a prevalence of 1.3% of subclinical anorexia and 0.8% of subclinical bulimia in a

sample of students aged 11–20 years in a small rural town. Santonastaso et al. (1996) found, in a sample of 359 females aged 15–17 years in Padua (Northern Italy), 39 cases (11%) with EAT scores higher than the suggested cutoff for an eating disorder. Rossi et al. (1997) found, in a sample of 904 adolescents aged 13–20 years in Pavia (Northern Italy), 5% of subjects with EAT scores higher than the suggested cutoff for an eating disorder. Cotrufo et al. (1998) used a clinical interview in a sample of 919 female students aged 13–19 years in Naples (Southern Italy). They found two cases of full-syndrome anorexia nervosa (0.2% of the sample), 21 cases of full-syndrome bulimia nervosa (2.3%), 35 cases (3.8%) of partial syndrome and 98 cases (10.7%) of subclinical eating disorders.

Despite certain limitations, self-report measures of eating habits seem to be reliable indicators of abnormal eating patterns, and some studies have demonstrated their predictive value as far as the risk to develop an eating disorder is concerned (Patton et al., 1999). Individuals reporting abnormal eating patterns in a self-report questionnaire had a higher risk and were found to be affected by a clinically relevant eating disorder at a follow-up (Patton et al., 1999). In addition, there was a risk of going on to increasingly severity in the spectrum of eating disorders (Shisslak et al., 1995). Therefore, the presence of an abnormal eating behavior, such as inappropriate dieting increases the chance for associated symptoms occurring, such as low self-esteem, bulimic crises, and altered body image. Community studies, however, also indicate some discontinuity among the syndromes associated with different long-term outcomes and, therefore, it would be important to investigate the symptomatology of the eating disorders spectrum at the community level in detail (Bulik et al., 2000).

This study set out to explore the prevalence of eating disorders in an adolescent sample in North-east Italy. This article reports on the three main aims of the study: (a) to describe the prevalence of abnormal eating patterns, binge eating or bulimic behavior, and body image disorders in a sample of school-aged adolescents, making reference to the validated cutoff scores of the Italian versions

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