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**EATING
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Prevalence of eating disorders in female and male adolescents (14–15 years)[☆]

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Abstract

Objective

The main aim of the present study is to establish the prevalence of eating disorders (ED) in adolescents of both genders. To our knowledge, such data have not previously been published using both DSM-IV and DSM-III-R criteria.

Method

The study sample consisted of 1960 adolescents (1026 girls and 934 boys), 14–15 years of age. The participants completed the Survey for Eating Disorders (SEDs), including DSM-III-R and DSM-IV diagnoses for all subcategories of ED.

Results

Lifetime prevalence of any ED among girls was 17.9% anorexia nervosa (AN) 0.7%, bulimia nervosa (BN) 1.2%, binge eating disorder (BED) 1.5%, and EDs not otherwise specified (EDNOS) 14.6%. Corresponding numbers for boys for any ED is 6.5%, AN 0.2%, BN 0.4%, BED 0.9%, and EDNOS 5.0%.

[☆] A preliminary version of this study was presented at the International Society of Behavioural Medicine's Seventh Annual Meeting, Helsinki, September 2002.

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Discussion

Our prevalence rates on AN, BN, and BED largely support previous school/community-based studies, while our figures on EDNOS were rather high. Generally, we found high numbers for boys with ED. © 2004 Elsevier Ltd. All rights reserved.

Keywords: Eating disorders; Adolescents; Gender; Assessment; DSM-IV; DSM-III-R

1. Introduction

Eating disorders (EDs) seem to be an increasing problem in the western world (Andersen, 1990; O’Dea & Abraham, 2002; Pyle, Neuman, Halvorsen, & Michael, 1991; Willi & Grossmann, 1983). In a review, McCallum (1993) refers to a prevalence in white adolescent female community samples in Western countries of approximately 1% for anorexia nervosa (AN) and 2–4% for bulimia nervosa (BN). The prevalence of BN in young males were approximately 0.2%. Patton, Selzer, Coffey, Carlin, and Wolfe (1999) have found a prevalence rate of BN 2.7% and AN 0.5% among females aged 14–15 years, and BN 0.3% among boys that age. The prevalence of binge eating disorder (BED) for any age group is not clear, although some nonpatient community-based samples suggest prevalence rates from 0.7 to 10% (American Psychiatric Association [APA], 1994; Basdevant et al., 1995; Bruce & Agras, 1992; Drenowski, Yee, & Krahn, 1988; Gøtestam & Agras, 1995; Spitzer et al., 1992, 1993).

Early detection of ED is important and recovery appears to be best for patients treated early in their course (Lock, LeGrange, Agras, & Dare, 2001).

Studies have suggested that approximately 10% of individuals who present with AN and BN and 25% of those presenting BED are men (APA, 1994; Fairburn & Beglin, 1990). Furthermore, EDs may be increasing among young men in Western society (Andersen, 1990; Carlat, Camango, & Herzog, 1997; O’Dea & Abraham, 2002). Studies of adolescents have found that although boys report less body dissatisfaction than girls do, significant numbers of boys (5–20%) report restrained eating, vomiting, laxative abuse, or smoking cigarettes for weight control (O’Dea & Abraham, 1996; Wertheim et al., 1992; Worsley, Worsley, McConnen, & Silva, 1990).

Studies have found that women and men with EDs suffer similar psychosocial morbidity, as well as course and outcome of the illnesses (Eliot & Baker, 2001; Margo, 1987; Woodside et al., 2001). ED behavior seems to have similar pattern for both sexes, but men and women may develop ED in different ways (Andersen & DiDomenico, 1992).

There are several advantages and disadvantages for self-administered questionnaires versus interviews when screening to identify persons at risk to develop ED. The questionnaire is economical and relatively rapid compared to a “gold standard” clinical interview or interviews by trained staff (Black & Wilson, 1996; Fichter, Herpertz, Quadflieg, & Herpertz-Dahlmann, 1998). They may yield more accurate data on sensitive or embarrassing topics because they are more anonymous.

On the other hand, many concepts are difficult to assess accurately with self-administered questionnaires on eating behavior. Questions about “a large amount of food” and “overconcern about weight and shape” may not be clear, with similar concerns about the meaning of “loss of control” and “binge eating.” Items that are even more complex conceptually may be hard to interpret and answer.

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