

## Prevention program for disturbed eating and body dissatisfaction in a Spanish university population: A pilot study

A.R. Sepúlveda<sup>a,b,\*</sup>, J.A. Carrobes<sup>a</sup>, A. Gandarillas<sup>b</sup>, J. Poveda<sup>c</sup>, V. Pastor<sup>c</sup>

<sup>a</sup> Department of Health and Biological Psychology, School of Psychology, Autonomous University of Madrid, Spain

<sup>b</sup> Division of Epidemiology, Institute of Public Health, Region of Madrid, Spain

<sup>c</sup> Department of Psychiatry and Preventive Medicine, School of Medicine, Autonomous University of Madrid, Spain

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### Abstract

A pilot study was carried out in university students to evaluate the effect of a health promotion program for eating disturbances and body dissatisfaction. A subgroup of 135 medical students of both sexes in their second year was selected. They were divided into three groups, high-risk students (EDI > 40) and low-risk students (EDI < 40) who participated in the program and nonparticipants as comparison group. Program had a total of 16 workshops of 90 min. A year later the different assessment measurements were compared, body image, attitudes and eating behaviours, psychopathological levels and self-esteem. Differences by gender were found on the impact of the intervention. The program presented a statistical significant improvement in body-image satisfaction, eating attitudes only in high-risk female students in the intervention group. This pilot program for eating disorder prevention in university populations can be considered effective, mainly in female populations at risk for developing an eating disorder.

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### Introduction

Epidemiological studies on eating disorders (EDs) report that they are relevant illnesses in young females and adolescents (Ruíz et al., 1998; Perez-Gaspar, Gual, Irala-Estevez, Martinez-Gonzalez, Lahortiga, & Cervera, 2000; Woodside et al., 2001). A recent study reports that the prevalence rate for eating disorders in adolescent girls (15–18 years) in Spain was 3.7% with

EDNOS showing the highest frequency (2.1%). In addition, 7.6% of the population are subthreshold cases that must be added to the previous rates (Gandarillas, Zorrilla, Sepulveda, & Munoz, 2003).

Therefore, it was expected that university populations would present similar or higher prevalence rates. We have encountered few rigorous epidemiological studies focused on this population (Anstine & Grinenko, 2000; Drownowski, Hopkins, & Kessler, 1988); however, all of them agree on reports of high prevalence rates for anorexic and bulimic behaviours such as self-induced vomiting, the use of laxatives, cycles of binge eating and dieting, to control weight and/or body shape (Sepulveda, Carrobes, & Gandarillas, 2006; Lameiras, Calado, Rodriguez, & Fernandez, 2002). According to these studies, a considerable

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\* Corresponding author at: Institute of Psychiatry, Division of Psychological Medicine, 5th Floor, Academy of Psychiatry, Thomas Guy House, Guy's Hospital, London SE1 9RT, United Kingdom.  
Tel.: +44 207 188 0168; fax: +44 207 188 0167.

E-mail address: [a.sepulveda@iop.kcl.ac.uk](mailto:a.sepulveda@iop.kcl.ac.uk) (A.R. Sepúlveda).

number of female students can be considered to be at high-risk of developing an eating disorder, which in turn is difficult to treat and can have severe psychological and physical consequences (Agras, 1993; Drewnowski et al., 1988; Mann et al., 1997). Females are also far more regularly exposed to social situations that cause body dissatisfaction and shape high-risk attitudes and behaviours (Lavin & Cash, 2001; Levine, Smolak, & Hayden, 1994).

Cross-sectional and prospective studies have investigated the relationship between symptoms and risk factors, providing further insight into risk factors. Body dissatisfaction is considered one of the most robust risk factors for the onset of eating pathology. Dissatisfaction with one's figure seems to be consistently related to worsening eating symptoms (Beato-Fernandez, Rodriguez-Cano, Belmonte-Llario, & Martinez-Delgado, 2004; Levine & Piran, 2004; Stice, 2002). Dieting has also been shown to be an important predictor of an eating disorder (Patton, Selzer, Coffey, Carlin, & Wolfe, 1999; Sepúlveda, Carrobbles, & Gandarillas, 2007; Stice, 2002). Neumark-Sztainer and collaborators (2006) concluded that dieting and unhealthy weight-control behaviours predict outcomes related to obesity and eating disorders among adolescents 5 years later. Several studies have also found a strong positive association between being teased about weight and developing disordered eating behaviours, including purging and binge eating (Fairburn, Welch, Doll, Davies, & O'Connor, 1997; Gardner, Stark, Friedman, & Jackson, 2000; Haines, Neumark-Sztainer, Eisenberg, & Hannan, 2006). Finally, findings from prospective studies indicate low self-esteem as a general risk factor for developing an ED. Data also showed that self-esteem predicted measures of neurotic distress. Intrusive thoughts that threaten perceived competence are then more likely to elicit preoccupation and anxiety (Button, Loan, Davies, & Sonuga-Barke, 1997; Fairburn et al., 1997; Gual et al., 2002). However, it seems that the precise mechanisms through which dieting, teasing or body dissatisfaction facilitate the development of an eating disorder remain unclear (Jaeger et al., 2002; Patton et al., 1999). Nevertheless, these findings may help to identify potential targets for prevention.

Along the same lines, there is substantial empirical literature focusing on the evaluation of school-based prevention programs for children and adolescents (Neumark-Sztainer, Sherwood, Collier, & Hannan, 2000; O'Dea & Abraham, 2000; Smolak & Levine, 2001; Stewart, Carter, Drinkwater, Hainsworth, & Fairburn, 2001). Results of the first generation of

eating disorder prevention programs have been disappointing, as they have revealed little measurable impact on students' eating behaviours and attitudes (Killen, 1996; Levine et al., 1994; Moreno & Thelen, 1993; Neumark-Sztainer, 1996; Paxton, 1993, 1998; Rosenvinge & Borrensens, 1999). However, since 2000, published studies have reported some successful results from trials that give greater cause for optimism (Levine & Smolak, 2006).

There are several prevention programs that have been aimed specifically at university students (Martz & Bazzini, 1999; Schwitzer, 1997) but in many cases these programs have not been completely evaluated or the outcomes have been unclear. In addition, most of the programs have targeted the entire student body rather than only the students at risk of developing an ED. Nevertheless, promising findings have been reported based on computerised program versus traditional face-to-face interventions in college-aged women. One study examining the computerised prevention curriculum Student Bodies, which is an 8-week on-line intervention, yielded promising results (Springer, Winzelberg, Perkins, & Taylor, 1999; Taylor et al., 2006; Winzelberg et al., 2000, 1998; Zabinski et al., 2001; Zabinski, Wilfley, Calfas, Winzelberg, & Taylor, 2004). Furthermore, a trial of a dissonance program for college women that presented information on eating disorders and obesity, treatment and prevention for the duration of a semester showed decreases in terms of reducing risk factors for disordered eating (Stice, Orjada, & Tristan, 2006).

In addition to providing an update for these findings, two systematic reviews studied the effectiveness of preventing eating disorders. Pratt and Woolfenden (2002) examined 13 trials and concluded that there was insufficient evidence to conclude preventive or harmful outcomes from any prevention programs. In contrast, Stice and Shaw (2004) evaluated 38 eating disorders programs using broader inclusion criteria and more recent studies and reported that 25% of the interventions decreased current eating pathology (e.g., body dissatisfaction) and the risk for future increases in eating pathology. In general, greater levels of effectiveness resulted from selected interactive programs for high-risk individuals, particularly those programs targeted at females over 15 years of age.

Effective preventive actions should be designed for university risk groups, as the stressful situations that are generated at university can cause alterations in psychological and somatic functioning (Sandin & Chorot, 1993). The interventions may be more effective for older adolescents because they are delivered during

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