

Original research article

Eating disorders and its relationship with self-esteem among medical student

Dr. Sudharani P Naik

Assistant Professor, Department of Psychiatry, Kanachur Institute of Medical Sciences, Mangalore, Karnataka, India

Corresponding Author:

Dr. Sudharani P Naik

Abstract

It is generally agreed that binge eating disorder, bulimia nervosa, and anorexia nervosa represent the three most frequent types of eating disorders. Medical students should be aware that an eating disorder may be an indication of the presence of a mental disease, which can have serious repercussions for both their physical health and their ability to do their jobs effectively. The early diagnosis of such issues at an early stage is vital and resolving the issue to increase efficiency for future physicians is a need.

Keywords: Self-esteem, medical students

Introduction

Eating disorders are a group of conditions that are characterised by abnormal eating habits. They include anorexia and bulimia. Either an insufficient amount of food is consumed or an excessive amount of food is consumed, both of which are detrimental to an individual's physical and emotional health. It is generally agreed that binge eating disorder, bulimia nervosa, and anorexia nervosa represent the three most common types of eating disorders ^[1]. They are among the potentially fatal psychiatric conditions and are primarily characterised by an effect on the mind that manifests as an obsession with one's body in terms of weight, shape, and diet. In addition, there is a correlation between eating disorders and other types of psychiatric conditions, such as anxiety disorders, depression, and substance abuse.

People who suffer from anorexia have an intense phobia of putting on weight, which is what drives them to keep their weight at a level that is significantly lower than what is considered healthy. A cycle of binge eating, followed by unsuccessful attempts to purge the body of food and calories that aren't needed, is characteristic of bulimia. During episodes of binge eating, people who suffer from binge eating disorder consume an excessive amount of food that is beyond their ability to control. Medical students should be aware that an eating disorder may be an indication of the presence of a mental disease, which can have serious repercussions for both their physical health and their ability to do their jobs effectively.

It is currently unknown what exactly causes eating disorders. On the other hand, it is thought that it is caused by a confluence of abnormalities in the biological, psychological, or environmental systems. The social pressure that arises as a direct consequence of the beauty standards imposed by modern industrial society or Western culture is the root cause of the development of eating disorders ^[2].

It has been found that medical students experience high levels of stress ^[3], which can be a factor in the development of eating disorders. It is essential to make an early diagnosis of such factors at an early stage in order to resolve the issue and improve operational efficiency for future physicians. Research on eating disorders in medical students has been carried out in western settings through a number of different studies.

Aims and Objectives

To evaluate the self-esteem and eating disorders risk among medical students.

Materials and Methods

This study was done in the Department of Psychiatry, Kanachur Institute of Medical Sciences, Mangalore.

The study was done from Jan 2020 to Dec 2020.

The Eating Disorder Examination-Questionnaire Short (EDE-QS) was developed as a 12-item version of the Eating Disorder Examination Questionnaire (EDE-Q) with a 4point response scale that assesses eating disorder (ED) symptoms over the preceding 7 days. Scores of items are summed, ranging from 0

to 36 and higher scores indicate greater ED symptoms. A score more than 15 indicates the presence of risk of an eating disorder.

Results

Table 1: BMI

Normal	15	39	54
Obese	3	6	8
Overweight	6	25	31
Underweight	1	5	7
Total	26	74	100

Table 2: Forward linear regression analysis of sociodemographic factors, BMI and self-esteem (RSES score) with eating disorder risk (EDE-QS score)

Variables	Standard Error	Pearson Coefficient	P value	95% confidence interval	Lower Upper
Gender	1.9	0.13	0.15	-0.34	0.05
BMI	0.18	0.285	0.004	0.09	0.5
RSES	0.46	0.06	0.520	-0.26	0.13

Discussion

The results of our study revealed some significant conclusions. According to the findings of our study, a sizeable percentage of medical students are at an elevated risk for eating disorders. One of the significant discoveries was that male students were at a somewhat higher risk than female students for having eating disorders. This was one of the crucial findings. Similar results were found by Chaudhari B, *et al.* in their study [7], which indicated that males had considerably greater constraint scores, shape worry scores, weight concern scores, and eating concern scores than females did. This runs counter to the conventional wisdom among medical experts, which holds that females are the only ones who are affected by eating disorders. Patients suffering from eating disorders were predominantly female, according to the findings of the vast majority of studies conducted in the past [8]. Recent research on the frequency of eating disorders in guys, on the other hand, has demonstrated that these disorders have been inadequately reported, underdiagnosed, and underestimated [9]. There has been a significant uptick in the number of boys reporting symptoms of eating disorders. On the other hand, a relatively small percentage of males with eating disorders ever get diagnosed or seek treatment for their condition. Due to a general lack of awareness throughout society, the vast majority of patients go undiagnosed. There is also a lack of awareness among health care providers regarding the fact that eating disorders in boys may appear clinically in a different way than they do in females. This lack of understanding contributes to under diagnosis and under treatment of eating disorders in males [8]. It's possible that they won't exhibit the same weight-related and dieting symptoms as women do. Depression is commonly experienced by men who struggle with eating problems. The majority of the issues that we consider to be typical of men, such as alcohol and drug abuse, domestic violence, failures in intimate relationships, and self-sabotage in employment or studies, are all caused by repressed despair [10].

According to the BMI estimates, our findings also indicated a larger proportion of overweight and obese male students. These findings were comparable with the data from other studies that were conducted on the student population [7].

According to the findings of our research, an increased BMI was found to be connected with an increased chance of developing an eating problem. Medical students in China were the subjects of a study conducted by Chang and colleagues, and they came to very similar conclusions [11]. This demonstrates that there may be a connection between having an unhealthy relationship with food and becoming overweight. Students are driven to adjust their perspectives on food and eating because of the disconnect between their actual body weight and the "slim" body type that is idealised in western culture. It has been demonstrated that the methods of weight control that are utilised by people who are overweight are frequently inefficient and, in fact, lead to an increase in weight as well as eating disorders such as binge eating, which further raises the chance of being obese. This suggests that unhealthy eating behaviours and a higher body mass index are connected to one another [12].

One of the most essential and fundamental requirements of human beings is a healthy sense of self-worth. It is an indication of whether the person approves or disapproves of himself as an individual. According to the findings of our research, poor self-esteem was significantly more prevalent among males than among females, and among students who were either underweight, overweight, or obese, self-esteem was present in 40.74% of cases. This demonstrates that the students' outward appearance or their body mass index directly affects their sense of self-worth, which in turn can lead to a wide range of psychological issues, which in turn may lead to low or decreased academic performance among the students or the future medical professionals. Persons who have low self-esteem are more likely to

struggle with scholastic failure, depression, addiction, and anxiety, as compared to people who have high self-esteem^[13]. This has been demonstrated in a number of studies over and over again.

Conclusion

It is imperative that we identify students who are at risk in order to take preventative measures or make early diagnoses of eating disorders. It is essential to have an accurate understanding of the scope of the problem of eating disorders in the male community.

References

1. Hudson JI, Hiripi E, Pope Jr. HG, Kessler RC. The prevalence and correlates of eating disorders in the National Comorbidity Survey Replication. *Biological psychiatry*. 2007 Feb;61(3):348-58.
2. Kiriike N, Nagata T, Tanaka M, Nishiwaki S, Takeuchi N, Kawakita Y, *et al*. Prevalence of binge-eating and bulimia among adolescent women in Japan. *Psychiatry Research*. 1988 Nov;26(2):163-9.
3. Dahlin M, Joneborg N, Runeson B. Stress and depression among medical students: A cross sectional study. *Medical education*. 2005 Jun;39(6):594-604.
4. Herzog DB, PePOSE M, Norman DK, Rigotti NA. Eating disorders and social maladjustment in female medical students. *Journal of Nervous and Mental Disease*, 1985.
5. Rosenberg M. *Society and the adolescent self-image*. Princeton University, Princeton, 1965.
6. Prnjak K, Mitchison D, Griffiths S, Mond J, Gideon N, Serpell L, *et al*. Further development of the 12-item EDE-QS: identifying a cut-off for screening purposes. *BMC psychiatry*. 2020 Dec;20:1-7.
7. Chaudhari B, Tewari A, Vanka J, Kumar S, Saldanha D. The relationship of eating disorders risk with body mass index, body image and self-esteem among medical students. *Annals of Medical and Health Sciences Research*, 2017, 7(3).
8. Greenberg ST, Schoen EG. Males and eating disorders: Gender-based therapy for eating disorder recovery. *Professional Psychology: Research and Practice*. 2008 Aug;39(4):464.
9. Strother E, Lemberg R, Stanford SC, Turberville D. Eating disorders in men: underdiagnosed, undertreated, and misunderstood. *Eating disorders*. 2012 Oct;20(5):346-55.
10. Real T. *I don't want to talk about it: Overcoming the secret legacy of male depression*. Simon and Schuster; c1998.
11. Chang WW, Nie M, Kang YW, He LP, Jin YL, Yao YS, *et al*. Subclinical eating disorders in female medical students in Anhui, China: a cross-sectional study. *Nutr Hosp*. 2015;31:1771-1777.
12. Jones JM, Bennett S, Olmsted MP, Lawson ML, Rodin G. Disordered eating attitudes and behaviours in teenaged girls: a school-based study. *Cmaj*. 2001 Sep;165(5):547-52.
13. Hadinezhad P, Masoudzadeh A. A study of the relationship between self-esteem and academic achievement in medical students of Sari Medical Medical. *Life*. 2018 Apr;50:1.