



Eating disorders in Greek adolescents: frequency and characteristics

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Introduction

Eating disorders constitute a part of the serious mental disorders, characterized by a wide range of dysfunctional behaviors related to food. The term mainly includes anorexia nervosa, bulimia nervosa and binge eating disorder. Eating disorders have been closely related to puberty since it has been largely reported that they tend to present their initial onset during adolescence. The study herein, presents the preliminary results of a comprehensive school-based intervention trial regarding body weight disorders among Greek adolescents. The aim of the present study was to detect eating disorders in the adolescent population under investigation and report their prevalence.

Methods

In order to explore the prevalence of eating disorders a sample of 399 Greek adolescent pupils (41.6% boys) aged 14.43±3.42 year-old were stratified. All participants answered in privacy the EAT-26 questionnaire of eating habits.

EAT-26 Questionnaire

- 1 The thought of being heavier than normal is friking me out
- 2 I avoid to eat when I am hungry
- 3 I think that the idea of food is obsessing me
- 4 I eat a lot, and thereafter I feel that I could not stop eating
- 5 When I eat I cut my food in small pieces
- 6 I explicitly know how exactly calories have the food that I consume
- 7 I avoid food containing a lot of carbohydrates
- 8 I think that other people would prefer me to eat more
- 9 I vomit after eating
- 10 I feel guilty after eating
- 11 I think that the desire of being thinner, is obsessing me
- 12 When I do sports or exercise I think that I am losing calories
- 13 Other people think I am very thin
- 14 The thought that I have excessive weight is obsessing me
- 15 I need more time than others in order to eat my food
- 16 I avoid to eat food containing sugar
- 17 I consume diet foods
- 18 I think food determines my life
- 19 I control myself regarding food
- 20 I feel that other people press me to eat more
- 21 I spend many time and thoughts in food
- 22 I feel uncomfortable when I eat sweets
- 23 I am systematically on a diet
- 24 I like having an empty stomach
- 25 I feel the need to vomit after food
- 26 I like tasting new tasty foods

After the calculation of the questionnaire scores for all participants, adolescents presenting a total score >20 were identified as individuals with serious indication of eating disorders, according to the following table.

Scoring points system of EAT-26 Questionnaire

	Always	Usually	Often	Sometimes	Rarely	Never
Questions 1-25	3	2	1	0	0	0
Question 26	0	0	0	1	2	3

Results

Median score of EAT-26 questionnaire was 9 with interquartile range (IQR) (5,14). After grouping the sample by gender, boys presented a median score of 7 (IQR:4-10.25) while girls one of 10 (IQR:5-16). The score of EAT-26 in the subgroup of girls was significantly higher compared with that of boys ($p<0.001$).

Figure 1

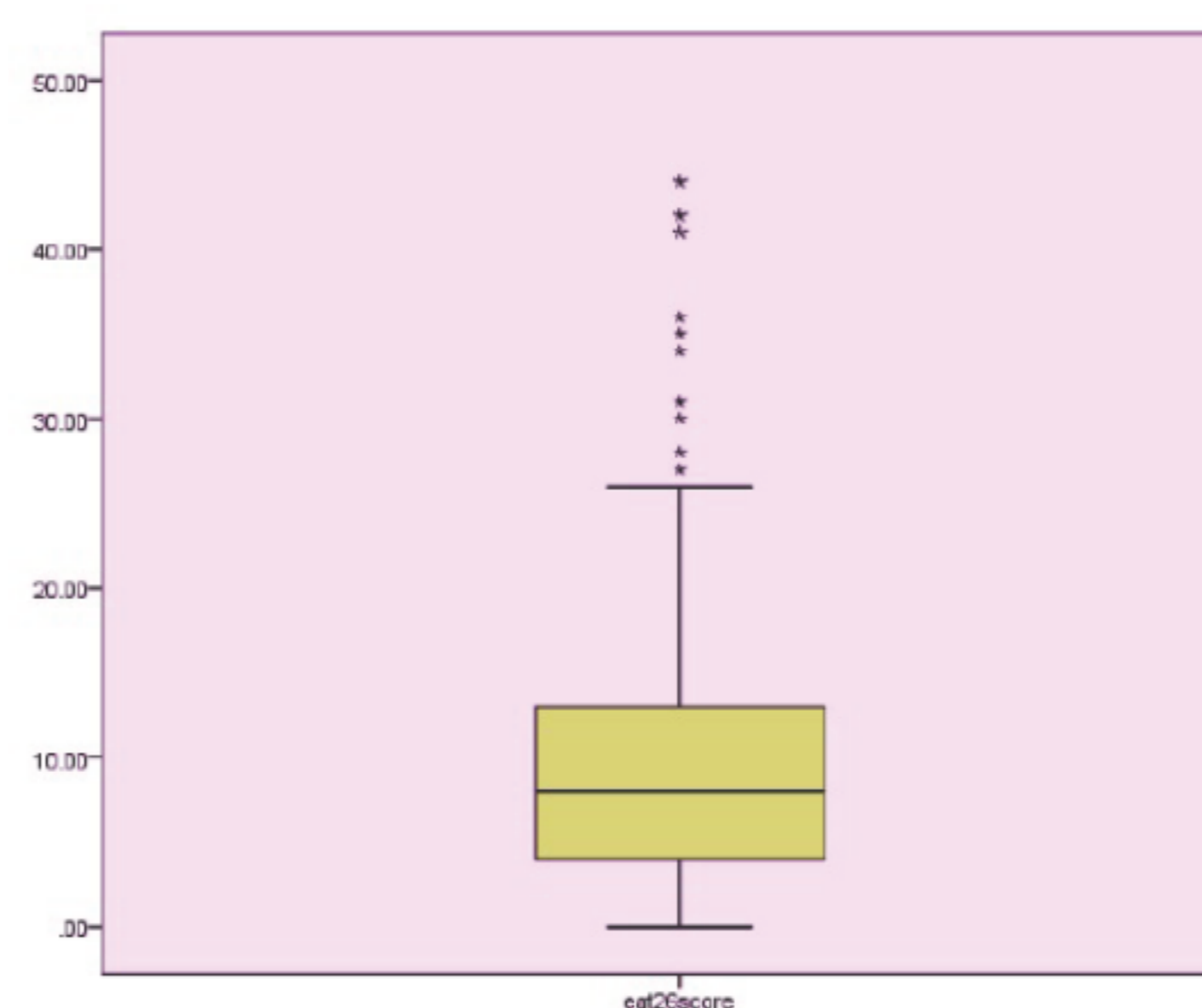


Figure 2



Figure 1: Boxplot of EAT-26 scores of total population. Figure 2: Boxplot of EAT-26 scores according to gender

In the total sample, 39 adolescents (30 girls/ 9 boys) were detected to present serious indications of an eating disorder (9.77%). Signs of serious eating disorder were significantly more prevalent in girls than in boys ($p=0.013$).

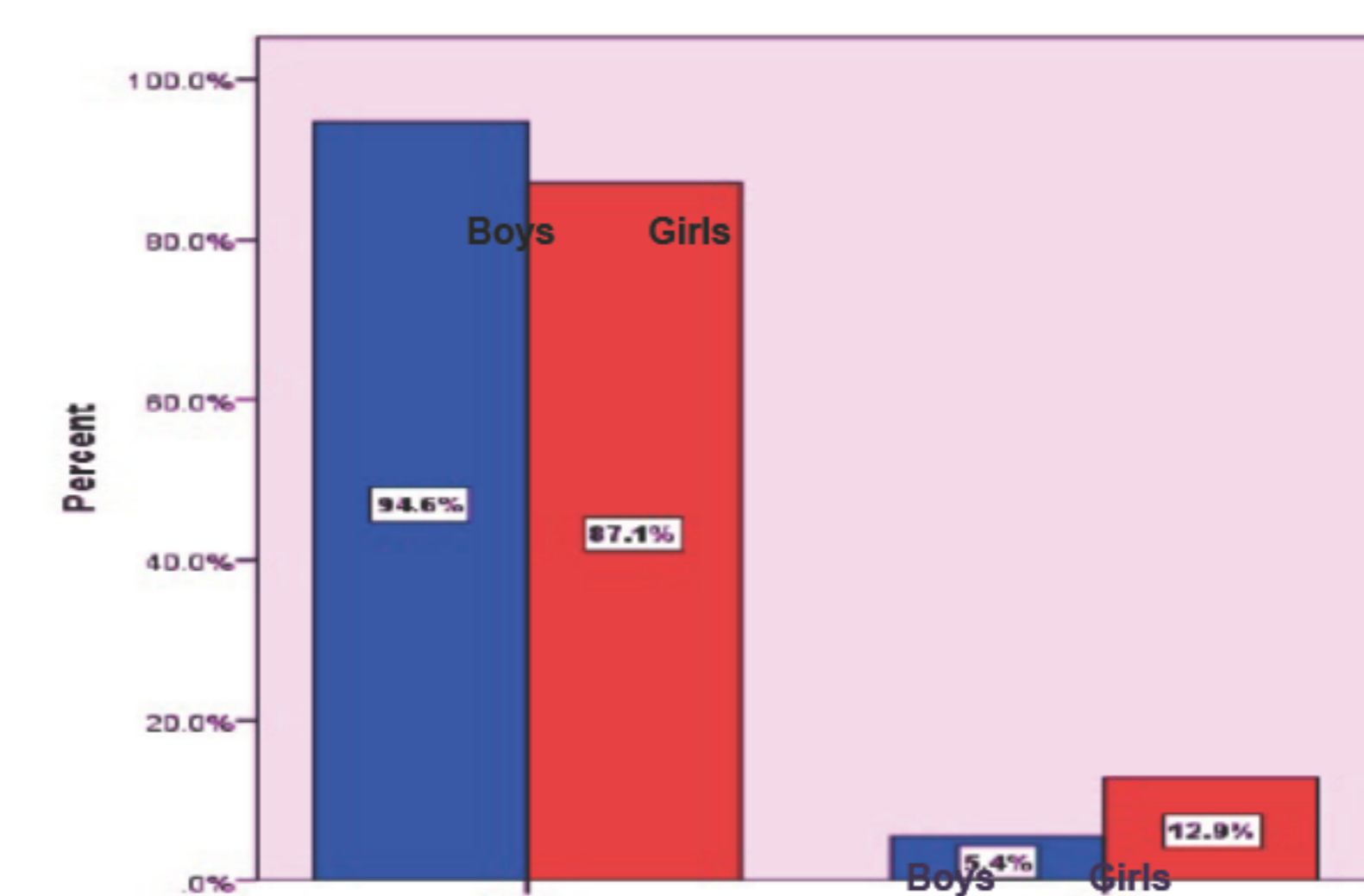


Figure 3: Bar diagram of prevalence of serious eating disorders according to gender.

Conclusions

Almost one out of ten adolescents presents signs of serious eating disorder, requiring integrated diagnostic-psychiatric investigation and treatment. Girls present significantly greater prevalence of eating disorders. Early diagnosis and treatment constitute the necessary strategy for preserving mental health in the adolescent population.

