Publication Title: Nutrition Research Newsletter
Mcode: 0887
Mcode Type: IAC
Routing Location: IDSI - Off-Shore Full-Text Conversion
Publication Date: Jan-April 2000
Actual Receipt Date: 02/23/2000 06:59:59
Production Process: Full Text
Volume: 19
Issue: 2

XAD

XAD 2000 PA

Nutrition Re

A Monthly U

Volume XIX, Number 2 / February 2000
ISSN: 0736-0037

In This Issue...

TECHNICAL INSIGHTS
John Wiley & Sons, Inc.

Eating Disorders

Effects of Western Culture on Eating Attitudes and Body Image

Western society is often blamed for its emphasis on model-type bodies and its contribution to eating disorders. However, an increasing trend in eating disorders has been observed in non-Western women. Two hypotheses have been formulated to explain this trend. One is that the increase in disordered eating arises from the pressures of adapting to a new culture. The other explanation includes non-Western women's desire to assimilate into society's norms and values, including those related to the "ideal body shape."

Australian researchers recently investigated how eating attitudes and body image are affected by the degree of ethnic identity in Hong Kong-born women. The authors were also interested in the cultural sensitivity of the diagnostic instruments used in the assessment of eating disorders, i.e., the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).

The subjects included Hong Kong-born women living in Australia, which helps to illustrate attitudinal differences between subjects who have

(Continued on p. 16)

The Role of Body Dissatisfaction in Bulimic Patients

Depression is prevalent among women with eating disorders. Additionally, a disturbance in body weight or shape is experienced along with intense body dissatisfaction in eating disordered patients, especially bulimics. Some researchers have shown that depression is a significant predictor of body dissatisfaction, independent of bulimia nervosa. These results raise an interesting question about the role of body dissatisfaction in disordered eating.

One theory is that internalization of social pressure to be thin is a precursor to body dissatisfaction, which then leads to negative affect and, potentially, bulimia. This theory was the basis for a recent study that asked, "What are the temporal and causal links among drive for thinness, depression, bulimia, and body dissatisfaction for women?"

The sample included two groups of women: 233 anorexic and bulimic women and 228 college women without known eating disorders. All women completed the Drive for Thinness, Bulimia, and Body Dissatisfac-

tion subscales from the Eating Disorders Inventory (EDI). To measure depressive affect, the subjects completed the Beck Depression Inventory.

In both groups of women, increased depression, bulimia, and drive for thinness were each related to greater body dissatisfaction. In accordance with previous research, depression and bulimia were unique predictors of body dissatisfaction. However, when drive for thinness was added into the equation, it emerged as the unique predictor of body dissatisfaction, while bulimia and depression were not. Also, after controlling for depression and drive for thinness, severity of bulimia was not related to body dissatisfaction in either group of women.

From the results it appeared that drive for thinness was the major contributor to body dissatisfaction among women with and without diagnosed eating disorders. The researchers speculate that the drive for thinness, which often includes preoccupation with weight and dieting and fear of weight gain, is a result of society's pressure to attain "the ideal body." When a woman fails to reach this ideal, she may feel depressed because she does not perceive herself as attractive and therefore has great body dissatisfaction. Some go on to develop an eating disorder from these thoughts and others deal with their body disapproval in other ways.

Michael W. Wiederman and Tamara L. Pryor, Body Dissatisfaction, Bulimia, and Depression Among Women: The Mediating Role of Drive for Thinness, Int J Eat Disord 27: 90-95 (January 2000) [Correspondence: Dr. Michael Widederman, Dept. of Psychological Science, Ball State University, Muncie, IN 47306-0520]

Factors Predictive of Bone Mineral Density

One of the medical side effects of anorexia and bulimia nervosa is osteoporosis. Studies have confirmed that eating disordered clients have significantly lower bone mineral density (BMD) than age- and sex-matched controls. It is accepted that decreased BMD and osteoporosis are mainly due to the low body weight and amenorrhea present in so many of these patients. However, it is not clear if such behavioral factors as the frequency of binging/purging, laxative abuse, consumption of alcohol and nicotine, and caloric restriction are associated with bone mineral density and osteoporosis.

A recent study conducted in the UK examined the roles of behavioral factors, weight, menstrual status, and the degree of BMD change in eating-disordered women. Fifty-six eating-disordered women known to the Peter Dally Eating Disorders Clinic were followed in this study. An initial BMD test was obtained of the spine and femur by dual energy X-ray absorptiometry, with a second scan being followed up between nine and 51 months for a repeat measurement. Interviews provided researchers with data on frequency of binging, purging, laxative abuse, and cigarette and alcohol consumption. Caloric restriction was determined as a percentage of the daily required energy intake.

As expected, high levels of reduced BMD were observed in the subjects. Significant associations were observed between low spinal BMD and a longer duration of amenorrhea, low BMI, frequency of vomiting, and alcohol and cigarette consumption. Low femoral BMD was significantly associated with a longer duration of amenorrhea and an increased consumption of alcohol. BMI had increased in 70% of the patients at the time of the second BMD scan, but there were no significant changes in BMD.

The limitations of this study, including the small sample size and short time period of the study, as well as the fact that only one subject regained menses, may have contributed to the significance of the results.

Weight increases did not appear to sufficiently increase bone mineral density in eating-disordered women. Therefore, analysis of factors responsible for the recovery from osteoporosis was not possible due to the lack of significant differences between BMD. This finding does not suggest that weight gain is not beneficial when needed among this population. Weight gain remains effective in preventing further bone loss and in decreasing the chance of medical complications associated with low weights. It would be beneficial for clinicians to monitor BMD more closely in eating-disordered patients so that an early intervention can be planned if necessary.

Dawn Baker, Ron Roberts, and Tony Towell, Factors Predictive of Bone Mineral Density in Eating-Disordered Women: A Longitudinal Study, Int J Eat Disord 27: 29-35 (January 2000) [Correspondence: Dr. Tony Towell, Dept. of Psychology, University of Westminster, 309 Regent St., London W1R 8AL, UK]

Obesity and Health-Related Quality of Life

Obesity, whether it is due to emotional binge eating or indulgent overeating, is a significant public health concern in the United States. Along with the increased risk of morbidity and mortality, rising health care costs are a big concern as well. Research has shown that obesity negatively affects health-related quality of life (HRQL), which is described as the impact of a medical condition on a person's physical, social, and emotional functioning.

Some data has already shown significant reductions in certain domains of the HRQL, but researchers from John Hopkins University School of Medicine wanted to study this area further. The research team compared sociodemographic characteristics and HRQL between obese people seeking treatment for their weight problem and those who did not.

Three hundred and twelve obese persons involved in an outpatient university-based weight management program and 89 obese persons, currently not trying to lose weight, were