Theses of (PhD) doctoral work

The eating disorders of special groups especially considering beauticians and pregnant women

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The objectives and the definition of the topic of the doctoral dissertation

Anorexia nervosa and bulimia nervosa, the two types of eating disorders are considered today's civilization diseases, and the growing of their popularity showed a number of important reasons.

Eating disorders had high mortality and high psychiatric comorbidity and the onset of these disorders are very early (Pászthy, 2007).

If the eating disorders are not recognized and treated, can become chronic, and they can have somatic complications and can develop high psychiatric comorbidity.

Eating disorders are major health problems in the Western, but also in the Eastern countries. Epidemiological studies made in the field of eating disorders show that the prevalence of bulimia nervosa is 1-3%, and the prevalence of anorexia nervosa among young women is 0.3 to 1% (Fairburn and Beglin, 1990; Hoek, 2006; Rastam, Gillberg, Van Hoeken and Hoek, 2004; Szumska, Túry and Szabó, 2008).

The development of eating disorders is influenced by predisposing, precipitating and illness maintaining factors (Jacobi et al, 2004;Túry and Szabó, 2000).

Beauticians' profession places emphasis on beauty and fassion and might put them at greater risk of dissatisfaction with their body shape and weight.

Wong (2003) studied body dissatisfaction and weight loss attitudes among beauticians. Beauticians were more dissatisfied with their weight, and the weight reducing methods as dieting, exercise and use of diuretics were significantly more prevalent in the beautician group. Beauticians are more dissatisfied with their body weight (50.1%) than non-beauticians (23.7%).

Pregnancy is the time when a woman's body changes rapidly in a relatively very short period of time. Some pregnants are very unsatisfied with their body and weight related changes.

Micali et al (2007) studied 12 254 pregnant women classified as: who has a recent eating disorders, or had a past history of eating disorders, who was obese before pregnancy, and the general population served as control group. They found that women with recent episode od eating disorders used more laxatives, reported self induced vomiting, dieted, and their weight and shape concerns were high during the pregnancy. Watson et al (2012) studied Norwegian pregnants ($n = 77\ 267$) about eating disorders' prevalence during their pregnancy in the period between 2001 and 2009. They found that the prevalence of eating disorders and EDNOS was as follows: BN 0.2%, BED 4.8%, EDNOS-P (EDNOS-purging) 0.01%.

In the study of Broussard (2012) 27% of women reported eating disorders in the period of pregnancy.

Easter, Bye et al (2013) studied 739 pregnants from England in the first trimester of pregancy, and 6 and 12 months after post partum. They found the following eating disorders prevalence: 0.5% AN, 0.1% BN, 1.3% BED, 0.1% PD, 5% EDNOS. The weight reducing methods were very common such as dieting 0.9%, exercising 0.7%, self induced vomiting 1.1%, use of diuretics 0.3%.

Favaro (2006) studied subjects with eating disorders (n = 113 AN, n = 73 BN) from Padua Italy, and found that eating disorders are common associated with obstetric and neonatal complications. The obstetric complications associated with bulimia nervosa were the following: low birth weight for gestational age, being shorter for gestational age, placental infarction, early eating difficulties

The obstetric complications associated with anorexia nervosa was maternal anemia, diabetes mellitus, preeclampsia, placental infarction, neonatal cardiac problems.

Koubaa, Hällström, Lindholm and Hirschberg (2005) studied pregnants with eating disorders and eating disorders not otherwise specified compared to a general pregnant population served as control group. They found that among pregnants with eating disorders symptoms, the prevalence of miscariage, low birth weight for gestational age, small for gestational age, low intrauterine growth, microcephaly, and preterm birth are more common than in pregnants withouth eating disorders.

Micali (2010), Micali et al (2007), Sollid, Wisborg, Hjort and Secher (2004) found that the risk for small-for-gestational-age infant and the risk of preterm delivery were increased in pregnants with eating disorders compared to non eating disordered pregnants.

Objectives:

The present study has the following objectives:

1. To assess the prevalence of symptoms and syndromes of clinical and subclinical eating disorders among Transylvanian and Hungarian beauticians, in comparison with control groups.

- 2. To prove that working in the beauty industry may convey an increased occupational risk for eating disorders and body image disorders.
- 3. To assess the prevalence of symptoms and syndromes of clinical and subclinical eating disorders, and to analyze the pregnancy experience, weight gain attitudes toward pregnancy in a group of Hungarian and Transylvanian pregnant women.
- 4. The objectives of the longitudinal study included the survey of weight gain during pregnancy, the prevalence of eating disorders, the body image, and pregnancy weight gain attitudes. Furthermore, to evaluate the development and the prevalence of such mental health problems as depression, anxiety, and eating disorders from the point concerning weight gain during pregnancy.

Methods

Study group:

The study sample comprised 128 beauticians from Transylvania (5 male, 123 female), 167 beauticians from Hungary (10 male, 157 female). These groups were compared to control groups in Transylvania and Hungary, consisting of 148 (25 male, 123 female) subjects in Transylvania and 101 subjects (5 male, 95 female) in Hungary. The beauticians' group consists of cosmeticians, manicurists, hairdressers, solarium salon workers, fitness coaches.

In the cohort study of Transylvanian and Hungarian pregnant women, 240 individuals were assessed using a standardized questionnaire. In the longitudinal study 50 (56.8% Transylvanian, 43.2% Hungarian) pregnant women filled the questionnaire in all three trimesters of pregnancy. We evaluated the women through the general practitioners in Transylvania and through midwives in Hungary. The mean age of the evaluated population was 29.6 year (SD = 4.17 year). The clinical and subclinical eating disorders were evaluated by using a standardized questionnaire.

Instrumentation

The questionnaire used in the beauticians' and control groups included: items referring to demographic and anthropometric data (age, height, weight) and body care, the Eating Attitudes Test, the Eating Behaviour Severity Scale, the Human Figure Drawings Test, the the Body Dissatisfaction Scale of the Eating Disorders Inventory (EDI), the Body Attitudes Test, and the Body Investment Scale.

The questionnaire used among pregnant women included: items referring to demographic and anthropometric data (age, height, weight), questions about pregancy, the

Eating Disorder Inventory, the Eating Behaviour Severity Scale, the Brief version of the Pregnancy Experience Scale, Pregnancy and Weight Gain Attitudes Scale, State-Trait Anxiety Inventory, Beck Depression Inventory Brief version.

Results

• Clinical eating disorders were found in two cases: AN 10.8%, BN 0.8% both being in the beautician sample. The prevalence of subclinical disorders and EDNOS were present such as: SAN 0.6%, SBN 0.6%, binge eating 6.7%, compensatory behaviours 8.6%, normal weight AN 0.6%. In the Transylvanian beautician group, the prevalence of EDNOS were as follows: SBN 1.6%, compensatory behaviour 2.4%. We did not found clinical eating disorders in the Transylvanian and Hungarian control group, and the prevalence of EDNOS was as follows: binge eating disorders 1.1% in Hungary, 2.4% in Transylvania, compensatory behaviours: 2.1% in Hungary, 1.6% in Transylvania.

• The results lead us to the conclusion that working in the beauty industry can predict the use of weight reducing methods monthly at least once, like dieting and use of diuretics which can be a predictor of pathological dieting.

• Beauticians have more pathological eating attitudes, and the tendency of pathological dieting and bulimia are higher in the beautician group.

- The odds ratio of suffering from eating disorder is higher compared to the control group.
- The occupation is not a significant predictor of eating disorders
- Beauticians invest more money and time for body care.

The cohort study of Transylvanian and Hungarian pregnant women can be summarized as follows:

- we found no clincal AN in the sample, and the prevalence of BN was 1.6%, SAN 1.6%, binge eating 4.8%, compensatory behaviours 17.7%.
- 35.3% of the sample presents positive and 64.7% negative attitudes toward pregnancy weight gain.
- Persons with negative attitudes toward pregnancy weight gain have higher mean results in EDI, depression, anxiety, and the hasslesses during pregnancy are more prevalent, the

positive pregnancy experience intensity being lower compared to those with positive attitudes toward weight gain duing pregnancy.

- We identified the predictors of the negative attitudes toward weight gain during pregnancy as the age and predisposition to bulimia.
- In the sample with negative attitudes toward pregnancy weight gain, the use of appetite suppressants were significantly higher than in the women with positive attitudes toward pregnancy weight gain.
- Subjects with no eating disorders have more pathological body attitudes than those with eating disorders.

The summary of the cohort study are as follows:

• During the second and third trimesters of pregnancy, there is a decrease in practicing physical exercises.

- Between the first and second trimester we can observe an increase of bulimic tendency.
- During the trimesters we can observe a decrease of body dissatisfaction.

• The weight gain process between the first and the second trimesters is in connection with the increase of depression.

Conclusions:

According to the results we can state that working in the beauty industry may convey a risk to develop eating disorders, pathological dieting and bulimics tendency, and can predict the use of weight reducing methods monthly at least once.

According to these results, we can affirm that the rate of eating disorders are comparable of those presented in the Western countries. The research concluded that in case of detecting the pregnant women with eating disorders we could avoid the complications related to birth, and neonatal outcomes of the fetus.

The most important outcome of the study, in point of intervention, is that, once we identify the predictors of negative attitudes towards pregnancy weight gain, i.e. bulimia and

age, we could reduce the effects of bulimic attitudes that eventually would harm both the mother and the fetus.

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Own publications

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International conferences:

 European Congress of Eating Disorders (ECED), Innsbruck, "Bigorexia Nervosa and Disordered Eating in a Sample of Male Body Builders from Romania"- (Kovács Tímea, Lukács – Márton Réka, Szabó Pál,)

National conferences:

- 2012 III. Conference on Eating Disorders, Pécs, Hungary," Disordered eating and body attitudes in pregnancy"-presentation
- 2012 Congress of Hungarian Psychologist Association, Szombathely, Hungary, "Body image and pregnancy"-presentation
- 2012. XVII. Congress of Hungarian Psychiatric Association, Debrecen", Body image and eating disorders on pregnant sample" -presentation
- 2010. The 18 th International Conference on Eating Disorders, Alpbach, Body image and eating attitudes in a beautician sample. It is really a risk population?-**poster**
- 2009. NETT.Congress, Marosvásárhely "In prison of beauty" poster

- 2008. II. Conference on Eating Disorders, Budapest, Hungary "To eat, or not to be"presentation
- 2008. XVIII. Congress of Hungarian Psychologist Association ,Beautician body image and eating disorders"-poster
- 2007: ECED, European Congress of Eating Disorders, Porto, Portugal
- 2006. I. Conference on Eating Disorders, Budapest Budapest ,, Beauticians eating disorders" (Lukács Márton Réka, Szabó Pál)- presentation
- 2006. szeptember I. Conference on Eating Disorders, Budapest, " The biological, psychological and socio cultural factors of Body image distorsion" (Szabó Pál, Kovács Tímea, Lukács- Márton Réka)- presentation

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