

Eating Attitudes Test Students Using EAT-26 Questionnaire Among Physiotherapy Undergraduate Students

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Abstract

Introduction: Increased number of high BMI individuals eventually leads them to low self-esteem, low self-evaluation which can lead to self-destructive behaviours such as uncontrollable dieting or overeating thus, in order to evaluate the eating attitudes a study is conducted among the undergraduate students. Incidence of fast food is increasing rapidly day by day especially in the young individuals, with improper food eating habits at irregular intervals which includes increased intake of carbonated soft drinks in young individuals, due to which there is increased risk of various health hazards out of which the most commonest health hazard is increased risk of obesity in young population especially of urban region obesity also affects the individuals in different aspects such as lethargy, psychological disturbances and physical inactivity leading to increased risk of cardiovascular complications. EAT -26 questionnaire is a screening measure which helps in determining whether you might have an eating disorder that needs professional attention. This questionnaire is a screening measure and is not designed to make a diagnosis of an eating disorder or to replace the place of a professional consultation.

Objective: The objective of the study was to get the number of individuals at risk and to analyse the change in the food habits.

Study design: The design of the study is Observational with 1 month study duration.

Result: 44 students were having inappropriate eating disorder whereas 156 students were having normal eating habits.

Conclusion: 22% of students are at risk of eating disorder tested by EAT 26 questionnaire .

Keywords: EAT-26, eating habits, fitness, Health risks.

Introduction

Increased number of high BMI individuals eventually leads them to low self-esteem, low self-

evaluation which can lead to self-destructive behaviours such as uncontrollable dieting or overeating . The components of contention and impulsivity were drawn as forecasting

aspects of losing weight in therapeutic participants and the degree of inhibition and counter-regulation of social behaviours is related to the severity of obsessive unhealthy eating issues.¹ Thus, in order to evaluate the eating attitudes a study is conducted among the undergraduate students. A maladaptive perfectionism should be checked for disorder in eating attitudes for anorexia nervosa and bulimia nervosa symptoms^{2 3}

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Incidence of fast food is increasing rapidly day by day especially in the young individuals, with improper food eating habits at irregular intervals which includes increased intake of carbonated soft drinks in young individuals, due to which there is increased risk of various health hazards out of which the most commonest health hazard is increased risk of obesity in young population especially of urban region obesity also affects the individuals in different aspects such as lethargy, psychological disturbances and physical inactivity leading to increased risk of cardiovascular complications. Life expectancy, honors thesis and body mass were big determinants related to dysfunctional dietary behaviour. The greater the body mass, the greater the chance that eating patterns could have become irregular.⁴

The food habits and the usage of soft drinks are at high risk to affect the lives of the young individuals in almost every aspect of life including the most important thing at the young age i.e. productivity. Nutrition consumption is linked with compulsive overeating rising in incidence. The prevalence of food addiction range is based on the criteria including age, and level of body weight. Emotions like frustration, anxiety, disappointment, and joy trigger the feeding reactions like consuming pace, food taste, and digestion. Psychological mindset has major impacts on consuming habits and behaviors, as feelings impair the regulation of fundamental processes of action and cognitive mechanisms.^{5 6}

Thus, in order to assess or evaluate the pattern of eating attitudes in young individuals their different tools/scales out of which an EAT 26 QUESTIONNAIRE screening tool is used in order to assess the 'eating disorder risk' among the undergraduate physiotherapy student.

ED physiology tends to be overrepresented as opposed to the general majority of individuals with mental disorders. For people with neurodevelopmental disorders the demographic distribution for EDs is indeed not twice as significant as in the community at large. Originally designed for AN subjects, EAT represents mainly the AN prodromal symptoms, which reflects, in part, the comparably low results in the research analysis, with most of the respondents, particularly men and women, who are of ideal weight or overweight

/ anorexic. It is important to improve awareness about the degree and complexity of the difference among ED and ESSENCE towards being flexible to cope and establish care plans particularly for such clients. There seems to be an inadequate work in to the overlaps among ESSENCE and ED for adolescents and young adults. Diet dysfunctions, assessed with EAT, were much more prevalent and present than what was seen in the wider population, whereas in older EDs were far more severe. In the present ESSENCE sample, a substantial majority of instances had a dietary psychopathy without meeting the conventional ED requirements; nevertheless, these individuals may experience from their distressed feeding and require medical attention for a variety of reasons. In response to the claim, the EAT ratings showed that the amount of potential sub-threshold instances was slightly higher than expected from preceding research.⁷

A practitioner with maladaptive eating habits or an ongoing unhealthy lifestyle (ED) may adapt nutritional treatment for his or her personal convictions on diet and lifestyle, thus jeopardizing evidence-based practice and, possibly, the safety and quality of care under their treatment. Past findings on this demographic have produced inconsistent outcomes, with others suggesting a greater incidence of disordered eating among learners in nutrition and dietetics compared to students undertaking certain degrees.

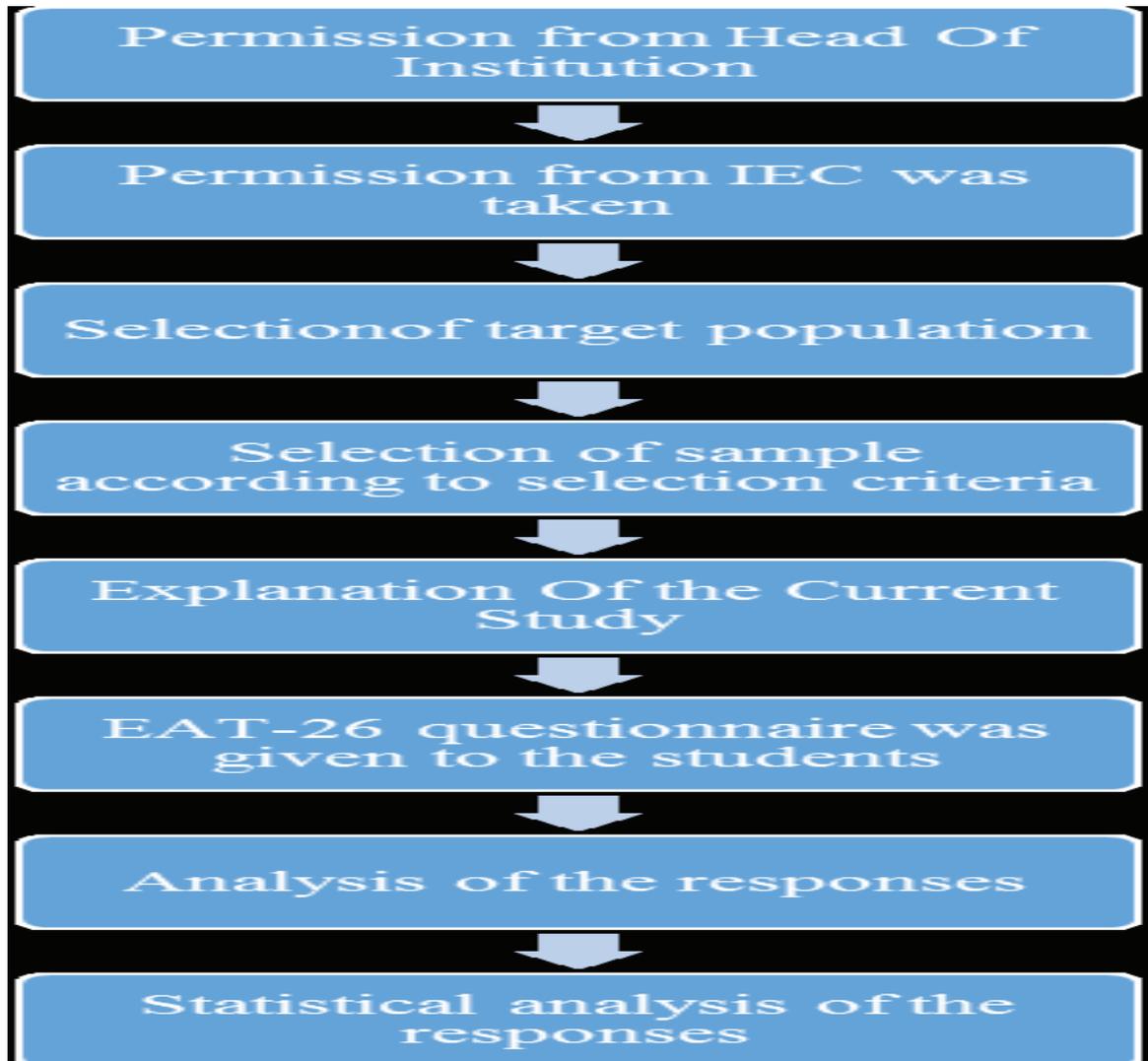
The screening for the eating disorder is based on the assumption that early detection can lead to early treatment to reduce the serious complications. Unhealthy food intake are characterized by a broad variety of dietary disturbances, including nutritional and nutrition problems, nutrition limits, and unsanitary and excessive obesity treatment practices.⁸

Methodology

The clearance from institutional ethics committee was obtained. 200 students from the Ravi Nair Physiotherapy College were selected for the study as per the inclusion and exclusion criteria. The participants were informed about the study and the students who were willing was asked to fill the EAT-26 questionnaire. The questionnaire link was shared with the participants. After the students filled the form the results were analysed.

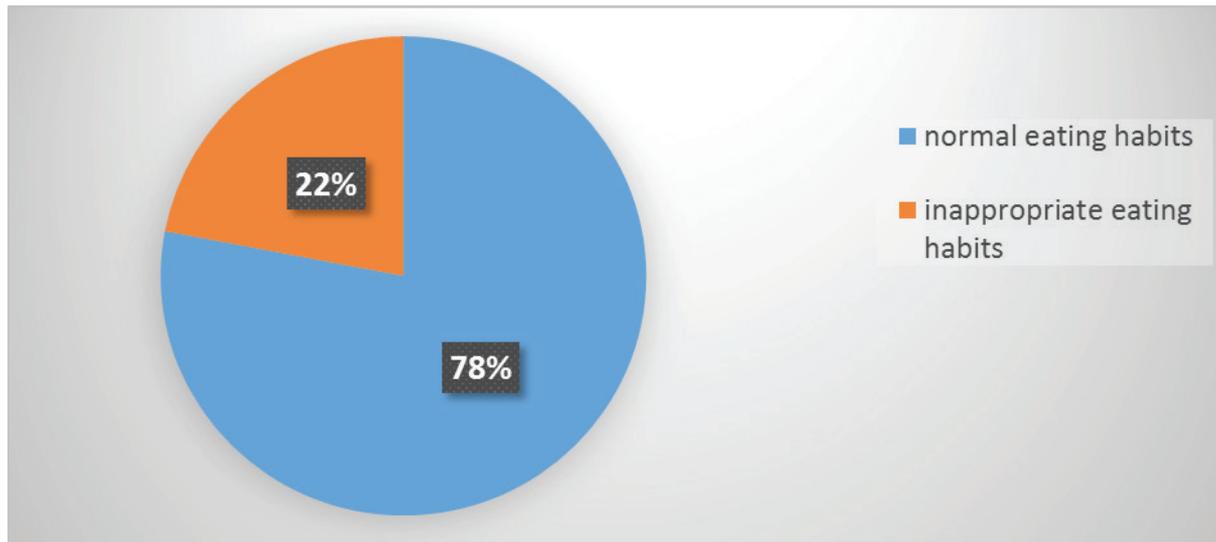
Procedure

The permission from the Head of Institution was obtained for the study and further permission was obtained from the institutional ethics committee. Then, the selection of the target population was done according to the inclusion and exclusion criteria. The participants who were willing to participate were explained about the study and the EAT-26 questionnaire was shared with them, after that the statistical analysis was carried out. (as shown in the flow chart)



Results

According to the feedback received from students it has been found that 44 students were having inappropriate eating habits whereas 156 students were having normal eating habits. (as shown in the pie chart)



I. EAT-26 results interpretation

Discussion

A huge mental parameter that intervenes in promoting bad eating habits has proven to be self-esteem for the both males and females. Critical thinking, which is nonetheless strongly associated with fortitude, has proven unbiased and has no influence on bad eating behaviours.

Trying to cope with socio-cultural patterns is definitely a big part of the pressures of everyday, needing creation of responsive resources and toughness. The possible second leading up to the incident binary that describes poor dietary sentiments in emerging teenagers was identified as intellectual ability, defined as a trait, skill, or ability to detect and word orally and in writing expressed feelings, and control its own sentiments, i.e. explicitly suppressing them or focusing entirely on new people. Irrational role entails spree wanting to eat that is flawed to health assistance, even sometimes participating in food addiction. Yes, distractibility is also linked to people consuming externally. Nevertheless, the specific set of addictive feeding demeanour – emotional feeding, both in women and people, is often closely tied⁹.

Along with a comprehensive article, roughly 10–30 more for each cent of the respondents struggle from hygiene-impacting personality traits and climates that urgently require the attention of the government and health care professionals. Dietary patterns in this research include ideas, values, emotions, habits, and diet relationships. Interpretation of muscle mass focuses on the individual mass assessment as ‘malnourished’ or ‘normal BMI’ or ‘obese’ versus the actual body composition¹⁰.

The main problem of both emerging people’s and parents’ narratives was the lack of understanding of the existence and therapeutic treatment of feeding issues across the numerous clinicians employed at all stages of care. Inferential statistics by elderly patients presents healing with binge eating as a larger trend that extends far recovering mass. Optimizing medical expertise at certain tiers is obviously vital to timely identification and prediction, it is however significant to emphasize that therapies provide a proper balance here between required intent to improve safety, physical safety and behavioural quality of life-being¹¹.

ED has a hereditary component, such as with evolutionary, personality psychology and endemic

factors, as noted in the creation. In the light of both our recent data and past data, the physical differences or personal attributes may become critical drivers defining the implications of the distorted personal relationships¹².

The severity of the effects of dietary disabilities as well as dysfunctional food choices is just the same that it has already been related to intensified distress. Individuals with eating disorders suffer elevated incidence of certain psychiatric conditions, healthcare , congenital anomalies, role-playing abnormalities, suicidal ideation, shorter life expectancy and very case fatality levels¹³.

Disillusionment with the body confidence and eating problems are considered a powerful classic example of anguish all through puberty. This vital time of life is profoundly impacted by the inherent emotional feelings of anxiety, depression, despair and denial of attraction of teenagers and adults, particularly females. Rising prevalence of undernutrition has indeed been linked with accelerated urbanization and dietary change, marked by elevated intake of Western diets rich in processed sugars, added high in fat and sugar, along with insufficient physical activity. It is difficult to ascertain the intricacies of the engagement among behaviour and preferences, self-esteem perspectives, BMI, and dietary habits such as aerobic exercise by logistic regression solo, and most of it has been partly described by prior studies¹⁴.

A large variety of unmerited weight management interventions for someone who has a shifted awareness of their mass. They can have excessive weight habits handles, such as shedding, extreme or unjustified foods prohibition, overeating and use of additives redesigning body mass. Compulsive eating traits highlighting the differences during teenage years, likely since adolescence is a physical tests era containing major teenage body modifications growing ever more self-conscious and dismissive of their kingdom¹⁵.

Conversely, it has been seen in current history that previous reports have undoubtedly exaggerated the incidence of disordered eating of many people, and in reality it is still increasing significantly amongst males. In any culture there are unique beauty ideals for male and female, so dynamic performance where there is little consensus between the beauty picture and the

desired model. Myths about body identity can contribute to a number about severe problems, involving severe depression, binge eating and poor self-esteem. It is indicated that self-esteem, delineated as some extent of worth that an individual considers for oneself, exert an intimate ties only with social mores of any civilization. As mentioned previously, poor self-image and high probability self-esteem as a potential factor for anorexia nervosa and their interrelationships are commonly evaluated¹⁶.

Conclusion

The eating attitude assessment was used to check the eating habits and the risk of eating disorders among students which showed that 22% of students were at risk of eating disorder tested by EAT-26 questionnaire.

Conflict of Interest – Nil

Funding – Nil

Ethical Clearance: The permission from the institutional ethics committee (IEC) was obtained before the commencement of the study RNPC201904.

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