Unsupervised Weight Losing Patterns by Anorexic Subjects: A Cause for Concern

Sir,

This study explores various actions taken by respondents with anorexia to further decrease their weight for fulfillment of their perceived body weight desires. The observations emanate from interviews of 500 respondents aged 15 to 25 yrs in Surat city. Out of 500 respondents, 49 (9.8%) of them belonged to the category of those with Anorexia according to DSM-IV classification.1 2 Diagnostic and Statistical Manual of Mental Disorders (DSM IV) criteria for anorexia nervosa are: A) Weight loss or lack of weight gain leading to a body weight at least 15% below the normal or expected weight for age and height; B) The weight loss is self-induced by avoidance of “fattening foods”; C) There is self-perception of being too fat, with an intrusive dread of fatness, which leads to a self-imposed low weight threshold; D) A widespread endocrine disorder involving the hypothalamic-pituitary-gonadal axis is manifest in women as amenorrhea and in men as a loss of sexual interest and potency. In our study we have taken into account the criteria of A, B and C. Criteria A provide a guideline for determining when the individual meets the threshold for being underweight. Usually weight loss is accomplished primarily through reduction in total food intake. Although individuals may begin by excluding from their diet what they perceive to be highly caloric foods, most eventually end up with a very restricted diet that is sometimes restricted to only a few foods. Additional methods of weight loss include purging and increased or excessive exercise. According to criteria B, individuals with this disorder intensely fear gaining weight or becoming fat. This intense fear of becoming fat is usually not alleviated by the weight loss. In fact, concerns about weight gain often increase even as their actual weight continues to decrease. According to criteria C, the experience and significance of body weight and shape are distorted. Some of them feel globally fat. Others realize that they are thin, but are still concerned that certain parts of their bodies are too fat. Weight loss is viewed as an impressive achievement and a sign of extraordinary self-discipline, whereas weight gain is perceived as an unacceptable failure of self-control.

Reveals that 13 (26.5%) of the anorexic are engaged in weight reducing actions even though their BMI is far below normal and can be fraught with hazards. It needs mention that all of these respondents had denied having eating disorders. The more worrisome observation is that all of these instances (100%) of weight reduction, the respondents had engaged in actions which were not supervised by either a medical practitioner, a dietician, or a weight trainer, let aside jointly supervised programmes. The factor of parental supervision has not been considered as all parents are not likely to be fully informed on this topic and also their extent of influence upon today’s youngsters is unknown. Our concern was on supervision by a medical practitioner or a dietician or a weight trainer who are specialized to deal with such issues. This implication matches with the study observation that none of these individual are aware that their body weights are already far below normalcy and that they have entered the hazardous territory of the ultra slim. They continue to harbor and act upon weight losing notions and actions. In the absence of supervision; there is no one to put a halt to their actions. A factor adding to the gravity is the observation that none of these individuals perceive that they are suffering from an eating disorder. An interesting observation is that 22.2% of the respondents actually gained weight while engaging in weight losing actions. This observation appears to be a paradox. What needs to be kept in mind is that these respondents often undertake a number of actions while attempting to decrease weight. They made changes in their eating habits and also engaged in exercise and/or yoga. This probably could be the reason for this observation. Also the respondents had reported that the weight losing process is a cycle in which they tried various methods to lose weight and they lost some weight then they discontinued or reduced the intensity of the method(s) after sometime. What is striking is that the respondents had not admitted to binge eating.

This study supports our health minister’s views dissuading the translim culture. It was precisely this reason which had prompted the famous “Madrid Ban”, and had ensured placement of minimum weight limits for models to catwalk. The famous Madrid Ban is the world’s first ban on overly thin models on catwalk. The need for this arose as it has been increasingly reported that the adolescent girls and young women are trying to copy the rail-thin looks of the models on the catwalk culminating into the possible emergence of the problem of developing eating disorders. Organizers argued that they wanted to project an image of beauty and health, rather than a waif-like, or heroin chic look. Madrid city council which sponsors the fashion week ordered that every model on show must have a body mass index of at least 18. The ban comes amid a row in Spain about the trend of extreme thinness on the catwalks and in high street shop windows.

It has been reported that models in the 1990s were at least 10 kilos lighter (for the same height) than they were in the 1950s and 1960s and this difference is increasing. This leads to deleterious effects on models and casts a grim shadow on younger generations who mistakenly visualize them as role models in terms of low body weights and aspire to emulate them. Adolescents, especially girls, are vulnerable to perceive themselves as unattractive unless they attain the perceived ‘ideal’ weights, a desirable trait of women and an important part of their personality and appearance. Their
struggle with food emanates from overcoming feelings of low self-esteem and for gaining popularity. The changing body shape profile of Indian actresses amply illustrates the same. There is a need for measure alike the “Madrid Ban” in India to help prevent possible emergence of the thin and emaciated weight perceptions and the translim culture as desirable personality attributes.

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REFERENCES