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Effects of eating disorders

*Physicians, surgeons, specialists and general practitioners play a pivotal role in pharmaceutical sales as they are the 'direct customers' for prescription medicines. They also indirectly influence OTC drug sales. Reading the doctor's mind and predicting his prescription patterns is thus a key factor when pharmaceutical companies plan their marketing communication and sales strategies. With this issue **Express Pharma** introduces a new column, **Doctor Factor**, in association with **Majestic MRSS**. The endeavour will offer insights and analysis based on targeted doctor surveys conducted by **Majestic MRSS** on disease and treatment trends. In this issue, **Majestic MRSS** focuses on eating disorders, as February is designated as **Eating Disorders Awareness Month**. The survey included diabetologists and nutritionists and threw up trends regarding diagnosis, treatment and counselling of eating disorders*

India is a land of paradoxes. On one hand, we find rampant malnourishment. Indeed, according to a recent report, 42 per cent of children less than five years of age are underweight and 59 per cent have stunted growth. And on the other hand, eating disorders (ED) like anorexia and bulimia, previously restricted to size zero bollywood actresses, are becoming more common in urban India as adolescents attempt to ape their role models. Contrary to previous trends, ED are not restricted to this age group either.

Across the world, the last fortnight in February is designated as Eating Disorder Awareness Week to increase awareness levels and remove the stigma associated with this complex combination of physical and mental illnesses. The increasing incidence of ED has considerable socio-economic significance as treatment is prolonged and if untreated could lead to tragic consequences.

ED refer to a group of conditions defined by abnormal eating habits that may involve either insufficient or excessive food intake to the detriment of an individual's physical and mental health. In India, there are three main types of ED: bulimia nervosa, anorexia nervosa and binge eating. Each type has common symptoms. MRSS surveyed 30 doctors from across the country, spanning specialities like diabetologists, dieticians and nutritionists in order to gauge awareness on the its warning signs and the reason behind the increasing incidence of ED.



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Anorexia

The term 'anorexia' literally means 'loss of appetite' but this is a misnomer. Anorexia nervosa is the condition where a person believes that he or she is fat, though in reality the person may be is very thin. ED are more common in young females than males. There are two subtypes of anorexia nervosa. In the restricting subtype, people maintain their low body weight purely by restricting their food intake and, possibly, by excessive exercise.

Binge eating disorder

The binge eating sub type of anorexia, refers to more than just occasionally overeating. It is a serious condition where a person has a tendency to eat excessive amount of food at regular intervals. People with binge eating disorder eat large quantities of food, even when already full or not hungry. It is the most common ED.

Bulimia nervosa

Bulimia nervosa is an eating disorder characterised by binge eating followed by an attempt to rid oneself of the food consumed, usually by purging (vomiting) and/or using laxatives, diuretics or excessive exercise to prevent weight gain.

Percentage of patients undiagnosed

Bulimia nervosa has two subtypes, purging and non purging, according to the methods used by patients to prevent weight gain after a binge. The purging subtype of bulimia is characterised by the use of self-induced vomiting, laxatives, enemas, or diuretics (pills that induce urination). In the non-purging subtype, fasting or over exercising is used to compensate for binge eating. Although genetic researchers have identified specific genes linked to susceptibility to eating disorders, the primary factor in the development of bulimia nervosa is environmental stress related to the onset of puberty. Girls who have strong negative feelings about their bodies in response to puberty are at high risk for developing bulimia.

Physician insights

A Delhi-based nutritionist described a female patient of 20 years whose bones were sticking out of her body. The patient used to constantly measure the amount of food intake and if it went slightly above her daily target, she would vomit to remove it from her body. When asked why she wanted to become more thin, she replied saying that she wanted to look more beautiful or else no one would like her. This is an example of anorexia

nervosa.

In contrast, a Kolkata-based nutritionist sees a number of severe obese children at her clinic. The reason being, having a healthy (almost overweight) child is a sign of prosperity among people in Kolkata. This can be a good example for binge ED.

The above examples show that ED have taken a huge toll in India and is no longer exclusively a western malady but more of an outcome of industrialisation along with socio-economic changes in the population.

As seen in the graph above, on an average, 50-70 per cent patients go undiagnosed in India. According to a Mumbai-based diabetologist, this is more severe than AIDS or cancer, since the awareness level is minimum, which is quite alarming as ED can lead to chronic health problems and in some cases may cause death. However, the silver lining in the grey cloud of ED is that it can be cured and all that is required is patience, care counselling therapy, family support and some medication with regular exercise and yoga.

A Delhi-based nutritionist sees that these days males are also suffering from ED. A Mumbai-based diabetologist believes that this is because of unhealthy eating habits due to high pressure corporate jobs. It is no longer restricted to any class or gender.

In this survey conducted with 30 diabetologists and nutritionists across India, it was observed that within the Indian population, females within the age group of 25-35 years were susceptible to suffer from EDs, which is rarely found

Age group risk (women)

in males. 27 out of 30 doctors believe that females are at more risk of EDs since vanity is more important in their lives. This survey gave some insights into how manifestation of eating disorders differ in men and women. One of the major differences arises in the reason behind ED. For women it is more about how they look, it's more of a conscious effect to be thin. In men it is more due to a unhealthy lifestyle or unhealthy eating habits or work pressure. Interestingly across both categories most are unaware or not willing to admit that they suffer from ED. Admitting to having ED is the first step in the treatment path.

In the same survey, 28 doctors felt that the the top symptoms or warning signals for ED include depression, vomiting, obsession with diet followed in terms of being common symptoms. These are some of the warning signs that all doctors need to look out for since there are no tests currently available to determine the same. Other more subtle (not severe) warning signs are mood swings where the sufferers are more likely to

get depressed over trivial matters, display excessive tiredness, and are not willing to eat food in the presence of other people.

No one knows what actually causes ED, but personality, body image, and genetics may play a key role. A Delhi-based doctor said that the main causes for ED are the stressful long working hours of a corporate lifestyle, the pressure of working hard and looking good and unhealthy eating habits with 'fast food' as a major culprit.

The driving factors behind this disease could range from social problems to psychiatric illness. However, 24 out of the 30 doctors surveyed believe that family/social patterns and emotional/physiological problems are the top reasons for ED. Major life transitions have a strong link to ED, but it is not a very common factor. Other nutritionists spoke of the influence of Hollywood movies and actors, as well as models and social networking sites playing a key role in the increased incidence of ED.

Although not considered a very serious disease, 12 out of 30 doctors said that the major problem they face while treating ED patients is lack of adherence to counselling and proper diet. In many cases, patients lack family support and there is an inability on the part of the doctor to

Most common therapies

understand the root cause of the problem. Treatment can only start after the doctor is able to understand the root cause of the symptom (for instance, lack in self confidence, binge eating), and only then can this be cured. The survey revealed that cognitive behaviour therapy and interpersonal therapy are considered the most popular methods of therapy, followed by family therapy/family support. Although nutritional counselling plays an important role in the treatment pathway, the level of adherence to the diet is less and hence there are more chances of patients 'falling off the wheel.' Though most of the doctors surveyed prescribe SSRIs/antidepressants, multivitamins etc., counselling is ultimately the most important form of treatment. Lack of absence of ED specific counselling was found to be a major gap in the treatment pattern also. It was also felt that pharmaceutical companies should provide information booklets along with ED medication. 25 out of the 30 doctors surveyed feel that patients with EDs, need programmes along the lines of free patient counselling cells for HIV/AIDS, cancer and even diabetes present in most hospitals. This was felt to be more important since many doctors have observed a large increase in this disease among both males and females.

Pharma companies need to step up and conduct workshops or camps not for the patients but also for physicians and family

physicians in order to create awareness, so that the disease can be diagnosed at an early stage. According to some doctors surveyed, it is important to ensure early detection before it spreads its tentacles. Another Delhi-based nutritionist said that more development is required in this field in terms of drugs and therapies. A lot of counselling is required. Drugs which work on the hunger centre of the brain should be administered to patients, so when they feel hungry, these pills can be given to reduce their hunger.

However, medication has its limitations and does not have the ability to increase the individual's self confidence or bring them out of bouts of depression. As a diabetologist put it, "There is a gap to treat ED as this is no organic disorder, hence,

Important therapies

medicines do not have much role to play. But counselling and psychotherapy are very important while treating patients suffering from ED." Doctors had various opinions when asked how pharma companies can chip in to help patients suffering from ED. They were of the opinion that a new molecule for obesity needs to be discovered, which will have better compliance and less side effects. The ban on sorbitrate due to its side effects has left very obese patients no choice but to opt for surgery. A diabetologist mentioned that patients who take anti-obesity drugs can reduce their weight by not more than six to seven kilograms, but when they stop taking these drugs, they regain the weight lost. This weight regain is one of the reasons why anti-obesity drugs available in the market currently do not do as well, according to this diabetologist.

Nutritionists on the other hand feel that pharma companies need to be more responsible when manufacturing medicines. Along with medicines, booklets or pamphlets should be distributed where tips can be shared like what to eat and how to feel good.

There are a number of myths on ED, which needs to be busted.

- (I) EDs are not an illness and are by choice
- (ii) ED is a normal adolescent behaviour
- (iii) Recovery from ED is rare
- (iv) Only people of high socio economic status get ED
- (v) Achieving a normal weight means ED is cured
- (vi) eating disorders are hereditary.

Doctors are of the opinion that pharma companies can play an important role in this. By setting up camps, conducting free counselling and seminars, more information on ED can be shared. Hotline numbers are popular among the specialists, where patients can be counselled while providing anonymity. 28

out of 30 doctors surveyed felt that the medications should be more effective with a reduction in side effects like feeling of sedation, tiredness etc.

The media can also play an important role in spreading awareness about ED. The medical fraternity who participated in this survey observed an increased awareness of ED among colleagues and society. This could be increased with the help of media (TV and radio being the most popular and effective modes), holding camps in college campus' which provide free counselling and checkups. Above all, it is important for families and parents to ensure that their children understand that they are beautiful as they are and do not require a 'size zero' figure to gain acceptance in society. As they say, it is always mind over body.

Disclaimer: *Statements and opinions expressed in this article are those of doctors (diabetologists, nutritionists) across urban cities(Delhi, Mumbai, Hyderabad, Chennai, Kolkata, Bangalore). While every care has been taken in the compilation of this information, the authors will not be responsible for any claim, loss, damage or inconvenience caused as a result of any information within these pages*

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