The changing faces of anorexia nervosa

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More than half of all adolescents report abnormal eating behaviours. Restrictive eating disorders in adolescence affect one in fifty teenagers, and occur as a result of external factors (such as peers, the media and culture) as well as internal factors (for example, mood and personality traits). Anorexia nervosa (AN) is an eating disorder characterised by weight loss due to restricting and/or purging eating behaviours, a distorted body image and a preoccupation with food, as well as menstrual disturbance. One in 200 teenage girls between 15 and 19 years of age are affected by anorexia nervosa.

In the past, anorexia nervosa has been commonly perceived as almost exclusively a disorder affecting Western, middle-class females. This retrospective study examines the representation of female adolescents from non-English-speaking backgrounds in a hospital sample of patients diagnosed with anorexia nervosa.

Method

This study included all adolescent females, aged between 15 and 19, presenting with anorexia nervosa to Westmead Hospital, Sydney, between January 1997 and November 1998. The study involved a medical record review with follow-up inquiries. Calls were made to the individuals and permission was obtained from parents to supplement medical record data. Requested information included country of birth (of both the child and the parents), language spoken at home, and postcode. The data were compared to demographic statistics for the Western Sydney Area (WSA) available from the Australian Bureau of Statistics 1996 census.

Results

Total population of the Western Sydney Area, based on the 1996 census, is estimated at 622,350. Just over half (55%) are female, of whom 23% are adolescents (Meares et al., 1998). With 1:200 adolescents suffering from anorexia nervosa, the expected prevalence of anorexia nervosa in this sample is 197, and the expected incidence, 45.
The total number of patients with anorexia nervosa was 56. Based on the figures above, approximately sixty per cent of adolescent girls with this condition in the Western Sydney Area presented at Westmead Hospital. Of the total of 56 patients, 27 lived within the Western Sydney Area and 29 lived outside it. Eight patients were lost to follow up. Of the 48 patients with complete data, 23 were from the Western Sydney Area, while 25 were non-WSA.

Of the 23 patients from Western Sydney Area, only two were born overseas (the United Kingdom and Poland, respectively). Three of the 23 adolescents spoke a language other than English — two spoke Mandarin and one spoke Polish. Eleven of the 23 adolescents had one or more parents born overseas (all of these parents were born in non-English speaking countries) and 12 of the 23 had Australian-born parents. When this was compared to 1996 census data, the proportion of Australian-born parents in the Western Sydney Area is represented in the anorexia nervosa population, whereas the parents from European and Asian backgrounds were over-represented in the anorexia nervosa population (see Figure 1: Region of birth (parents)).

Discussion

Western culture has influenced the presentation of anorexia nervosa (Dawkins, 1995) with a much lower incidence reported in non-Western societies (Button, Reveley & Palmer, 1998; Pike & Walsh, 1996) and has led to eating disorders being referred to as a culture-bound syndrome (Crago, Shisslak & Estes, 1996). Some studies report that fewer than five per cent of patients with anorexia nervosa are non-Caucasian (Pike & Walsh, 1996).

This study reports that 11 of 23 adolescents with anorexia nervosa had one or more parents born overseas. Two cultural regions, namely Asia and Europe, appear to be over-represented in the anorexia nervosa population. It is of interest to note that no young people (from the Western Sydney Area) were from Middle-Eastern backgrounds, whereas they constitute a significant proportion of the Western Sydney Area population. These findings imply that there is no cultural immunity to the development of eating disorders.

This study also illustrates that the children of parents born in a culture where anorexia nervosa is unusual, may develop the condition once they move to, or are born in, an anorexic-prone culture. This is analogous to Japanese migrants who have a low risk of heart disease in Japan, but who develop a risk of heart disease similar to other Americans after moving to the USA.

While this study does 'demystify' the classification of anorexia nervosa as 'a disease affecting white middle-class females', it was subject to certain limitations and bias. Only sixty per cent of the expected case prevalence was identified in studying only those adolescents presenting to Westmead Hospital. The medical
REGION OF BIRTH (PARENTS)

Anorexia Nervosa (n = 23)
- Other: 13%
- Middle East: 3%
- Europe: 10%
- Asia: 17%
- Australia: 53%

Western Sydney Area (n = 622,350)
- Australia: 64%
- Asia: 10%
- Europe: 10%
- Middle East: 0%

Fig. 1: The region of parents’ birth for anorexia nervosa patients compared with Western Sydney Area (1966 census)
records of other public and private hospitals were not examined. For financial
reasons, less affluent sectors of the community, such as immigrant populations, may
well present to Westmead Hospital, a public hospital, in preference to private
medical and psychiatric services.

Anorexia nervosa is also recognised in our community as a 'mental illness'. This
stigma represents a barrier to seeking professional support among a number of ethnic
cultures. This factor may explain the absence of individuals presenting from com-
munities less well established in Western Sydney, such as the Arabic community.

Conclusion

The relationship between eating disorders and culture is complex and cannot be
explained in terms of cultural stereotypes alone. This study shows that children of
parents born in a culture where anorexia nervosa is uncommon or unusual may have
an increased risk of developing the disease when born into, or when entering, a
culture where it is common. Clinicians need to be aware that cultural immunity to
anorexia nervosa appears to be a myth.

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