

Eating disorders – where do we stand?

Eating disorders (EDs) such as anorexia nervosa (AN) and bulimia nervosa (BN) have increased greatly over the past decade in western societies (EDFV, 2008; WHQW, 2008). The prevalence rates of AN and BN affect 2-3% of the Australian population (EDFV, 2008), with at least 15% of Australian university students exhibiting disordered eating behaviours (Kenny & Adams, 1994). However, a large percentage of undergraduates who experience ED symptoms and high levels of distress, remain undiagnosed as the severity of their symptoms does not reach clinical levels (Cohen & Petri, 2005).

The multifaceted nature of EDs has shown that manualised treatments have had limited efficacy in treating subthreshold symptoms and that personalised treatment formulations targeting individual, familial and social factors are needed (Wilson, 2005). A number of researchers have proposed that a combination of interacting mechanisms such as low self-esteem and negative affect including depression, anxiety and stress, are potential risk factors for developing an ED (Fairburn, Cooper & Shafran, 2003). Other research has suggested that inadequately developed coping skills and emotion regulation and management are also linked to the development of ED symptoms (Clyne & Blampied, 2004; Paxton & Diggins, 1997). Emotion regulation processes are used by individuals to recognise, monitor, evaluate and modify emotional reactions. Impaired emotion regulation can lead to difficulties interacting with others and the incapacity to effectively deal with aversive mood states. In response to managing negative affect, reliance on maladaptive coping strategies such as restricting food intake and binge eating is used (Clyne & Blampied).

The university environment serves as a catalyst for increasing an individual's likelihood of developing an eating disorder due to emphasis on competition, motivation and attractiveness (Kenny & Adams, 1994). The additional stressors an individual experiences at university may exacerbate their predisposition to developing an eating disorder (Kilbert, Langhinrichsen-Rohling & Saito, 2005). Unfortunately, there is a paucity of research examining the subclinical population in the university environment; additional research is necessary to further understand the aetiology of eating disorders as well as aid the development of treatment improvements.

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