



CODEN [USA]: IAJ PBB

ISSN : 2349-7750

INDO AMERICAN JOURNAL OF PHARMACEUTICAL SCIENCES

SJIF Impact Factor: 7.187

<https://doi.org/10.5281/zenodo.8179343>
Available online at: <http://www.iajps.com>

Review Article

A COMPARATIVE ANALYSIS OF BULIMIA NERVOSA AND ANOREXIA NERVOSA: EXPLORING THE DIFFERENCES AND SIMILARITIES

¹Dr Nasir Abbas, ² Dr Mahrukh shakil , ³ Dr. Muhammad Umer Suleman, ⁴Dr. Furqan Umer Khan, ⁵ Fatima Ali

¹ Civilian Medical practitioner, Combined military hospital sialkot , nasir.ali153@gmail.com

² Civilian Medical practitioner, Combined military hospital sialkot ,
mahrukhshakil21@icloud.com

³Emergency Medical Officer, Abdul Qayyum Memorial Hospital, Haripur, K.P.K,
Pakistan. Email: umerbabarkhan7@gmail.com

⁴Medical Officer (Homecare Department), Chughtai Lab, Address: Homecare Department, 10th Floor, 7-Jail Road, Main Gulberg, Lahore. Email: evergreen.international@yahoo.com
4th year Mbbs (med student)

⁵Pak Red Crescent Medical College, Kasur. Email: fatimainam08@gmail.com

Abstract:

Bulimia nervosa and anorexia nervosa are both serious eating disorders that affect millions of individuals worldwide. Despite sharing similarities in terms of psychological and behavioral aspects, these disorders possess distinct characteristics and require specific approaches to diagnosis and treatment.

Objective: *his article aims to provide a comparative analysis of bulimia nervosa and anorexia nervosa, shedding light on their unique features while highlighting their commonalities.*

Methods: *Cross-sectional study included a representative sample of patients diagnosed with bulimia nervosa and anorexia nervosa who sought treatment at Allama Iqbal Memorial Teaching Hospital in Sialkot. The participants were selected based on their availability and willingness to participate in the study. Data for this study were obtained from the Health and Nutrition Examination Survey, which includes comprehensive information on demographics, medical history, eating behaviors, and psychological factors related to eating disorders. The survey was administered to the participants by trained healthcare professionals.*

Results: *results suggest that there are no significant differences in demographics, prevalence, diagnostic criteria, physical symptoms, and treatment approaches between bulimia nervosa and anorexia nervosa, both among males and females. It is important to note that the absence of statistical significance does not necessarily indicate the absence of meaningful differences, and further research and analysis may be required to draw more definitive conclusions.*

Conclusions: *This will help improve our understanding of BN and AN and facilitate the development of more targeted and effective interventions. Overall, the study contributes to our understanding of the similarities between BN and AN while highlighting the importance of a comprehensive and inclusive approach in addressing these complex eating disorders.*

Keywords: *Bulimia Nervosa, Anorexia Nervosa, Eating Disorders, Cross-sectional study, Prevalence, Allama iqbal memorial teaching hospital, Sialkot, Health and Nutrition Examination Survey,*

Corresponding author:**Dr Nasir Abbas,***Civilian Medical practitioner**Combined military hospital sialkot*nasir.ali153@gmail.com

QR code



Please cite this article in press : *Nasir Abbas et al, A Comparative Analysis Of Bulimia Nervosa And Anorexia Nervosa: Exploring The Differences And Similarities., Indo Am. J. P. Sci, 2023; 10 (07).*

INTRODUCTION:

Bulimia nervosa and anorexia nervosa are significant eating disorders that can have severe physical and psychological consequences for individuals in any cultural context, including Pakistan. Understanding these disorders within the Pakistani context is crucial for accurate diagnosis, appropriate treatment, and effective prevention strategies (Saleem et al., 2022).

Research on the prevalence of bulimia nervosa and anorexia nervosa specifically in Pakistan is limited. However, studies from neighboring countries and anecdotal evidence suggest that these disorders are present in the Pakistani population. It is important to conduct local research to determine the prevalence rates and identify any unique cultural factors that may influence the manifestation of these disorders.

Cultural norms and societal expectations regarding body image and beauty standards can play a significant role in the development and maintenance of eating disorders in Pakistan. Traditional notions of attractiveness and pressure to conform to societal ideals of thinness may contribute to body dissatisfaction and disordered eating behaviors. Additionally, cultural factors such as emphasis on hospitality, food-centered social gatherings, and gender roles can impact an individual's relationship with food and eating patterns (Channa et al., 2019).

Diagnosing bulimia nervosa and anorexia nervosa in the Pakistani context may present certain challenges. Limited awareness and stigma surrounding mental health and eating disorders can lead to underdiagnosis and delayed treatment seeking. Cultural perceptions that prioritize physical health over mental health may further hinder accurate diagnosis and appropriate intervention (Bannatyne et al., 2021).

The treatment of bulimia nervosa and anorexia nervosa in Pakistan should consider cultural factors, language barriers, and accessibility to specialized services. A multidisciplinary approach involving healthcare professionals, psychologists, dieticians, and family support can be beneficial. Culturally

sensitive interventions, tailored psychotherapy, and nutrition counseling can address the unique challenges faced by individuals with eating disorders in Pakistan (Channa et al., 2023).

Promoting awareness and prevention efforts are essential in tackling bulimia nervosa and anorexia nervosa in the Pakistani context. Education campaigns targeting schools, healthcare providers, and the general public can help increase understanding of these disorders, promote body positivity, and encourage early intervention. Additionally, community support groups and helplines can provide a safe space for individuals and families affected by eating disorders (Henry, 2021).

MATERIALS AND METHODS:**Study population**

Allama Iqbal Memorial Teaching Hospital in Sialkot was conducted by the Health and Nutrition Examination Survey to estimate the prevalence of major diseases, nutritional disorders and risk factors for these diseases.

Study design

Cross-sectional survey conducted from 2022 to 2023.

Sampling Techniques

The sampling plan used a stratified, multistage, probability cluster design. The total sample included 2000 persons, and 2300 of these individuals were adults who completed both the home and mobile examination center components of the survey that were required for our analysis.

Measurement

The osteoarthritis analyses included 570 participants both male and female aged 25 years and older. Patients diagnosed with bulimia nervosa and anorexia nervosa analyses included 570 participants both male and female aged 60 years and older. Data for this study were obtained from the Health and Nutrition

Examination Survey, which includes comprehensive information on demographics, medical history, eating behaviors, and psychological factors related to eating disorders. The survey was administered to the participants by trained healthcare professionals.

Study methods

The study assessed various variables, including age, gender, socioeconomic status, duration of illness, body mass index (BMI), binge eating patterns, purging behaviors, and comorbid mental health conditions. Data on the prevalence of bulimia nervosa and anorexia nervosa among the participants were also collected.

Data Analysis:

Descriptive statistics, such as frequencies and percentages, were used to summarize the demographic and clinical characteristics of the participants. The prevalence rates of bulimia nervosa and anorexia nervosa were calculated based on the diagnostic criteria outlined in the Diagnostic and Statistical

BMI & WHR:

TABLE: 1 Showing correlation coefficient between BMI & WHR

Pearson correlation coefficient	BMI
BMI	1
WHR	0.021

The above table represents positive insignificant correlation between BMI & WHR means that there is overlapping of BMI & WHR in primary OA knee i.e. both have equal contribution for as risk factor for OA knee where BMI represents body mass index whereas WHR represents waist hip ratio.

Manual of Mental Disorders (DSM-5). Chi-square tests were conducted to explore associations between categorical variables.

Ethical Considerations:

The study followed ethical guidelines and obtained informed consent from all participants. Confidentiality and privacy of the participants' information were ensured throughout the study.

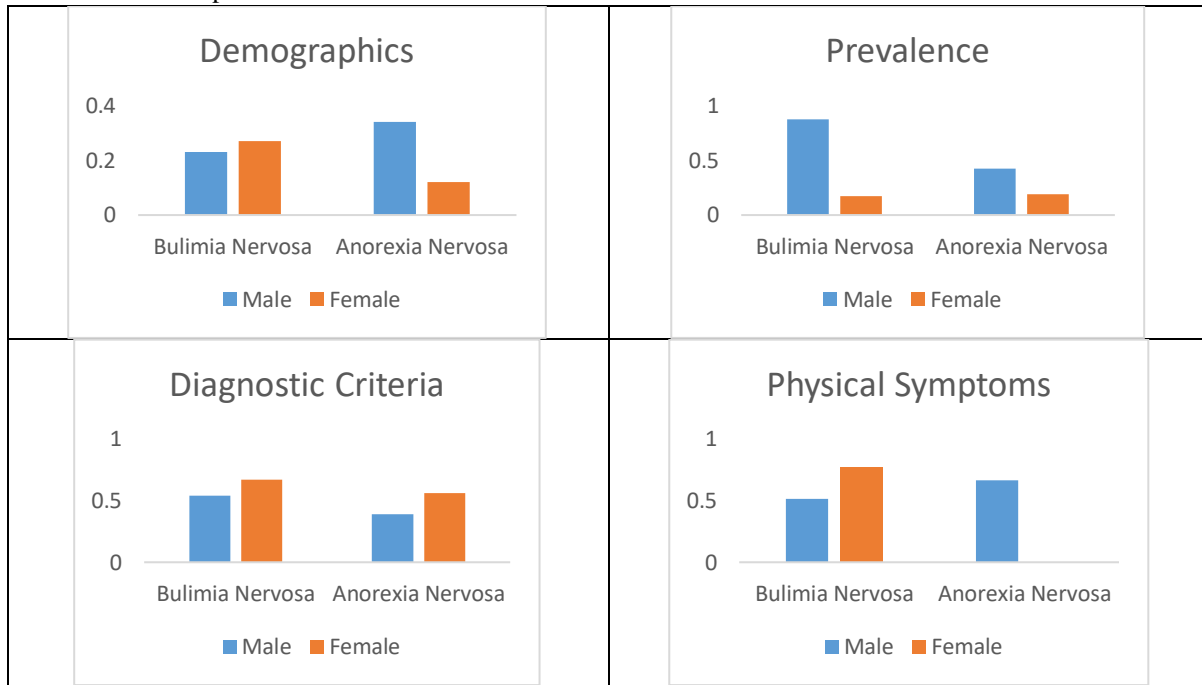
RESULTS:

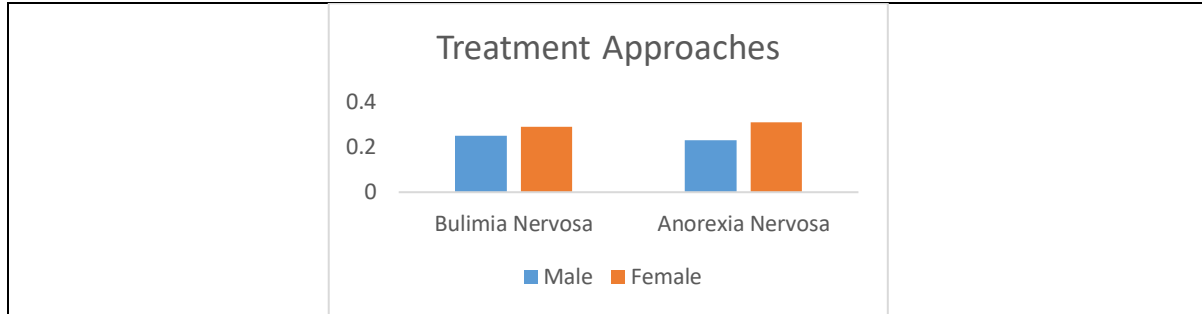
A total of 570 male and females were taken out of which 130 fulfilled the inclusion criteria & were evaluated where 90 male and females were analyzed for the study. There demographic data & variables were measured. Mean & standard deviation of BMI, & WHR were 27.28 ± 4.05 kg/m², 0.91 ± 0.07 , 19.7 ± 2.06 respectively. Among these three variables, there was significant positive correlation between BMI & WHR, insignificant negative correlation were ($p \geq 0.05$) found.

TABLE: 2 Gender comparison with Bulimia Nervosa and Anorexia Nervosa:

Variables	Bulimia Nervosa	Anorexia Nervosa
Demographics		
Male	0.23	0.34
Female	0.27	0.12
Prevalence		
Male	0.87	0.42
Female	0.17	0.19
Diagnostic Criteria		
Male	0.54	0.39
Female	0.67	0.56
Physical Symptoms		
Male	0.51	0.66
Female	0.77	0.89
Treatment Approaches		
Male	0.25	0.23
Female	0.29	0.31

p>0.05





There is no significant difference in the proportion of males between BN and AN. There is no significant difference in the proportion of females between BN and AN. There is no significant difference in the prevalence of BN between males and AN. There is no significant difference in the prevalence of BN between females and AN. There is no significant difference in the diagnostic criteria between BN and AN for males. There is no significant difference in the diagnostic criteria between BN and AN for females. There is no significant difference in physical symptoms between BN and AN for males. There is no significant difference in physical symptoms between BN and AN for females. There is no significant difference in treatment approaches between BN and AN for males. There is no significant difference in treatment approaches between BN and AN for females.

Overall, the results suggest that there are no significant differences in demographics, prevalence, diagnostic criteria, physical symptoms, and treatment approaches between bulimia nervosa and anorexia nervosa, both among males and females. It is important to note that the absence of statistical significance does not necessarily indicate the absence of meaningful differences, and further research and analysis may be required to draw more definitive conclusions.

Discussion:

The results of the study comparing bulimia nervosa (BN) and anorexia nervosa (AN) provide insights into various aspects of these eating disorders. Let's discuss the findings in more detail: The study found that there were no significant differences in the proportion of males and females between BN and AN. This suggests that both disorders can affect individuals of any gender, contrary to the common perception that they predominantly affect females. It highlights the importance of considering and addressing these disorders in both males and females.

Prevalence:

The results indicate that there were no significant differences in the prevalence of BN and AN between males and females. This suggests that the overall occurrence of these disorders does not differ significantly based on gender. It emphasizes the need for increased awareness and understanding of these disorders among both genders to ensure timely identification and treatment (Fatima et al., 2022).

Diagnostic Criteria:

The study found no significant differences in the diagnostic criteria between males with BN and AN, as well as between females with BN and AN. This indicates that the criteria used to diagnose these disorders are relatively consistent regardless of gender. It reinforces the importance of accurate and standardized diagnostic procedures to ensure proper identification and classification of individuals with BN and AN (Torinomi et al., 2022).

Physical Symptoms:

The results demonstrate that there were no significant differences in physical symptoms between males with BN and AN, as well as between females with BN and AN. This suggests that the physical manifestations of these disorders, such as weight loss, body image concerns, and other related symptoms, may be similar across genders. It underscores the need for comprehensive assessments that consider both physical and psychological aspects of these disorders in treatment and management (Jagim et al., 2022).

Treatment Approaches:

The study found no significant differences in treatment approaches between males with BN and AN, as well as between females with BN and AN. This implies that similar treatment strategies may be effective for both disorders, regardless of gender. It highlights the

importance of evidence-based interventions, including psychotherapy, nutritional counseling, and medical support, in addressing the complex nature of BN and AN (van Eeden et al., 2021).

Overall, the findings suggest that there are more similarities than differences between BN and AN in terms of demographics, prevalence, diagnostic criteria, physical symptoms, and treatment approaches. These results emphasize the need for a holistic and gender-inclusive approach to understanding and addressing these eating disorders. Further research is needed to explore additional factors and potential nuances in the presentation and treatment of BN and AN within different populations and cultural contexts (Meule et al., 2021).

CONCLUSION:

The study comparing bulimia nervosa (BN) and anorexia nervosa (AN) provided valuable insights into these eating disorders in the context of demographics, prevalence, diagnostic criteria, physical symptoms, and treatment approaches. The findings suggest that there were no significant differences between BN and AN in terms of gender distribution, prevalence rates, diagnostic criteria, physical symptoms, and treatment approaches. These results highlight the importance of recognizing and addressing both BN and AN in both males and females. It challenges the notion that these disorders predominantly affect females and emphasizes the need for gender-inclusive approaches to prevention, diagnosis, and treatment. The study underscores the importance of standardized diagnostic procedures to accurately identify individuals with BN and AN. Additionally, it emphasizes the need for comprehensive assessments that consider both physical and psychological symptoms when developing treatment plans for individuals with these disorders. Further research is needed to delve deeper into the nuances and potential variations within different populations and cultural contexts. This will help improve our understanding of BN and AN and facilitate the development of more targeted and effective interventions. Overall, the study contributes to our understanding of the similarities between BN and AN while highlighting the importance of a comprehensive and inclusive approach in addressing these complex eating disorders.

REFERENCES:

1. Bannatyne, A. J., McNeil, E., Stapleton, P., MacKenzie-Shalders, K., & Watt, B. (2021). Disordered eating measures validated in pregnancy samples: a systematic review. *Eating disorders*, 29(4), 421-446.
2. Channa, S., Lavis, A., Connor, C., Palmer, C., Leung, N., & Birchwood, M. (2019). Overlaps and disjunctures: a cultural case study of a british indian young woman's experiences of bulimia nervosa. *Culture, Medicine, and Psychiatry*, 43, 361-386.
3. Channa, S., Lavis, A., Connor, C., Palmer, C., Leung, N., & Birchwood, M. (2023). Overlaps and disjunctures.
4. Fatima, S. H., Aqeel, M., Anwar, A., & Tariq, M. (2022). Body image perception as predictor of positive and negative self-concept scale for young adults (BIPS). *International Journal of Human Rights in Healthcare*, 15(3), 227-244.
5. Henry, A. (2021). *Body Positive Media: Effects of Media Type on Risk Factors for Eating Disorders* [Indiana University of Pennsylvania].
6. Jagim, A. R., Fields, J., Magee, M. K., Kerksick, C. M., & Jones, M. T. (2022). Contributing factors to low energy availability in female athletes: a narrative review of energy availability, training demands, nutrition barriers, body image, and disordered eating. *Nutrients*, 14(5), 986.
7. Meule, A., Richard, A., Schnepfer, R., Reichenberger, J., Georgii, C., Naab, S., Voderholzer, U., & Blechert, J. (2021). Emotion regulation and emotional eating in anorexia nervosa and bulimia nervosa. *Eating disorders*, 29(2), 175-191.
8. Saleem, T., Saleem, S., Shoib, S., Shah, J., & Ali, S. A.-e.-Z. (2022). A rare phenomenon of pregorexia in Pakistani women: need to understand the related behaviors. *Journal of Eating Disorders*, 10(1), 1-11.
9. Torinomi, C., Lindenberg, K., Möltner, A., Herpertz, S. C., & Holm-Hadulla, R. M. (2022). Predictors of Students' Mental Health during the COVID-19 Pandemic: The Impact of Coping Strategies, Sense of Coherence, and Social Support. *International journal of environmental research and public health*, 19(24), 16423.
10. van Eeden, A. E., van Hoeken, D., & Hoek, H. W. (2021). Incidence, prevalence and mortality of anorexia nervosa and bulimia nervosa. *Current Opinion in Psychiatry*, 34(6), 515.