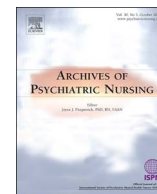




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## Eating Behaviors and Related Factors in Psychiatric Patients

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## ABSTRACT

The aim of this study was to determine the risk of eating disorders and associated risk factors in individuals with psychiatric disorders. Patients who were hospitalized in a psychiatry clinic of the university hospital between the dates of February 2014 and July 2014 constitute sample for the study. The study sample consisted of a total of 216 patients. Data were collected using a questionnaire form and the Eating Attitude Test.

The mean age of the patients was  $37 \pm 0.5$ , and 56.9% of the patients were female. Problems in eating behavior were observed in 11.6% of the patients, and a statistically significant relationship was found between the risk of eating disorders and diagnosis, gender, exercise and self-perception of weight.

The risk of eating disorders was more frequently observed in patients diagnosed with depression, in female patients with a self-perceived weight problem and do not exercise.

## Introduction

Psychiatric disorders occur in all regions and cultures of the world with the most prevalent being depression and anxiety which are estimated to affect nearly one in ten people on the planet (676 million people) (WHO, 2016). In addition, out of ten diseases which cause disabilities the most in the world and our country, five diseases (depression, schizophrenia, bipolar disorder, problems related to alcohol, obsessive compulsive disorder) are psychiatric disorders (Kiliç, 1998; Murray et al., 2013; Vos et al., 2013). Besides the routine treatment of the disorder, determining the problems in psycho-physiologic scope and appropriate interventions are important in diminishing the developed disabilities as a result of psychiatric disorders. One of the basic important problems individuals with psychiatric disorders experience in psycho-physiologic scope is related to nutritional behavior.

The eating attitude may differ depending on the period of life or diseases. The most important factors negatively affecting the eating attitude of patients are the nature of the psychiatric disorder and the treatment process itself (Balcioglu and Başer, 2008; Eraslan, Öztürk, Kayahan, Zorlu, and Veznedaroglu, 2006; Higgins, Daly, Lipson, and Guo, 2006; Potter and Perry, 2009; Taylor, Lillis, and Le Mane, 2011). It has been stated in the literature that with the increase of symptoms, eating attitude pathologies increase in patients with obsessive

compulsive disorder, eating pattern is being disrupted by negative symptoms such as paranoia, apathy, social isolation and sedentary life in patients with diagnosis of schizophrenia and eating attitude is being altered by sleep problems, change of appetite and uncontrolled food consumption in patients with diagnosis of depression (Balcioglu and Başer, 2008; Cserjési, Luminet, Poncelet, and Lénárd, 2009; Özsoylar, Sayin, and Candansayar, 2008).

Psychiatric disorders and their treatment processes might alter nutrition habits and behaviors and cause changes – generally increases – in appetite and body weight during treatment of the psychiatric disorder (Balcioglu and Başer, 2008; Eraslan et al., 2006; Higgins et al., 2006; Potter and Perry, 2009; Taylor et al., 2011). First, an increase in appetite is generally experienced during the psychiatric treatment process. This side effect, of which development and time of occurrence is difficult to predict, results in obesity, and, in some cases, causes cessation of the treatment despite its effectiveness. Weight gain in psychiatric disorders does not occur only as a side effect of anti-psychotics, but also as a consequence of the lifestyle and treatment circumstances of the patients. Hospitalization, decreases physical activity and energy consumption. On the other hand, due to factors such as apathy or anhedonia, patient's control over their eating behavior might decrease or they might develop a habit of eating carbohydrate-rich food due to economical

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insufficiency (Eraslan et al., 2006; Kurtzthaler and Fleschacker, 2001; Lakhan and Vieira, 2008).

Weight gain not only affects the psychiatric treatment process, but also increases the risk for the development of various chronic diseases such as diabetes, cardiovascular diseases, respiratory diseases (Beyer, Kuchibhatla, Gersing, and Krishnan, 2005; Eraslan et al., 2006; Hardy and Gray, 2010; McCreadie, 2003; Sagman, Lee, Chandresena, Jones, and Brunner, 2010). In a study of Druss et al. (2009) done with psychiatry patients as comorbid, there are hypertension (45.6%), diabetes (33.8%), periodontal diseases (32.4%) and gastrointestinal system diseases (18.6%) in patients. Also in the study of Brown, Barraclough and Inskip (2000) it has been seen that in patients with diagnosis of schizophrenia, nutrition and metabolism diseases are at the rate of 13.6%, diabetes 4.3%, circulatory system diseases 13.0%, nervous system and sense organs 10.7% and musculoskeletal system and its traumatization 10.7%. In other studies, done for determining medical diseases of psychiatry patients treated inpatient, it has been stated that the rate of incidence of cardiovascular diseases is 20.4% (Cimpean, Torrey, and Green, 2005) and the rate of incidence of diabetes is 14.2% (Heiskanen, Niskanen, Lyytikäinen, Saarinen, and Hintikka, 2003). Besides, it has been indicated that, along with obesity, excessive eating and unhealthy nutrition, it increases the risk of mortality (Balcioglu and Başer, 2008; Leung, Xiong, Leamon, McCarron, and Hales, 2010). Individuals with chronic psychiatric disorders are estimated to die 25 years earlier than the general population (Colton and Manderscheid, 2006).

Eating disorders, which are characterized by serious problems in eating behaviors and are a group of psychiatric disorders that might result in death, can be seen as comorbidities in psychiatric patients (Fairburn and Harrison, 2003; Fontenelle et al., 2003; Godart et al., 2006; Halmi, 2003; Mason et al., 2016; Turner, Marshall, Wood, Stopa, and Waller, 2016). In a meta-analysis study done by Arcelus, Mitchell, Wales, and Nielsen, 2011, it has been stated that the death rates of anorexia nervosa, which emerges as a comorbidity of psychiatric problems, are 5.1 per 1000 people, 1.7 in bulimia nervosa and 3.3 in undefined eating disorder. In a study of Button, Chadalavada, and Palmer (2010), it has been found that the death rates of anorexia nervosa are 10 times more than the death rates of other eating disorders. They might occur as comorbidities with many psychiatric disorders, especially mood disorders, anxiety disorders, substance-use disorders, and personality disorders (Sansone and Sansone, 2010; Spindler and Milos, 2007).

Because of the nature of psychiatric disorders and the drugs that make the individual vulnerable to various metabolic and cardiovascular disorders, it is important that the patients who require psychiatric pharmacotherapy are evaluated and followed in terms of endocrinology, metabolism, and nutrition. At this point, psychiatry nurses should be able to evaluate not only the psychiatric aspects of the patients but also the physical aspects, and should be able to provide the proper care and training (Lakhan and Vieira, 2008; Tsai, Chou, and Chang, 2011).

Though there are studies determining the eating attitude of individuals with psychiatric disorder, they generally are one diagnosis oriented. However, nutrition behavior may change in accordance with the nature of disease in different psychiatric diagnoses. There are not enough studies on the physical health of chronic psychiatric patients in Turkey. Also weight is an important problem, although it is highly neglected in psychiatric diseases. Patients being not able to express themselves well and prejudiced attitude of some healthcare staff contribute to this situation (Druss et al., 2009). The aim of this study was to determine the risk of eating disorders and associated risk factors in individuals with psychiatric disorders. The results of the study will provide evidence regarding the risk of eating disorders of individuals with psychiatric disorders.

## Methods

### Design

This descriptive, cross-sectional, and correlational study was conducted between February 2014 and July 2014 in the outpatient and inpatient services of a psychiatry clinic at a university hospital in Turkey.

### Research questions

1. What are the types of nutrition for psychiatric patients?
2. What are the factors affecting the types of nutrition for psychiatric patients?
3. What is the prevalence of eating disorder risk in psychiatric patients?
4. Is there a correlation between the risk of eating disorders and individual characteristics?
5. Is there a correlation between the risk of eating disorders and disease characteristics?

### Participants

The universe of the study included people with psychiatric disorders admitted to our clinic between February 2014 and July 2014 ( $n = 734$ ). According to the evaluation of the sample calculation of the known universe, when the psychiatric disease occurrence rate was accepted as 18% (Mental Health Action Plan), it was decided that the sample group would consist of at least 174 individuals with psychiatric disorders. The data of this study recruited 216 people with psychiatric disorders based on the selection criteria.

### Inclusion criteria

Individuals with psychiatric disorders not in the acute episode, between the ages of 18 and 65; patients are required not to have any visual impairment which prevents them from seeing the survey questions; patients are required to be open to communication and willing to participate in the study.

### Exclusion criteria

Individuals with eating disorders, mental retardation, personality disorders, or a physical problem that prevents nutrition; patients who are not able to give their informed consent due to an inability or competence of will.

### Ethical considerations

The study was approved by ethical board of the Istanbul University Cerrahpasa Faculty of Medicine (Reference No. 06.03.2014/83045809/02–6017). The patients and their families were informed about the study. Written consent was obtained from the patients. All participants were informed that all data would be kept confidential.

### Procedure and data collection

Data for the study were collected using a questionnaire form and the Eating Attitudes Test (EAT). The investigators contacted the clinics and informed them about the study. People with psychiatric disorders were invited to participate in the study. Then, they filled out the questionnaire form and the EAT. Additional explanations were offered to the participants for the questions that were difficult to understand. In the study, interviews were done in person and took approximately 20–30 min.

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