

## Original Research Article

### Determining Orthorexia Nervosa Tendency Among the Students of Health Sciences

Faculty: The Case of Artvin Coruh University

Short title: Orthorexia Nervosa Tendency

#### ABSTRACT

Eating disorders is a general term used for grouping all the problems related to eating attitudes under one title and for expressing these problems. Orthorexia Nervosa (ON), also known as “obsession of healthy eating” recently happened to be the research topic of clinicians worldwide. In this study, it was aimed to evaluate the tendency of ON among university students. The research population was comprised of 379 university students in the departments of nutrition and dietetics ~~with and~~ nursing. The data was collected by the survey form questioning some of the socio-demographic and anthropometric properties of the students; ~~and as for the data collection tool,~~ ON tendency was determined by ORTHO-11 test and the information regarding anorexia and bulimia nervosa was gathered by “Eating Manner-Attitude Test (EAT-40). Mean age of the students was found as  $20.09 \pm 1.47$  years, mean body weight as  $60.55 \pm 10.01$  kg, and mean height as  $168.08 \pm 7.91$  cm. ~~According to calculated BMI values,~~ Mean BMI of the all participating students ~~was~~ found as  $21.6 \pm 2.12$  ~~kg/m<sup>2</sup>~~ as normal weight ( $18.5-24.9$ ). EAT-40 points of the girls was found to be statistically significantly higher in comparison to that of the boys ( $p < 0.05$ ). ORTHO-11 points of the male students were found to be statistically significantly higher as compared to that of female students ( $p < 0.05$ ). ~~(what the authors concluded according to results of the study? Below sentences are general informations but not the conclusion of this study!!~~ Eating disorders ~~will tend seemed~~ to ~~get~~ increase as long as the concepts of beauty, good look and appeal are based on low body mass index. We also believe that the young population who are most influenced by such popular ~~tendencies-trends~~ need to acquire truly healthy nutrition habits through training and increase their quality of life.

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36 **Keywords:** Eating Attitudes Test-40, ORTHO-11, University Students

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## 38 1.INTRODUCTION

39 Eating disorders is a general term used for grouping all the problems related to eating attitudes  
40 under one title and for expressing these problems. Eating disorders are among the diseases  
41 inherited from prehistoric times to the present, with a rapidly increasing prevalence. The  
42 change in aesthetic perception along with the concepts of weakness, attractiveness and  
43 slimness that affect the people psychologically has led to an increase in eating disorders. The  
44 fashion sense claiming that it is more attractive and beautiful to be thin and slim whereas  
45 overweight reflects an older and repulsive look is more effective on female population in  
46 particular [1,2].

47 Orthorexia Nervosa (ON), also known as “obsession of healthy eating” recently  
48 happened to be the research topic of clinicians worldwide. The term Orthorexia Nervosa was  
49 first used in 1997 and it consists of the combination of the words ‘orthos’ (correct,  
50 appropriate) and ‘orexia’ (appetite) of ancient Greek [3,4]. Bratman, the coiner of Orthorexia  
51 Nervosa, who also described himself as a patient in the process of healing orthorexia, stated  
52 that the intent of these patients was not slimness, unlike the other cases of eating disorders [5].  
53 Although ON is not categorized in the same group of eating disorders with anorexia nervosa  
54 and bulimia nervosa, as the diagnostic criteria are specified and more and more studies on  
55 ON are made, relevant information is getting accumulated [6]. Under the light of such  
56 information, ON is recognised as an eating disorder characterized by consumption of healthy  
57 foods, and it is regarded as a natural dietary consumption interfering in the personal life of the  
58 individual [7].

59 Actually, ON is not pathologic. However, as it turns into a kind of excessive or long  
60 term effort or as it leads to adverse effects in daily life, then healthy nutrition obsession can  
61 reportedly be regarded as a disorder associated with personality and behavioral dimensions as  
62 well [8]. In case of Orthorexia Nervosa, the individuals obsessively refrain from artificial  
63 colors and tastes, preservative agents, pesticide residues or genetically modified materials,  
64 unhealthy oils, salt/sugar containing nutrients and food having such ingredients. These people  
65 gradually develop their own rules and limit themselves with a peculiar dietary regimen [9].

66 Since the quality of the food of such people gradually overwhelm their private lives and social  
67 relations, the individuals with ON disorder become isolated and lonely in the course of time  
68 [10,11].

69 The obsession of eating healthy foods prevailing in all social groups have recently  
70 become more dominant particularly among young population. For this reason, in this study, it  
71 was **aimed to evaluate the prevalence of ON among university students.**

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## 72 2. MATERIALS AND METHODS

73 ~~This e-study was~~ cross-sectional ~~study and it~~ was conducted between March and May 2018,  
74 with the students of Health Sciences Faculty Nutrition ~~and~~ -Dietetics and Nursing Departments  
75 of Artvin Coruh University. There are 320 students in the Nursing Department and 260  
76 students in the Nutrition-Dietetic Department of the mentioned faculty. A total of 184  
77 students from Nutrition ~~and~~-Dietetic Department and 195 students from Nursing Department  
78 were included in the study. (How sample selection was performed? Why other students were  
79 excluded? Was there any exclusion criteria?) The research population was comprised of 379  
80 students in the first 4 classes of these departments. The surveys of totally 379 students were  
81 considered for assessment where 115 students were from 1st classes, 99 from 2nd classes, 121  
82 from 3rd classes and 44 from 4th classes, respectively. Written approval of the Ethics  
83 Committee of Artvin Coruh University was obtained before commencing the study. (Ethics  
84 Committe report number/date must be included) In the study, the data was collected by the  
85 survey form questioning some of the socio-demographic and anthropometric properties of the  
86 students; and as for the data collection tool, ON tendency was determined by ORTHO-11 test  
87 [12,13] and the information regarding ~~anorexia and bulimnia nervosa eating disorders~~ was  
88 gathered by "Eating ~~Manner~~ Attitude Test (EAT-40) [14].

89 "ORTHO-11 test" is an assessment scale comprising 15 items. The items are written in  
90 such a way that the answers can be expressed in a 4 grade format and in the present time. In  
91 the scale, the individuals are asked to express themselves by selecting one of the options of  
92 "always", "frequently", "sometimes" and "never" regarding frequency of the feelings  
93 described in the items. Each item is graded by one of the 1, 2, 3 and 4 points. One can get 15  
94 points at minimum and 60 points at maximum out of the test. As it can be understood, the  
95 ones favouring healthy eating, namely orthorexic ones, will get lower points out of this test.  
96 According to the result of the ORTHO-11 test, those whith 40 points and below are defined as  
97 "Orthorectic" (having extremely sensitive eating behaviors). Eating behavior is approaching  
98 normal as the score increases.

99 Eating Attitude Test (EAT-40) is a self-report scale composed of 40 items, developed  
100 for objective assessment of anorexia indications. The items are scored on a 6-point Likert-  
101 type scale. The items have taken the format of multiple-choice and 6-point scale as “always”,  
102 “frequently”, “usually”, “sometimes”, “seldom”, and “never”, in its second version. The  
103 assessment from pathology point of view is implemented by assigning 3 points for both  
104 extreme answers, and 2 and 1 points for other options. Total point is obtained by adding the  
105 points for each answers, and its minimum value is 40 whereas maximum is 120. The obtained  
106 point is proportional to eating disorder pathology. Thirty points and above imply risk for  
107 having eating disorder. In EAT-40 risk profiles, in case of EAT-40 total point is less than 21 it  
108 is regarded as low-risk, between 21-30 it is medium-risk and above 30 is high-risk.

109 BMI of the students were calculated in accordance with the formula “Body  
110 Weight/(Body Height)<sup>2</sup> (kg/m<sup>2</sup>)” based on the obesity classification of World Health  
111 Organisation, where data was obtained by the self-declaration of the participants regarding  
112 their weight and height [15].

### 113 2.1. Statistical Analysis

114 The data obtained from the questionnaire was evaluated by the SPSS (The Statistical Package  
115 for The Social Sciences) 20.0 program. In order to assess whether there is a difference  
116 between more than two or more group averages, ANOVA one-way sided variance analysis  
117 was used. In statistical analyses, in case where sample size proves inadequate, Pearson Chi-  
118 Square test results were used. In case of normally distributed variables, Independent Samples  
119 T-test was used, among parametric comparison tests.  $p < 0.05$  level was regarded as  
120 statistically significant.

## 121 3. RESULTS

122 Totally 379 students of Artvin Coruh University, Health Sciences Faculty participated in the  
123 study where 48.5% (n=184) were from Nutrition and Dietetics Department and 51.5%  
124 (n=195) were from Nursing Department (Table 1). Of the ~~included~~ students 75.2% (n=285)  
125 were girls and 24.8% (n=94) were boys. And 30.3% (n=115) were 1st class students, 26.1%  
126 (n=99) were 2nd, 31.9% (n=121) were 3rd and 11.6% (n=44) were 4 th class students.

127 The ages and the anthropometric data of the participating students are shown in Table  
128 2. Mean age of the students was found as  $20.09 \pm 1.47$  years, mean body weight as  
129  $60.55 \pm 10.01$  kg, and mean height as  $168.08 \pm 7.91$  cm. According to calculated BMI values,  
130 mean BMI of the all participating students is found as  $21.6 \pm 2.12$  ~~???~~ ~~ats~~ normal weight range

131 (18.5-24.9??). Of the ~~included~~ students, 14.0% (n=54) were found to be ~~slim??~~  
132 ~~underweight??~~ 73.6% (n=276) normal, 11.6% (n=45) ~~slightly obese ?? overweight?? (what~~  
133 ~~are the BMI ranges)~~ and 0.8% (n=4) obese. ~~Mean BMI of female students was found as~~  
134 ~~19.2±1.83?? with normal weight, while as 22.8±3.08 with normal weight in male students.~~

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135 ~~Meaning of the sentences must be corrected!!~~ Statistically significant difference was not  
136 determined between the BMI values of female and male students ( $p>0.05$ ). Mean ORTHO-11  
137 point of the university students was found to be  $38.00\pm 3.41$  and mean EAT-40 point was  
138  $17.92 \pm 7.76$  (Table 3). When we analyse EAT-40 points of the university students with  
139 respect to gender, it was  $21.62\pm 8.35$  in girls and  $14.22\pm 7.18$  in boys (Table 4). EAT-40 points  
140 of the girls was found to be ~~statistically~~ significantly higher in comparison to that of the boys  
141 ( $p<0.05$ ). ~~Orthorexia nervosa (what??) of the university students was analysed with respect to~~  
142 ~~gender and the male and female students were compared in regard to having nervosa risk??~~  
143 (Table 5). ORTHO-11 points of the male students were found to be ~~statistically~~ significantly  
144 higher as compared to that of female students ( $p<0.05$ ). In Table 6, the correlation between  
145 the EAT-40 and orthorexia nervosa of the university students were presented. As the points  
146 obtained in ORTHO-11 scale decrease, the affinity to disorder ~~(which disorder??)~~ increase,  
147 for this reason, although the correlation coefficient have negative values they were interpreted  
148 as positive, and assessments were implemented duely. As it can be seen in Table 6, a  
149 statistically significant difference was found between the university students having signs of  
150 eating disorders and displaying orthorexic signs ( $r=-.234, p<0.001$ ).

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151 ~~What were the percents of students exceeding cut of points of both tests (EAT 40 and Ortho~~  
152 ~~11). And how it was changed according to sex?~~

153 ~~What were the prevalence of ON and ED since the author aimed to determine the prevalence~~  
154 ~~of ON and ED.~~

155 ~~Correlations of BMI with Ortho-11 and EAT points might be valuable~~

#### 156 4. DISCUSSION

157 Media, dieticians and psychiatrists worldwide are drawing attention to a new type of eating  
158 disorder for a long time. ~~(ON has not been accepted as an eating disorder yet (APA 2015). It~~  
159 ~~is thought to be possibly an Obsessive Compulsive Disorder).~~ The individuals with orthorexia  
160 nervosa having the obsession of healthy eating spend a big deal of their time for thinking  
161 about their food, shopping, preparing and consuming the kind of food they consider healthy.  
162 The individual feels that his/her own type of eating manner is the only possible option and

163 his/her own choice ranks the topmost level in comparison to the other people [16,17].  
164 Gradually in time, the individuals with ON would even prefer a kind of hunger by their own  
165 strict dietary regimens and abstain from eating if they are not sure that the food is healthy.  
166 Food selection of the university students and their eating manners are influenced by various  
167 biological, psychological and sociocultural factors. In our study, healthy eating obsession of  
168 the students in Health Sciences Faculty were evaluated by ORTHO-11 and EAT-40 tests.

169 It was demonstrated in the study of Korinth et al. [18] that the students studying in  
170 nutrition related branches have a more explicit tendency for healthy eating in comparison to  
171 their colleagues in other branches. Again in the same study, those students had the inclination  
172 of limiting their food intake for their body weight control and their disposition for healthy  
173 nutrition would increase as their knowledge of nutrition increased. In the study of Meister  
174 [19] where the tendency of university students to orthorexia nervosa was investigated,  
175 ORTHO-11 scale revealed higher ON tendency among female students than male students. In  
176 the study of McInerney-Ernst [20] in Poland on the university students aged between 18-25  
177 years, 68.55% of the female students and 43.18% of the male students were determined to  
178 have tendency for ON.

179 Also in our study that we implemented ORTHO-11 and EAT-40 scales, the results  
180 were compliant with the literature. When we evaluated ORTHO-11 results in general, our  
181 students displayed orthorexic properties. When we evaluated with respect to gender,  
182 ORTHO-11 scores of the girls were statistically significantly higher than that of the boys.  
183 [\(What are the prevalences of ON for both gender? And also ED risk according to EAT 40 for](#)  
184 [both gender?\)](#) The fact that the greater number of our female student than male students had  
185 an effect on our overall ORTHO-11 results. While evaluating EAT-40 results, we found a  
186 lower level risk result for boys but a higher level risk for girls. Besides, increase in the risk of  
187 ON was found to be related with the decrease in the risk of [eating manner disorder\(what is](#)  
188 [this?\)](#), in our study results.

189 While interpreting our results in regard to the factor of gender, the reason that eating  
190 disorders are more prevalent in females than males can be attributed to the physical changes  
191 they experience in their adolescent phase. In this period, body fat ratio shows changes which  
192 leads to significant changes in outer appearance and most of the women begin putting on  
193 weight in this phase. This fact removes the individual from the ideal size imposed by the  
194 society [21,22].

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195 In the study of Arslantas et al. [23] on university students, it was reported that the  
196 university students are under a higher risk regarding disorders in eating manners. Since  
197 women were in majority in their study sample, this risk was expressed higher. In the study of  
198 Unalan et al. [24] to determine eating manners of the university students studying in Health  
199 College, potential eating disorder ratios of female students were found to be significantly  
200 different than those of male students. Also in the study by Altug et al. [25] EAT-40 test was  
201 applied on female students and it was reported that the students displayed eating manner  
202 disorders. In the same study, the disorder in eating manners and behaviours was related with  
203 the factors such as conservatism and perfectionism of the parents.

204 The studies conducted in our country as well as the other countries reveal similar  
205 results. When we evaluate the results in the literature, we can state that the prevalence of  
206 orthorexia nervosa is increasing and this increase is particularly based on the slimness of the  
207 ideal women concept. Printed press as well as audiovisual media is also effective all around  
208 the world in describing slim, aesthetic and thin image frequently in recent years regarding  
209 concept of beauty [20,26]. Additionally, the information we come across everyday in media  
210 and in our neighbourhood about the dietary regimens and products, and the fact that some of  
211 these products contain carcinogenic ingredients such as additives, colorifying materials and  
212 hormones, may also be one of the reasons that increase the prevalence of orthorexia nervosa,  
213 in our opinion.

## 214 **5. CONCLUSION**

215 In conclusion, when we evaluate the studies conducted in our country as well as in the other  
216 countries, we have the conviction that eating disorders will tend to increase as long as the  
217 concepts of beauty, good look and appeal are based on low body mass index. Meanwhile, we  
218 also believe that the young population who are most influenced by such popular tendencies  
219 need to acquire truly healthy nutrition habits through training and increase their quality of  
220 life. [These are all general comments of the literature. Author must state here what messages  
221 they want to give according to results of their study. To do this, they complete some analyses  
222 and knowledges lacking in this manuscript \(some of that I am pointed out on the paper\)](#)

## 224 **CONFLICT OF INTEREST**

225 The authors declared no conflicts of interest.

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227 This study did not receive any funding and the authors have no financial relationships to  
228 disclose.

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**Table 1.** Distribution of demographic data of the participating university students

<b>Demographic features</b>	<b>n</b>	<b>%</b>
<b>Gender</b>		
Female	285	75.2
Male	94	24.8
<b>Department</b>		
Nutrition and Dietetics	184	48.5
Nursing	185	51.5
<b>University class</b>		
Firsth class	115	30.3
Second class	99	26.1
Third class	121	31.9
Fourth class	44	11.6
<b>Residence</b>		
Home	110	29.0
Dorm	269	71.0
<b>Smoking</b>		
Yes	68	17.9
No	311	82.1
<b>Alcohol consumption</b>		
Yes	51	13.5
No	328	86.5

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**Table 2.** Age and anthropometric data of the participating university students

	<b>Median ±SD</b>	<b>n</b>
<b>Age (year)</b>	20.09±1.47	379
<b>Weight (kg)</b>	60.55±10.01	379
<b>Height (cm)</b>	168.08±7.91	379
<b>BMI (kg/m<sup>2</sup>)</b>	21.6±2.12	379
Female BMI	19.2±1.83	285
Male BMI	22.8±3.08	94

Abbreviation: BMI; body mass index, SD; standart deviation

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**Table 3.** ORTHO-11 ve EAT-40 points of the university student

	<b>n</b>	<b>Median ±SD</b>
<b>ORTHO-11</b>	379	38.00 ±3.41
<b>EAT-40</b>	379	17.92 ±7.76

Abbreviations: EAT-40; Eating Attitudes Test-40, ORTHO-11; Orthorexia Nervosa Assessment Scale, SD; standart deviation

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**Table 4.** Comparison of **Eating Manner states??** of the of the university students

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<b>Gender</b>	<b>Median ±SD</b>	<b>n</b>	<b>p</b>
<b>Female</b>	21.62 ±8.35	285	<0.05
<b>Male</b>	14.22 ±7.18	94	

[EAT test points according to sex??](#)

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**Table 5.** Comparison of ORTHO-11 [test points results of the university students](#) with respect to gender

<b>Gender</b>	<b>Median <math>\pm</math>SD</b>	<b>n</b>	<b>p</b>
<b>Female</b>	29.40 $\pm$ 3.50	285	<0.05
<b>Male</b>	46.22 $\pm$ 4.24	94	

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**Table 6.** Comparison of Orthorexia Nervosa states of the university students with respect to risk groups (What does it mean??)

Scales	EAT-40	ORTHO-11
<b>EAT-40</b>	1	
	-	
<b>ORTHO-11</b>		-.234
		.000

EAT-40 = Eating Attitudes Test-40; ORTHO-11 = Orthorexia Nervosa Assessment Scale  
*\*p < 0.001*

Instead of this table, correlation of BMI and also age with Ortho 11 and EAT 40 points is recommended.

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