

Introduction

The eating disorders are characterized by abnormal dietary and cognitive distortions related to nutrition and weight, which have adverse effects on the nutritional status and medical complications, which damage body's state of health and proper functioning. (1)

According to the DSM-IV, BED is currently defined by: (2,3)

"Intake, in a limited period of time, of an amount of food definitely larger than most people would consume in a similar period, under similar circumstances, with a sense of lack of control over food consumption during the episode."

Studies have also referred the transition period for the university as vulnerable to the development of Eating Disorders, mentioning the lack of parenteral control or influence; associating these factors with the mean age around 20 years, the sample college students, should be seen as risk groups for BED and other Eating Disorders. (4,5)

Results

There were 572 participants (286 men, 286 women), aged 17-54 years inserted in 4 areas of study: health, education, agriculture, technology and management. The prevalence of BED in college students in Portugal is 19%, being higher than the general population of the others studies ($p < 0,05$). The BED is more frequent in women than men ($p < 0,05$). There were no statistically significant differences between BED and others variables.

Objective

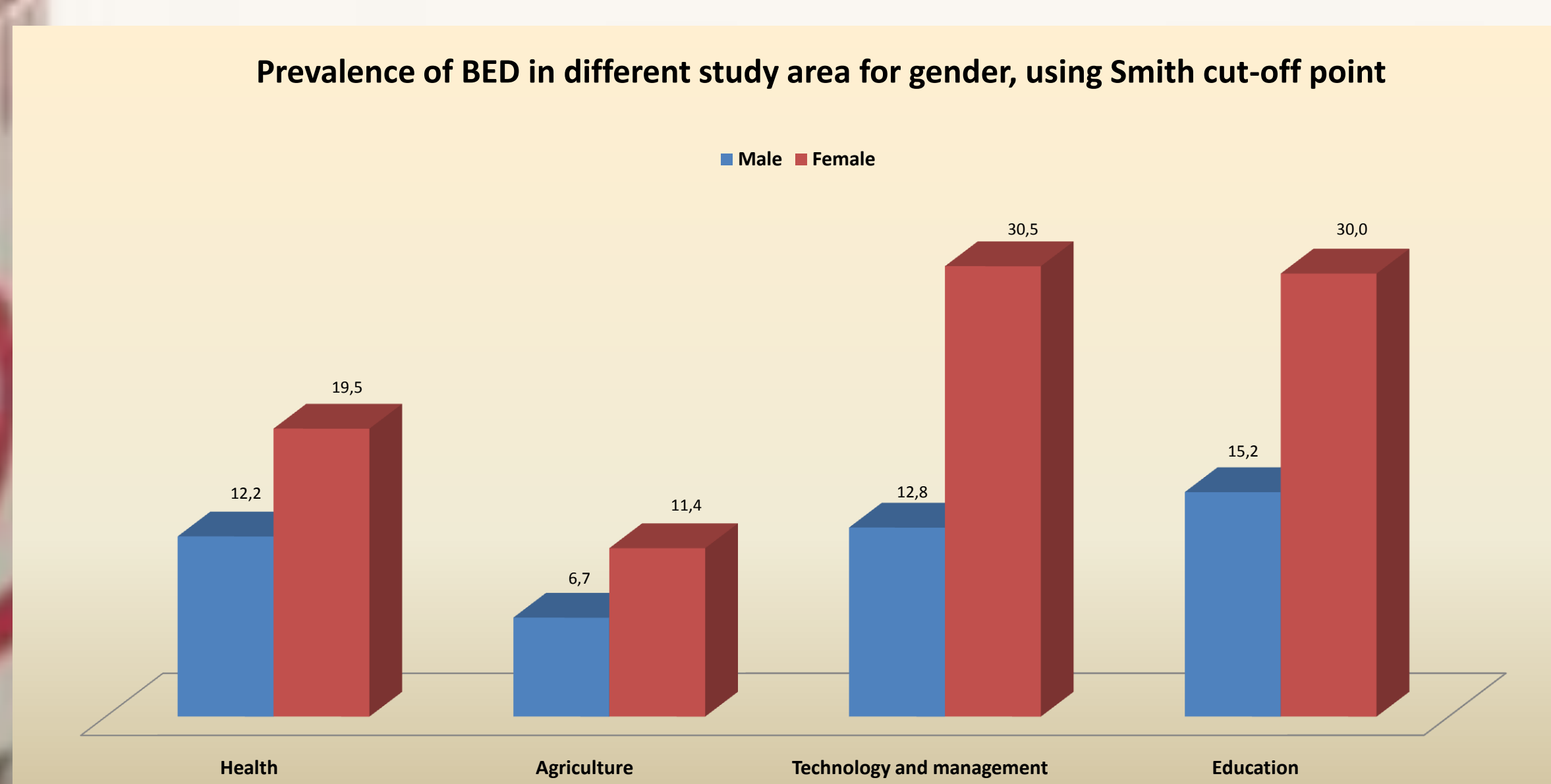
The purpose of the study was to find the prevalence of binge eating disorder (BED) in college students of Polytechnic Institute of Bragança and determine the association of BED with the gender, body mass index (BMI), study area and age.

Method

The present study was hold in the northeast of Portugal in Polytechnic Institute of Bragança, and is one study epidemiologic and description-correlational. It was defined a random sample for gender and study area out of all 2007-2008 students.

The BED was quantified using the Binge Eating Scale. (6) The height, weight, gender, and study area was self-reported.

Since, anthropometric studies show that self-reported values have a strong association with the measured values, in adolescents and adults. (7,8,9)

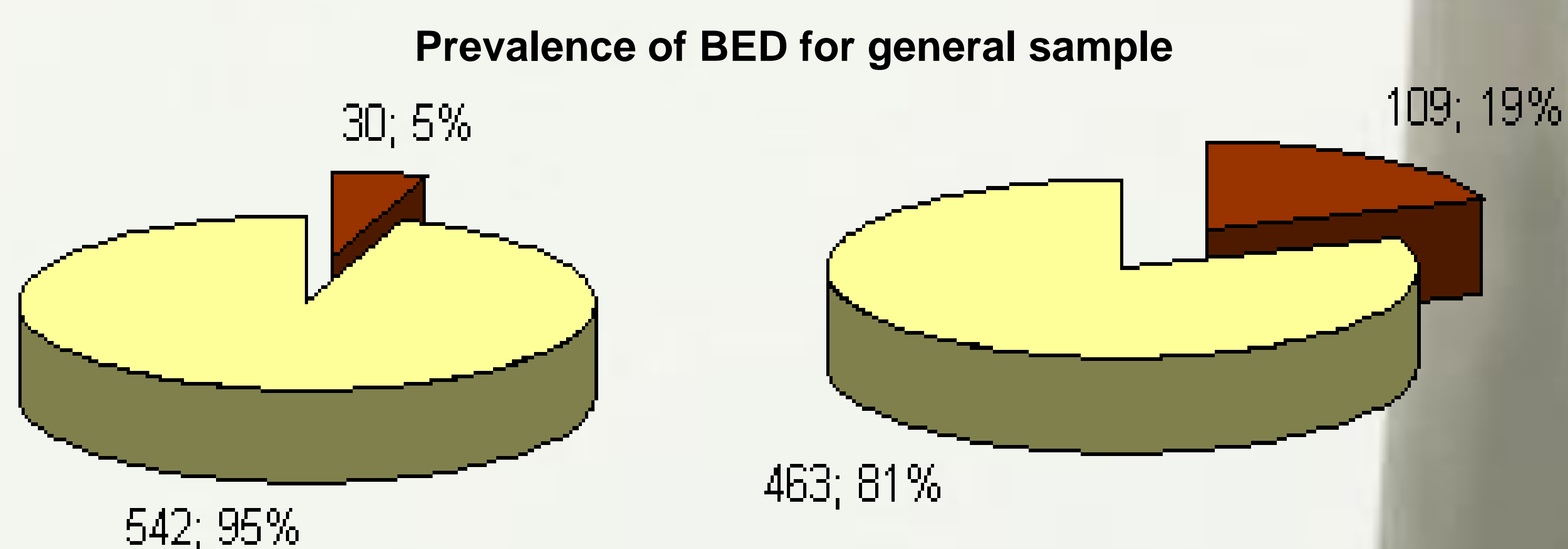


Graphic 1. Prevalence of BED in different study area for gender, using Smith cut-off point

	Health			Agriculture			Technology and management			Education			Total		
	F	M	T	F	M	T	F	M	T	F	M	T	F	M	T
Sample (N)	41	41	82	44	45	89	141	141	282	60	59	119	286	286	572
Age (Mean)	19,98	21,07	20,52	22,14	21,44	21,79	23,76	22,99	23,37	22	24,24	23,1	22,59	22,72	22,7
BMI (Mean)	21,04	23,44	22,2	21,63	23,92	22,78	22,36	23,71	23	22,22	23,82	23,01	22,03	23,73	22,87
BED Gormally (%)	4,9	4,9	5,1	2,3	2,2	2,5	8,5	2,8	6	6,7	6,8	7,2	7 *	4 *	5
BED Smith (%)	19,5	12,2	18,8	11,4	6,7	9,9 *	30,5	12,8	27,6	30	15,2	29,3	26 *	12 *	19

* $P < 0,05$

Table I. Characterization of the general sample for the different variables in study



Graphic 2. Prevalence of BED and not BED using Gormally cut-off point.

Graphic 3. Prevalence of BED and not BED using Smith cut-off point.

Conclusions

Although the study confirmed that the prevalence of BED is higher for females, there is also a significant prevalence in males, demonstrating the importance of planning actions to prevent this disorder among this population, as it is also clear the high prevalence of BED among in college students compared with other populations.

Bibliography

(1) American Dietetic Association. Position of the American Dietetic Association: Nutrition Intervention in the treatment of Anorexia Nervosa, Bulimia Nervosa and Eating Disorders not otherwise specified. *Journal American Dietetic Association*. 2001; 101: 810-819.
(2) Ribassin, M. Contribution of the Serotonergic System to anxious and depressive traits that phenotypical variability of bulimia nervosa. *Journal of Psychiatric Research*. 2006; 1-8.
(3) American Dietetic Association. Position of the American Dietetic Association: Nutrition Intervention in the Treatment of Anorexia Nervosa, Bulimia Nervosa, and Other Eating Disorders. *Journal of the American Dietetic Association*. 2006; 106: 2073-2082.
(4) Hoerr S L, Bakram R, Lugo B, Bivins T, Keast D R. Risk for Disordered Eating Relates to both Gender and Ethnicity for College Students. *Journal of the American College of Nutrition*, 2002; 21 (4): 307-314.

(5) Borges M B F, Jorje M R, Morgan C M, Silveira D V, Custódio O. Binge-eating disorder in Brazilian Women on a Weight Loss Program. *Obesity Research*. 2002; 10 (11): 1127-1134.
(6) Gormally, J. The assessment of binge eating severity among obese persons. *Addictive Behavior*. 1982; 7: 47-55.
(7) Spitzer, R. Binge eating Disorder: to be or not to be in DSM IV. *International Journal Eating Disorders*. 1991; 10: 627-9.
(8) Mashed, R. Accuracy of Self-Reported Weight in Patients with Binge Eating Disorder. *International Journal Eating Disorders*. 2001; 29: 29-36.
(9) Strauss, RS. Comparison of measured and Self-Reported weight and height in a cross-sectional sample of young adolescents. *International Journal of Obesity*. 1999; 23: 904-908.