

Review Article

Disordered Eating Behaviors and Regime Concept Attitudes Among Saudi Medical Students

Abstract

Background: Disturbed Eating Behaviors (DEBs) are increasingly recognized among medical students due to psychological and societal factors. This study investigates the prevalence of DEBs among Saudi medical students and explores the impact of gender, eating habits, and health regime attitudes on their development.

Methods: A cross-sectional survey was conducted among 320 medical students (209 males, 111 females) from two universities in Saudi Arabia. Participants completed the SCOFF questionnaire for eating behavior screening, a regime concept attitude questionnaire to evaluate health beliefs, and Body Mass Index (BMI) assessments. Data were analyzed using descriptive statistics and Pearson's correlation analysis.

Results: Female students demonstrated a higher prevalence of DEB risk (31%) compared to males (15%). Significant correlations were observed between DEB risk and junk food consumption ($r = 0.27, p < 0.01$), regime concept attitudes ($r = 0.12, p < 0.05$), and sleep hours ($r = 0.16, p < 0.05$). Male students exhibited more balanced health beliefs compared to females.

Conclusion: DEBs are more prevalent among female Saudi medical students, with weak to moderate correlations observed between DEBs and factors such as junk food consumption, sleep hours, and health regime attitudes. However, as correlation does not imply causation, further longitudinal and experimental studies are needed before implementing targeted interventions. Future research should explore the effectiveness of programs promoting balanced health attitudes and lifestyle modifications to reduce DEB risk in this population.

Keywords: Disturbed Eating Behaviors (DEBs), Medical Students, Saudi Arabia, Gender differences, Health regime attitudes, Junk food consumption.

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Authors:

Dr. Ahmed Alkhalaf*

Affiliations:

Consultant Clinical Psychologist, Clinical Psychology Unit, Psychiatry & Mental Health Services, Johns Hopkins Aramco Healthcare, Saudi Arabia

*Corresponding Author:

Dr. Ahmed Alkhalaf, Consultant Clinical Psychologist, Clinical Psychology Unit, Psychiatry & Mental Health Services, Johns Hopkins Aramco Healthcare, Saudi Arabia

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Introduction

Background and Rationale

Disturbed Eating Behaviors (DEBs) are prevalent among university students, particularly in high-stress fields like medicine. Academic pressure, societal expectations, and body image concerns contribute to this vulnerability [1,2]. Female students often face higher risks due to gender-specific societal pressures [3]. In Saudi Arabia, DEBs are becoming more apparent as cultural norms evolve. Research has highlighted the growing prevalence of eating disturbances among Saudi university students, particularly females, but the influence of health regime attitudes on DEBs remains underexplored [4,5]. This study examines the prevalence of DEBs among Saudi medical students and investigates their association with health regime attitudes, eating habits, and sleep patterns. The focus on gender differences provides valuable insights for targeted interventions.

Methods

Study Design

A cross-sectional survey design was employed. Ethical approval was obtained from the institutional review boards of Imam Abdulrahman Bin Faisal University and Albaha University.

Participants

The study included 320 full-time medical students aged 19 to 26 years. Participants were recruited through voluntary participation from two medical universities in Saudi Arabia. While efforts were made to ensure a representative sample, self-selection bias may be present, as students with higher health awareness might have been more inclined to participate.

Exclusion criteria: Students with pre-diagnosed eating disorders or severe mental health conditions were excluded to focus on undiagnosed disturbed eating behaviors.

Data Collection Instruments

- 1. SCOFF Questionnaire:** A validated five-item screening tool for identifying individuals at risk of **disordered eating behaviors**[6].
- 2. Regime Concept Attitude Questionnaire:** Assessed students' beliefs about dieting, exercise, and wellness [7,8].
- 3. Body Mass Index (BMI):** Calculated using self-reported height and weight, categorized per World Health Organization (WHO) standards [9].

Statistical Analysis

- Descriptive statistics summarized participant demographics.
- Pearson's correlation was used to evaluate relationships between SCOFF scores and variables such as regime attitudes, junk food consumption, and sleep hours.
- A p-value < 0.05 was considered statistically significant.

Results

Participant Demographics

- 209 males (65.3%), 111 females (34.7%).
- Mean age: 21.5 years (SD = 1.7).
- Most students fell within the normal BMI range.

Prevalence of Disturbed Eating Behaviors (DEBs)

- 31% of females scored high on the SCOFF questionnaire compared to 15% of males ($p < 0.05$), indicating a higher prevalence of DEBs in females.

Correlations with DEB Risk

- Junk Food Consumption: Moderate positive correlation ($r = 0.27$, $p < 0.01$).
- Regime Concept Attitudes: Weak positive correlation ($r = 0.12$, $p < 0.05$).
- Sleep Hours: Modest positive correlation ($r = 0.16$, $p < 0.05$).
- BMI was not significantly correlated with DEB risk, suggesting that DEBs are not necessarily linked to weight extremes.

Discussion

Gender Differences in Disturbed Eating Behaviors

Female students displayed a significantly higher prevalence of DEBs, consistent with literature linking societal pressures on body image to increased vulnerability [3,4].

Impact of Health Regime Attitudes

Rigid health beliefs correlated with higher DEB risk, supporting findings that extreme attitudes toward dieting and wellness contribute to DEBs [8].

Behavioral Factors

Junk food consumption and sleep disturbances were associated with higher SCOFF scores. Addressing these lifestyle factors, including sleep hygiene, may aid in reducing DEB prevalence [9].

Limitations

Sample Size and Generalizability

- The study included 320 students from two universities, limiting generalizability. Larger, more diverse samples are needed in future research.

Use of BMI as a Measurement Tool

- While BMI is commonly used, it does not account for muscle mass, fat distribution, or metabolic health. Waist-to-hip ratio or waist circumference could have provided a more accurate assessment of body composition in small samples.

Potential Sampling Bias

- The voluntary participation of students may have introduced self-selection bias, as those with greater

health awareness may have been more likely to participate.

Cross-Sectional Design

- The study identifies correlations, but causality cannot be determined. Longitudinal or experimental studies are needed to assess causal relationships.

Conclusion

DEBs are more prevalent among female Saudi medical students, with weak to moderate correlations observed between DEBs and lifestyle factors. However, as correlation does not imply causation, further longitudinal studies are necessary before implementing targeted interventions. Future research should assess the effectiveness of health education programs that promote balanced health attitudes and improve lifestyle factors.

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