



## A comparative study of depression and anorexia nervosa among adolescents

<sup>1</sup> Seema Bajaj, <sup>2</sup> Jagdeep Kaur

<sup>1</sup> Assistant Professor of Master Tara Singh Memorial College for Women Ludhiana, Punjab, India

<sup>2</sup> Student of Indira Gandhi National Open University, New Delhi, India

### Abstract

Depression is more common and serious medical illness that negatively affects person. The course of depression is variable from person to person. An individual suffering with depression sometime shows the symptoms of Anorexia Nervosa. The present study was design to compare the depression and Anorexia Nervosa among adolescents. The study was conducted on 200 adolescents from which 100 subjects were males and 100 were females. For collecting data, Beck Depression Inventory- Second Edition (BDI-II) by Aaron, T. Beck, Robert, A. Steer & Gregory K. Brown was used to assess Depression and Anorexia Test was used to assess Anorexia Nervosa which was designed by V.L. Chouhan and A. Banerjee. It was found that a significant positive relationship between Depression and Anorexia Nervosa among adolescents. It indicates as the depression increases Anorexia Nervosa also increases.

**Keywords:** depression, anorexia nervosa, adolescents

### Introduction

Depression is very common in now a days. The sign and symptoms of depression are differ from person to person depend upon the nature of depression. Depression is more common in women than in men. To assess depression clinically the symptoms include feeling of sadness, loss of interest in daily activities, anger or frustration with everyday life. The symptoms will continue for weeks or more than a week and person feeling low all the time. The depressive person have sleeping and eating problems. Person suffering from depression is unable to concentrate well enough to read even watch television. Depression illness disturb normal functioning of individual. Serious depression can destroy family life of the person. Rollo May (1969) "Depression is the inability to construct a future" [7] Angelica Jamenson (2011) "Depression can be defined as a mental state that is characterized by attitude that is pessimistic and melancholic with a lack of mental and physical activity." When a person suffers from depression, there is a reduced amount of neurotransmitters located in the parts of the central nervous system of a person [5]. Anorexia Nervosa is serious eating disorder that effects both the gender of all the ages. In North America the incidence of Anorexia Nervosa increased dramatically since the 1960s, coinciding with a drastic change in the feminine body ideal towards thinness, as propagated by the fashion lords and publicized by the media. Since the 1980s cases of Anorexia Nervosa have also become increasingly known in non-Western countries among young women is social strata exposed to heavy Westernizing influence, notably in Japan and Hong Kong in the first half of the 20<sup>th</sup> century, a variety of views of the disorder emerged Pierre Janet considered anorexia to be a purely psychological disorder. Morris Simmonds proposed that pituitary insufficiency led to weight loss in some patients. Berkman viewed physiological

disturbances as secondary to the psychological of the disturbance [3]. It is characterized by refusal to maintain a healthy body weight, intense fear of gaining weight and distorted body image. Physical signs of Anorexia Nervosa include extreme weight loss, fainting, absence of menstruation, constipation, dry skin, intolerance of cold, low blood pressure, dehydration, osteoporosis etc. Bulik, C.M. *et al.* (2005) "Anorexia Nervosa is a debilitating psychiatric disorder with profound biological, psychological and social consequences." [2] Bruch (1973) defined anorexia nervosa as a "desperate struggle for self-respecting identity". [1] Zaider, T.I. *et al.* (2000) investigated psychiatric comorbidity associated with eating disorder symptomatology among adolescents in the community. The data was collected on 403 adolescents. The structured interview was conducted to assess the mood, anxiety, eating substance use and personality disorders and found that adolescents with dysthymia, panic and major depressive disorder were significantly more in those had an eating disorder than those had a only these disorders without eating disorder [8]. Godart, N.T. *et al.* (2006) investigated the anxiety and depressive disorders are related to eating disorders. They evaluated the frequency of depressive disorders in 271 subjects presenting with a diagnosis of either Anorexia Nervosa or Bulimia. Result revealed that anxiety disorders do not all have the same influence in terms of risk of onset of major depressive episode in anorexics and bulimics when adjusted on variables related to depressions [4]. Saleem, M. *et al.* (2014) studied the link between eating disorder and depression. 350 students of Pakistan were used as a sample. The total participants were equally divided into two categories of 175 for each gender. Study depicted that both eating disorder and depression in students of arts faculty was found higher than the rest of all four faculties [6].

**Materials and Method**

The present study has been designed to assess the depression and Anorexia Nervosa among adolescents. The research investigation will be carried out on 200 adolescents. From which 100 will be males and 100 will be females.

**Tools used**

Following tool will be used to assess depression and Anorexia Nervosa.

- **Beck Depression Inventory-Second Edition (BDI-II)** by Aaron T. Beck, Robert A. Steer and Gregory K. Brown.

**Scoring**

The BDI-II is scored by summing the ratings for the 21 items. Each item is rated on a 4 point scale ranging from 0 to 3. If an examinee has made multiple endorsement for an item the alternative with the highest rating is used. The maximum total score is 63. Items 16 and item 18 contains seven options rated in order as 0, 1a, 1b, 2a, 2b, 3a, 3b

Anorexia Test by V.L. Chouhan & A. Banerjee. This test consists of thirty statements. If the respondent put tick (✓) marks on Yes statement it mean the participant represents truth. If the participant is not agree with the statement put tick (✓) mark on disagree box.

**Scoring** One marks will be given to Yes response and 0 mark will be given to No response.

**Statistical Techniques used**

1. Descriptive statistics like mean, median, Standard Deviation, Skewness, Kurtosis were used to check the normality of the data.
2. To find out the relational between depression and Anorexia Nervosa of adolescents, Pearson’s Product moment correlation technique was used.
3. Data was graphically presented in the form of frequency polygon wherever and whenever

**Results**

The description of scores are presented in measures of mean, median, standard deviation, skewness and kurtosis in the tables 1 to 4 and figures 1 to 2.

**Table 1:** Frequency Distribution of scores of Adolescents on the variable of Depression (N = 200)

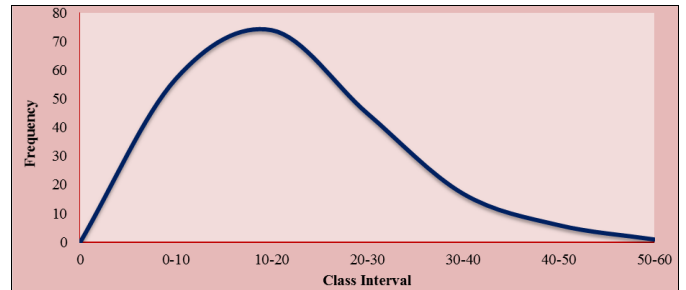
Class Interval	Frequency
0-10	57
10-20	74
20-30	45
30-40	17
40-50	6
50-60	1
Total	200

**Table 2:** showing Mean, Median, Standard Deviation, Skewness and Kurtosis of scores of Adolescents on the variable of Depression (N = 200)

Group	Mean	Median	S.D.	Skewness	Kurtosis
Adolescents	16.55	15.50	10.96	0.65	0.16

The variable of depression among adolescents was tested for

normalcy. Table 2. shows that the values of mean and median of the scores of adolescents on the variable of depression as 16.55 and 15.50 respectively which are quite proximate to each other. The values of skewness and kurtosis in case of adolescents are 0.65 and 0.16 respectively showing the distribution as positively skewed and leptokurtic. But these distortions are quite small. Therefore the distributions can be taken as normal.



**Fig. 1:** Frequency Polygon of scores of Adolescents on the variable of Depression (N=200)

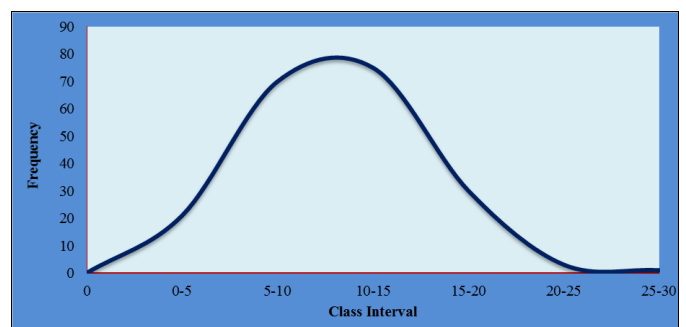
**Table 3:** Frequency Distribution of scores of Adolescents on the variable of Anorexia Nervosa (N = 200)

Class Interval	Frequency
0-5	21
5-10	50
10-15	75
15-20	30
20-25	3
25-30	1
Total	200

**Table 4:** showing Mean, Median, Standard Deviation, Skewness and Kurtosis of scores of Adolescents on the variable of Anorexia nervosa (N = 200)

Group	Mean	Median	S.D.	Skewness	Kurtosis
Adolescents	10.33	10.00	4.50	0.45	0.01

The variable of anorexia nervosa among adolescents was tested for normalcy. Table 4. shows that the values of mean and median of the scores of adolescents on the variable of anorexia nervosa as 10.33 and 10.00 respectively which are quite proximate to each other. The values of skewness and kurtosis in case of adolescents are 0.45 and 0.01 respectively showing the distribution as positively skewed and leptokurtic. But these distortions are quite small. Therefore the distributions can be taken as normal.



**Fig 2:** Frequency Polygon of scores of Adolescents on the variable of Anorexia nervosa (N = 200)

**Table 5:** Coefficient of Correlation between Depression and Anorexia Nervosa among Adolescents (N=200)

Variables	Category	N	r
Depression and Anorexia Nervosa	Adolescents	200	0.28**

\*\* Significant at .01 level

\* Significant at .05 level

Table 5 shows that the coefficient of correlation between depression and anorexia nervosa of adolescents as 0.28 which is positive and significant at .01 level of confidence which shows that there exists a significant positive relationship between depression and anorexia nervosa of adolescents. Thus the results indicate that the adolescents who are depressed suffer from anorexia nervosa i.e. depression leads to loss of appetite for food among adolescents.

### Conclusions

1. The adolescents are normally distributed on the variables of depression.
2. The adolescents are normally distributed on the variables of anorexia nervosa.
3. A significant positive relationship was found between depression and anorexia nervosa of adolescents. As the scales indicate higher the score, higher the level of depression as well as high anorexia nervosa, it may be concluded that the adolescents who are depressed suffer from anorexia nervosa i.e. depression leads to loss of appetite for food among adolescents.

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