

Non-Europeans found to have more eating disorder symptoms, but less likely to receive specialist treatment

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People in Sweden of non-European descent have almost three times as many eating disorder symptoms as people born in Sweden. But despite



this, they have significantly less access to specialist treatment. This is according to <u>new research</u> from Karolinska Institutet published in *BJPsych Open*.

Eating disorders such as anorexia and bulimia were previously seen as conditions that mainly affect white women from socioeconomically privileged families. In the 1980s, eating disorders were even described as a uniquely Western "culture-bound syndrome."

Today, it is well established that this stereotype is incorrect and outdated; eating disorders can affect people from all walks of life, regardless of gender, ethnicity or socio-economic background. From a global perspective, eating disorders are becoming increasingly common, especially in East and Southeast Asia.

Researchers at Karolinska Institutet now show that the problems with disordered eating are significantly greater for people born in non-European countries than for people born in Sweden.

"There is a perception that eating disorders mainly affect white people, but these results show a higher prevalence of symptoms among individuals born abroad, especially among migrants from non-European countries who also tend to be persons of color," says first author Mattias Strand, postdoctoral researcher at the Center for Psychiatry Research at the Department of Clinical Neuroscience, Karolinska Institutet.

The study is based on the 2014 Health Stockholm public health survey, which contained four questions on eating disorders and was answered by more than 47,000 people. The analysis shows that people born in another European country had slightly more symptoms than those born in Sweden, while people born outside Europe had almost three times as many eating disorder symptoms. The researchers also show that people born in Sweden, but with two foreign-born parents, have twice as many



eating disorder symptoms as people with both parents born in Sweden.

The researchers also analyzed who receives specialist treatment at the Stockholm Center for Eating Disorders based on where they live.

"It turns out that the four residential areas with the highest likelihood of receiving specialist treatment have a fairly low prevalence of eating disorder symptoms and also a low proportion of people with a foreign background," says Mattias Strand.

Conversely, residents in the five areas with the highest incidence of eating disorder symptoms (Botkyrka, Skärholmen, Rinkeby-Kista, Spånga-Tensta and Hässelby-Vällingby) have the lowest probability of receiving specialist treatment. Notably, all of these areas also have a high proportion of migrant residents.

"There is a strong imbalance between the prevalence of eating disorder symptoms and access to specialized care. In other words, there is a significant gap between those who have problems with disordered eating and those who receive specialist treatment, and this is something that needs to change," says Mattias Strand.

"For too long, there has been a misconception that eating disorders mainly affect a certain demographic group. Our findings show that this is not the case in Stockholm. We need to broaden our understanding and ensure that health care resources are available to all individuals, regardless of their background."

The research is now continuing with interviews with <u>eating disorder</u> patients from foreign backgrounds to identify possible obstacles and barriers to care.

More information: Mattias Strand et al, Migration background, eating



disorder symptoms and healthcare service utilisation: findings from the Stockholm Public Health Cohort, *BJPsych Open* (2023). <u>DOI:</u> 10.1192/bjo.2023.599

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