

An exploration of Eating Disorders Georgian Pilot Study

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Culture bounded, culture change or culture specific?

Culture-bound DiNicola (1990)

Culture change Nasser (1997)

Rathner et.al (1995)

McCourt, Waller (1995)

Culture specific Lee (1993), (1991),

King & Bhugra (1989)



Republic of Georgia



Population 5 726 000

Size 26 911 sq mi/69 697 sq km.

Language Georgian

Government Parliamentary republic

**Ethnic composition: 70,1% Georgians,
8.1% Armenians, 6.3% Russians,
5.7% Azeris, Kurds (under 1%)**

Religion Christian Orthodox

Health Care (Human Development Report Georgia 2000 UNDP)

	Existing Amount	Actual Needed
❑ Hospitals	285	65
❑ Physicians	20 824	8000
❑ Nurses	28 642	15000





Pilot Study

Focus groups

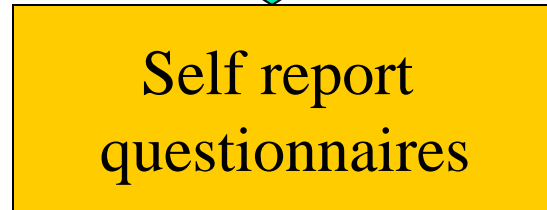
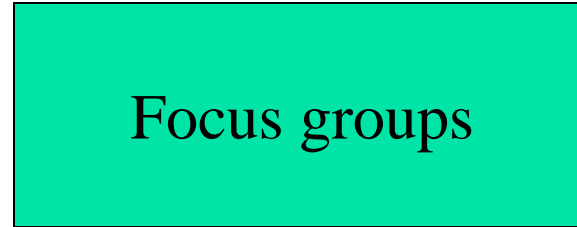
N=3

Self report
questionnaires

N=245

Interviews

N=14



Focus groups

Group 1 - Psychotherapists, Psychologists (N=9)

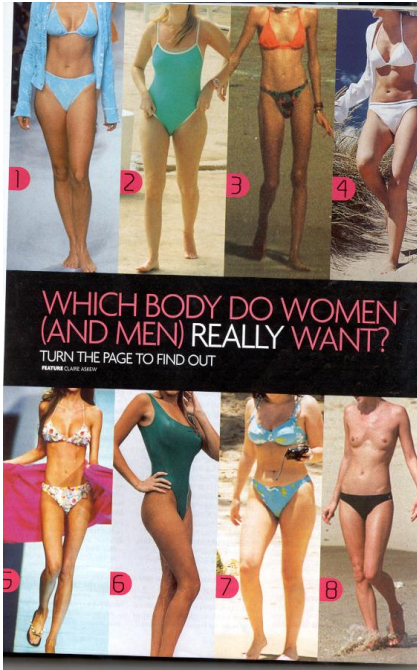
Group 2 - Psychiatrists, Physicians (N=8)

**Group 3 – Students, Teacher, Journalist, Artist, Housewife
(N=8)**

- ☞ **What do you know about eating disorders?**
- ☞ **Do you think people in Georgia have problems with eating and weight? Where they go to get help?**
- ☞ **Description of AN, BN were given with question to give diagnosis**



Focus Group



- ☞ Bulimia Nervosa often was described as simple literal translation of “ox hunger”
- ☞ Georgian therapists are familiar with the concept of Anorexia Nervosa .
- ☞ Focus groups helped to identify “risk groups” in population and places where we could expect people with eating pathology are seeking for help.

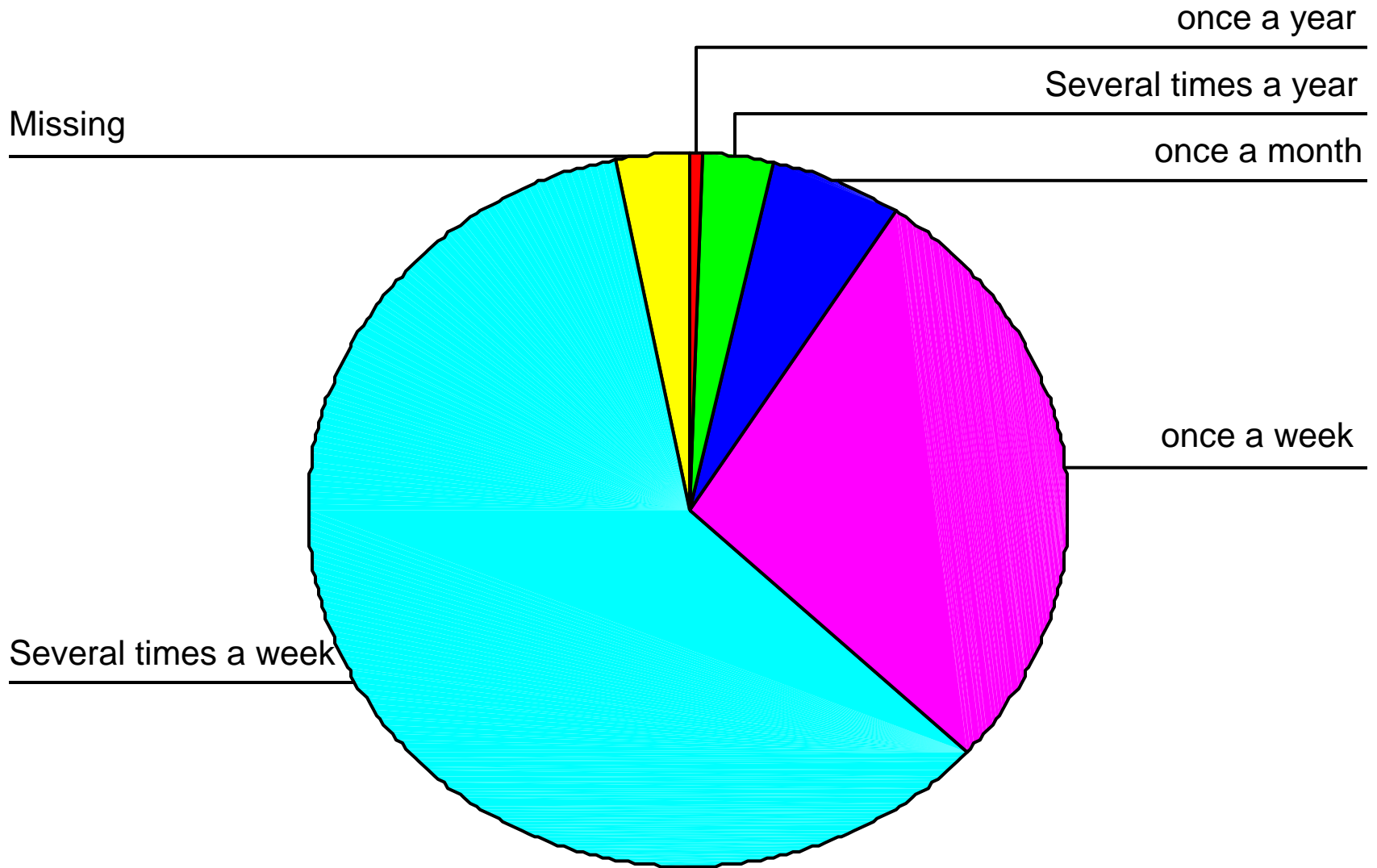
Questionnaires

- Acculturation
- BITE Binge Inventory Test
- EAT-26 Eating attitudes test
- QWEP-R Questionnaire on Eating and Weight Patterns revised
- HADS - Hospital Anxiety Depression Scale
- SWABS – The Shape and Weight Based Self-Esteem Inventory

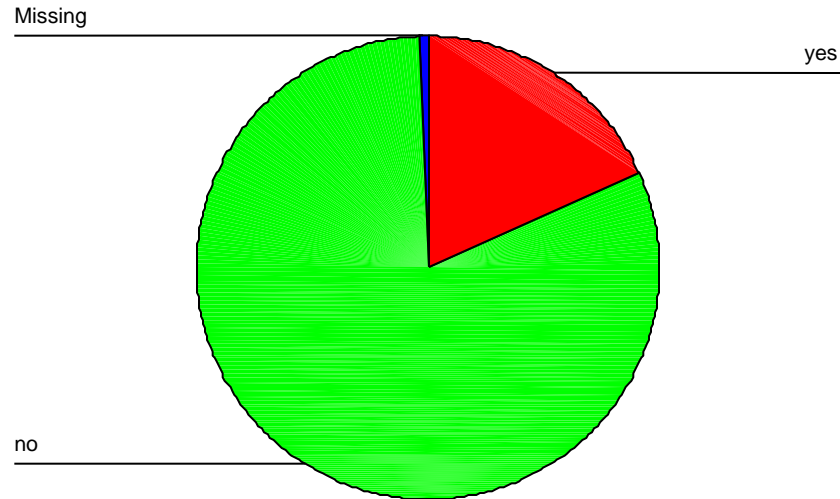
Participants (N = 245)

- Somatic patients 33
- Psychotherapy patients 26
- Emigrants 39
- Shape-slimming clubs 22
- Students (University) 59
- Office 19
- Housewife 14
- Others 35

How often you watch western films



Have problem with eating 17.5% (37)



	No Problem with weight/eating	Problem with weight	Problem with eating	No Problem with W/E	Problem with W	Problem with E
BMI	22.0 (4.0)	24.1 (6.6)	24.4 (4.6)			
EAT(tot)	9.1 (8.1)	13.1 (9.8)	20.9 (12.1)	BITE 9.8 (3.6)	11.7 (3.9)	14.2 (5.4)
EAT(diet)	6.3 (6.0)	9.3 (7.1)	14.1 (7.1)	HADS-a 7.6 (4.7)	7.6 (3.8)	10.3 (4.8)
EAT (bul)	0.6 (1.5)	1.2 (1.9)	3.3 (3.8)	HADS-d 5.3 (3.9)	4.8 (2.6)	6.9 (5.5)
EAT (o.c)	2.1 (2.7)	2.7 (3.1)	3.4 (3.3)			

Possible eating disorders

- **6.6 %** in anorexic range (BMI below 17.5)
- **8.2%** in obese range (BMI above 30)
- **5%** may have bulimia (BITE above 20)

Correlations between the BITE and EAT are of a similar order to those reported by Henderson & Freeman (1987).

Correlations between different eating disorder scales are highly significant. (BITE – EAT-total 0.44* $p < 0.001$)**

Interview Results

From 30 participants who had high scores in EAT, BITE, QEWP
We could approach 14 for interviews. After clinical assessment
only 12 fulfilled criteria for emotional disturbances, one had past
history of ED.

- AN-R (1)
- AN-BP (1)
- BN (1)
- Obesity (2)
- BED (2)
- EDNOS (2)
- Depression (1)
- OCD (1)
- Diabetes (1)

Limitations

Absence of epidemiological data

Small numbers of Interviews

Interviews with people with low scores in self-report questionnaires

Summary

To summarize, after our pilot data analysis we found that Measures designed in the West are psychometrically sound, implying that the same items represent a coherent set of symptoms/behaviours.

A number of women in this sample report significant eating pathology, both in self – report and interview.

Despite the presence of clinically significant eating pathology, symptom expression is not necessarily the same as in the west.

As in other eastern European countries possibility of increasing....



Thanks to:

Drs Nick Troop, Melanie Katzman, Janet Treasure

The Royal Society for the visiting fellowship award