ORTHOREXIA NERVOSA AND OBSESSIVE COMPULSIVE DISORDER SYMPTOMS OVERLAP IN UNIVERSITY STUDENTS

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Orthorexia Nervosa (ON)

- Term coined by Dr. Steven Bratman (1997)
- Pathological obsession with healthy eating
- Greek word **orthos**, meaning “accurate, right, correct, valid”
- “orexis” which means hunger
- **“Righteous Eating”:** People with orthorexia nervosa remained consumed with what types of food they allow themselves to eat, and feel badly about themselves if they fail to stick to their diet.
DSM-5 Eating Disorder Diagnostic Categories

- Anorexia Nervosa (AN)
- Bulimia (BN)
- Binge Eating Disorder (BED)
- Avoidant/restrictive food intake disorder (ARFID)
- Other specified feeding or eating disorders

***But what about Orthorexia Nervosa (ON)?
A Disease Disguised as Virtue

- Obsessive Food Allergy Avoidance
- Quality of the Obsession
  - Absence of moderation
  - Loss of perspective and balance
  - Transfer of too much meaning onto food
  - Escape from life
Hidden Causes of Orthorexia

- The Search for Safety
- Desire for Complete Control
- Covert Conformity
- Searching for Spirituality in the Kitchen
- Food Puritanism
- Creating an Identity
- Fear of Other People
The Dangers of Orthorexia

- Compulsion begins to override free choice
- Begin to judge everyone else on the basis of diet rather than character and personality
- Spending more hours thinking about food, not simply making dietary choices.
The Dangers of Orthorexia Cont.

- Priorities upside down
- Obsessive Compulsive Disorder
- Social Isolation
- Disease transmission – Children
- Addiction
ON associated with other conditions

ON: Is Recovery Possible?

- Steps
- Hidden agendas
- Eating Healthy without Obsession
Health Professionals should Intervene when….

- The diet goes past the point of safety
- The diet is making a person miserable
- Someone admits they would like to quit an extreme diet but can’t
- It seems a third party is involved (dietary cult)
- The diet seems to have become an emotional illness
Summary

- The orthorexic fixates on the quality of food, rather than quantity.
- Life becomes about food obsession (planning, preparing, purchasing, eating meals).
- Compulsion overrides free choice
- Psychological malnutrition impacting quality of life
- Intervention must be done carefully - trust is essential
Orthorexia Nervosa and Obsessive Compulsive Disorder symptoms overlap in university students

Background

- Orthorexia Nervosa (ON), is a disordered eating pattern that focuses on an obsession with healthy eating.
- Orthorexia Nervosa is not currently considered a diagnostic category in the 5th edition of the Diagnostic and Statistical Manual of Mental Illness (DSM-5).
- Current research suggests the orthorexia pathology is multifaceted and associated with obsessive compulsive behaviors.
Study Aims

- To establish demographic characteristics of Orthorexia Nervosa (ON) among university students.
- To explore the relationship between orthorexia features and obsessive-compulsive pathology in male and female students.
Methods

- **Sample**: 270 undergraduate university students
- **Data collection**: Paper self-reported survey
  - Demographic information
  - ORTO-15 scale
  - Obsessive-Compulsive Inventory – Revised (OCI-R)
- **Data Analysis**:
  - Descriptive
  - Correlational analyses (Pearson’s correlation)
  - Independent t-test, Chi square, logistic regression
Study Survey

The study survey included Three main components:

1. Demographic survey
2. ORTO-15
3. Obsessive Compulsive Inventory –Revised
Demographic Survey

- Age
- Gender
- Race
- Marital status
- Body weight (scale)
- Height (report)

- Smoking
- Alcohol consumption
- Exercise
- Food allergy
- Diet/ restricted/ special
- Perception of general health status
ORTO-15

- ORTO-15 determines the prevalence of attitude and behavior related to the consumption of eating healthy food.
- 15- question
- 4-point likert scale [1=never, 4= Always]
- Range [15- 60]
- A cutoff score of less than 40
- ORTO-15 still only partially validated, Cronbach Alpha = 0.82 (Varga et al., 2014)
Obsessive Compulsive Inventory-Revised

- OCI-R measures obsessions and compulsions separately, specifically measuring the severity of these symptoms.
- Valid and reliable instrument.
- 18 questions, 5-point likert scale [0= not at all, 4= extremely]
- Six subscales: 3 items each
  - [Checking, Hoarding, Neutralizing, Obsessive behaviors, Ordering, Washing]
- Range 0-72
- A cutoff score of 21 or higher
Results
Demographic Information

Gender
- Male
- Female

Age Groups
- 18-21 years
- 22-25 years
- 26-29 years
- 30-34 Years
- 35-39 years
- 40 years or above

Race
- African American
- Asian
- Hispanic
- White
- other
Results
ORTO-15 Scores

Male
Female

ORTO<40
ORTO≥40
Results

OCI-R Scores

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<tr>
<th>Odds Ratio Estimates</th>
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<td>Effect</td>
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<td>Male vs Female</td>
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Results

- BMI mean score N (270) = 24.5
- 100 (37%) participants scored below the cutting score of 40 on ORTO-15. 35 male Vs. 65 female
- 104 (38.5%) participants scored > 21 on OCI-R (52 male, 52 female).
- 58 (21%) participants scored 21 and over on OCI AND below 40 on ORTO.
- The odds of male scoring greater than 21 on the OCI is 172% of that for a female.
- Male respondent score as ORTO (< 40), the odds in favor of him scoring as OCI ( >=21) is 372% than that for a respondent that scores >=40 on ORTO.
Results…Continued

Significant negative correlations between ORTO-15 total score and all OCI-R subscales. This means orthorexic Features are associated with OC tendencies.
Study Implications

- Participants with less orthorexia nervosa related symptoms have fewer tendencies to show Obsessive behavior disorder behaviors.
- Health professionals who encounter patients with orthorexic tendencies should consider screening for obsessive compulsive disorder and treat accordingly.
- Further psychometric evaluation studies on ORTO-15 scale are needed to evaluate its validity, reliability, and scoring criteria among different populations.
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