32 - FOOD DISORDERS IN STUDENTS: A STUDY IN THE MUNICIPALITY OF GOIOERÊ / PARANÁ

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1. INTRODUCTION

Eating disorders, in a wide-ranging approach, constitute an increasingly frequent public health problem. Such disorders can range from milder forms such as some food restriction regimens, even the most severe ones such as Anorexia Nervosa and Bulimia Nervosa, affecting not only adolescents and adults, but also school children.

Anorexia nervosa is characterized by a great loss of weight due to a restrictive diet in the incessant search for thinness, other central aspects in psychopathology are the body image disorders and the absence of the menstrual cycles (amenorrhoea) (ALVARENGA, SCAGLIUSI, PHILIPPI, 2011b, p 5).

Bulimia is characterized by a binge eating where the individual ingests an exaggerated amount of food in a short period of time, and most of the time this takes place sneakily. Where the goal is not to quench hunger, but often offset some uncontrolled emotional state.

Episodes of binge eating by bulimics are usually followed by the feeling of loss of control, which can lead to dangerous compensatory practices for weight control, such as self induced vomiting, diuretic use, appetite suppressors or laxatives, diets and exercise (CUNHA, 2008, CORDÁS, 2010).

Such eating disorders may present with other major health problems, usually present comorbidities with depression and anxiety disorder, and have a large increase in their incidence in young girls and adolescents, mainly because they are more susceptible to standards of beauty and aesthetics dictated by society.

Eating disorders significantly affect adolescents with an emphasis on females, which can lead to increased morbidity and mortality and cause great damage to the body and mind of adolescents. To get an "ideal" silhouette, women make strict regimens, so they are so susceptible to these eating disorders. These radical regimes play a major role in triggering eating disorders, according to experts (PHILIPPI and ALVARENGA, 2004).

Eating disorders are described as psychiatric disorders of multifactorial

origin, where excessive preoccupation with body weight and shape leads to extremely disturbed eating attitudes (ALVARENGA; SCAGLIUSI; PHILIPPI, 2011a, p.3).

Certain disorders do not meet all the criteria for classification as anorexia or bulimia, however their psychological and physical symptoms require similar attention and treatment. INTRODUCTION Periodic binge eating disorder (BED) is characterized by a frequent tendency to exaggerate food consumption, without the use of compensatory methods, and a consequent weight gain (CUNHA, 2008). The patient with TCPA has a compulsive eating eater behavior that is characterized by eating faster than usual, eating until feeling uncomfortable.

When we talk about eating disorders, anorexia nervosa is one of the easiest disorders to notice due to the great corporal change that occurs in the patient, since a person with this disorder exhibits a marked thinness, besides presenting some typical behaviors of this disease, like: Not wanting to participate in group meals; Always refuse meals; perform too much physical exercise, among others.

Another important indicator is the excessive concern about diet and weight, which for those who present the disorder is seen as normal, even when their weight is already below adequate. Usually, anorexics have a more introverted personality, are anxious people, and have a tendency to develop obsessive behaviors.

2. METHODOLOGY

This field research was done through the collection of data during activities in this school environment, and aimed to capture data to help understand the possible disturbances that the research may reveal, through a cross-sectional study, where students enrolled in the 6 th to the 9th year of elementary school. Self-administered questionnaires were used to evaluate Eating Disorders-26 / EAT-26, and Body Shape Questionnaire (BSQ).

The study was conducted on an exploratory basis, and the anthropometric data of the students were collected and an interview with duly validated questionnaires validated to evaluate health issues and risky eating habits of the students of the Teaching Establishment.

The instruments for data collection and research execution have in their context pertinent and relevant questions to carry out the study.

Anthropometric Data Form: With the help of the Physical Education teacher of the classes, data regarding height and body mass were collected;

To calculate BMI, the following equation was used:

BMI = Body Mass (kg) / Height (m²)

The classification of BMI will be made according to the table below:
Body Mass Index (BMI)

0 até 18,5	Underweight
18,6 até 24,9	Healthy
25 até 29,9	Overweight
30 até 34,9	Obesity I
35 até 39,9	Obesity II
Acima de 40	Obesity III

Source: http://bvsms.saude.gov.br/bvs

For the evaluation of attitudes and behaviors related to eating and weight control, the Eating Attitudes Test (EAT-26) was performed.

It is an auto-application instrument that assesses the attitudes and behaviors typical of patients with anorexia nervosa. It consists of 26 questions, each question divided into 3 Likert-type scales, containing 6 answer options, being: Always: 3 Points, Many Times: 2 Points, Sometimes: 1 Point, Few Times, Almost Never and Never: 0 Points. (BIGHTIET, 2003)

Among the questions only the one of number 25, it receives inverted punctuation, being that for the answers, Always, Very Frequently and Often the value zero is assigned, and for the answers, sometimes, rarely and never, 1, 2 and 3 points. If the sum of the answers is greater than 21, it may indicate symptomatology related to anorexia nervosa. If it is lower, it indicates normality.

The degree of dissatisfaction with body image was assessed by the Body Shape Questionnaire (BSQ). The questionnaire was developed by Cooper et al, translated into Portuguese by Cordás & Neves. The questionnaire was also validated for a Brazilian university population by Di Pietro in 2001. (KAKESHITA, ALMEIDA, 2006)

Its purpose is to assess the respondent's concern about his or her body weight and appearance, represented by the feeling of "feeling fat". There are 34 items, each with 6 possible answers, according to the following table:

Table 1 - Degree of Dissatisfaction - Body Image

1	2	3	4	5	6
Never	Rarely	Sometime	Often	Often Always	Source

Source: Revista Saúde Pública 2006; 40(3): 497-504.

If the sum of the points is less than 70, it is indicative of normality. Between 70 and 90 indicates slight distortion of body image. Between 90 and 110, moderate distortion of body image and greater than 110 points, severe distortion of body image (KAKESHITA; ALMEIDA, 2006).

3. RESULTS FOUND
The female sample consisted of 36 elements and the results are shown in table 1, which follows:

Table 1 - Results - Female Sample

Sample (Students)	Weight (kg)	Height (m)	BMI	Diagnóstico Do BMI	EAT-26	Result	BSQ	Result
01	39,7	1,56	16,3	Below	17	Normality	69	Normal
02	35	1,57	14,2	Below	23	Risk	90	Moderate
03	37,5	1,51	16,4	Below	3	Normality	34	Normal
04	47,3	1,5	21,0	Healthy	20	Normality	94	Moderate
05	48	1,57	19,5	Healthy	6	Normality	34	Normal
06	53	1,63	19,9	Healthy	21	Normality	44	Normal
07	47,8	1,56	19,6	Healthy	16	Normality	51	Normal
08	42	1,49	18,9	Healthy	9	Normality	45	Normal
09	60	1,65	22,0	Healthy	14	Normality	45	Normal
10	65,2	1,61	25,2	Overweight	22	Light risk	128	Serious
11	52,6	1,61	20,3	Healthy	5	Normality	50	Normal
12	55	1,62	21,0	Healthy	3	Normality	41	Normal
13	54,5	1,66	19,8	Healthy	21	Normality	68	Normal
14	60	1,64	22,3	Healthy	10	Normality	62	Normal
15	53	1,56	21,8	Healthy	19	Normality	44	Normal
16	38,5	1,47	17,8	Below	22	Light risk	48	Normal
17	65,5	1,54	27,6	Overweight	19	Normality	100	Moderate
18	42	1,57	17,0	Below	18	Normality	42	Normal
19	49,6	1,55	20,6	Healthy	12	Normality	50	Normal
20	62,7	1,6	24,5	Healthy	21	Normality	86	Leve
21	50,2	1,52	21,7	Healthy	16	Normality	93	Moderate
22	46,2	1,55	19,2	Healthy	22	Light risk	67	Normal
23	60,8	1,56	25,0	Overweight	25	Risk	164	Serious
24	46	1,55	19,1	Healthy	23	Light risk	98	Moderate
25	42	1,45	20,0	Healthy	17	Normality	69	Normal
26	58,6	1,65	21,5	Healthy	26	Risk	148	Serious
27	39,6	1,59	15,7	Below	12	Normality	51	Normal
28	67,5	1,65	24,8	Healthy	16	Normality	38	Normal
29	55,7	1,56	22,9	Healthy	21	Normality	94	Moderate
30	52,8	1,61	20,4	Healthy	9	Normality	37	Normal
31	97	1,57	39,4	Obesity II	19	Normality	166	Serious
32	68,8	1,66	25,0	Overweight	22	Light risk	123	Serious
33	100	1,61	38,6	Obesity II	19	Normality	71	Leve
34	42,3	1,49	19,1	Healthy	21	Normality	58	Normal
35	45,2	1,59	17,9	Below	24	Light risk	117	Serious
36	82,8	1,59	32,8	Obesity I	20	Normality	121	Serious

Source: he authors themselves (2018).

The male sample consisted of 30 elements and the results are shown in table 2, which follows:

Tabela 2 - Resultados – Amostra Masculina

Sample (Students)	Weight (kg)	Height (m)	BMI	Diagnóstico Do BMI	EAT-26	Result	BSQ	Result
01	41,1	1,56	16,9	Below	14	Normality	41	Normal
02	77,6	1,73	25,9	Overweight	6	Normality	62	Normal
03	29,8	1,42	14,8	Below	14	Normality	38	Normal
04	78,3	1,63	29,5	Overweight	15	Normality	48	Normal

05	47,3	1,55	19,7	Healthy	21	Normality	40	Normal
06	60	1,48	27,4	Overweight	21	Normality	78	Leve
07	68,8	1,52	29,8	Overweight	6	Normality	51	Normal
08	75,3	1,62	28,7	Overweight	17	Normality	44	Normal
09	35,9	1,48	16,4	Below	25	Risk	110	Serious
10	66	1,67	23,7	Healthy	21	Normality	85	Leve
11	39	1,51	17,1	Below	2	Normality	36	Normal
12	37	1,47	17,1	Below	23	Risk	59	Normal
13	40	1,53	17,1	Below	23	Risk	114	Serious
14	45,8	1,56	18,8	Healthy	23	Risk	120	Serious
15	49,1	1,65	18,0	Below	5	Normality	47	Normal
16	40	1,52	17,3	Below	24	Risk	113	Serious
17	41,8	1,57	17,0	Below	21	Normality	72	Leve
18	34,6	1,45	16,5	Below	17	Normality	87	Leve
19	48	1,48	21,9	Healthy	22	Risk	110	Serious
20	45,2	1,7	15,6	Below	12	Normality	90	Moderate
21	51,7	1,58	20,7	Healthy	15	Normality	43	Normal
22	46,1	1,7	16,0	Below	14	Normality	56	Normal
23	54,5	1,71	18,6	Healthy	10	Normality	40	Normal
24	50	1,64	18,6	Healthy	4	Normality	34	Normal
25	64,8	1,83	19,3	Healthy	15	Normality	52	Normal
26	49,3	1,64	18,3	Below	11	Normality	63	Normal
27	86	1,64	32,0	Obesity I	23	Risk	84	Leve
28	38	1,53	16,2	Below	16	Normality	38	Normal
29	57,3	1,64	21,3	Healthy	14	Normality	53	Normal
30	57	1,63	21,5	Healthy	13	Normality	96	Moderate

Source: he authors themselves (2018).

The sample consisted of 54.54% female students and 45.46% male students, in the face of the anthropometric data obtained from the students, after calculations we can see that: 31.8% of the students in the school 48.5% are considered payable, 13.6% of students are overweight, 3% are in grade I obesity, and 3% are in grade II obesity, according to the table 3.

It is also observed that the 7th year was the group with the highest index of underweight students, and that in the 9th year, the only cases of obesity grades I and II of this school appear.

Table 3 - Percentage of Anthropometric Data per Class

Body mass index	Result by class									Overall Result	
	6°A	%	7°A	%	8°A	%	9°A	%		Grand total	General %
Under weight	5	29,4%	10	47,6%	3	21,4%	3	21,4%		21	31,8%
Healthy	7	41,2%	9	42,9%	10	71,4%	6	42,9%		32	48,5%
Overweight	5	29,4%	2	9,5%	1	7,1%	1	7,1%		9	13,6%
Obesity I	0	0,0%	0	0,0%	0	0,0%	2	14,3%		2	3,0%
Obesity II	0	0,0%	0	0,0%	0	0,0%	2	14,3%		2	3,0%
Obesity III	0	0,0%	0	0,0%	0	0,0%	0	0,0%		0	0,0%
Total Per Room	17	100%	21	100%	14	100%	14	100%		66	100%

Source: he authors themselves (2018).

Graphic 1:

The graph below shows the general percentage of the female and male samples of the school, where we noticed a significant margin of students with low body mass index.
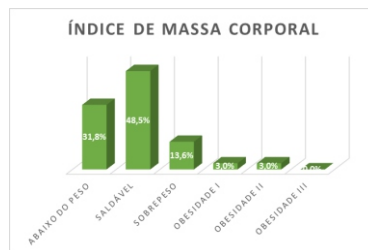
After obtaining the results of the EAT-26 questionnaire, it was observed that, among the students evaluated (n = 66), none of the students presented a high risk of developing eating disorders, 16 students (24.2%) presented low risk, and 50 students (75.8%) presented no risk according to table 2.

Table 4 - Result of the Food Attitudes Questionnaire

Food Attitudes of Risk	Result Quiz EAT-26										
	Result by class									Overall Result	
	6°A	%	7°A	%	8°A	%	9°A	%		Grand total	General %
Normality	16	94,1%	14	66,7%	9	64,3%	11	78,6%		50	75,8%
Presents risk	1	5,9%	7	33,3%	5	35,7%	3	21,4%		16	24,2%
Total Per Class	17	100%	21	100%	14	100%	14	100%		66	100%

Source: he authors themselves (2018).

As to body image distortion, 39 (59.1%) were within normal range, 7 (10.6%) presented mild distortion, 8 (12.1%) presented moderate distortion and 12 (18 , 2%) present severe distortion of body image, according to table 3.

Graph 2:
The following graph shows the general percentage of students with food attitudes considered to be at risk for male and female samples.
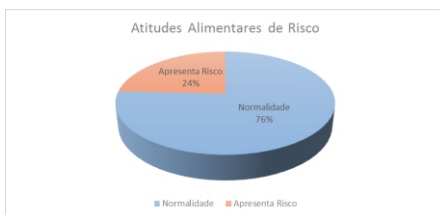

Table 5 - Results of the Body Self-Perception Perception Questionnaire

Result BSQ Questionnaire										
Body Image Distortion	Result by class								Overall Result	
	6ºA	%	7ºA	%	8ºA	%	9ºA	%	Grand total	General %
Result Questionnaire BSQNormality	14	82,4%	11	52,4%	7	50,0%	7	50,0%	39	59,1%
Light Distortion	1	5,9%	4	19,0%	0	0,0%	2	14,3%	7	10,6%
Moderate Distortion	2	11,8%	1	4,8%	4	28,6%	1	7,1%	8	12,1%
Severe Distortion	0	0,0%	5	23,8%	3	21,4%	4	28,6%	12	18,2%
Total Per Room	17	100%	21	100%	14	100%	14	100%	66	100%

Source: he authors themselves (2018).

Graph 3:
Overall percentage of body image distortion of male and female samples, with distortion data divided into Normality and Distortions: Mild, Moderate and Severe.
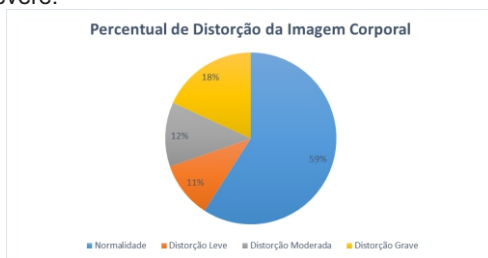
4. DISCUSSIONS
It can be seen from table 1 that the result of 11-year-old Aluna 02 is one of the worrying cases, in a comparative table, her BMI is below ideal, presenting slight magress, but associated with the results of the questionnaires. food and body image attitudes, we noticed a moderate distortion of body image, and a result of a slight risk of food attitudes, thus qualifying for a possible closer observation of the case by the pedagogical team of the school.
Another important case is that of Aluna 26, which, even though it was within the considered ideal weight, presented significant results in the questionnaires, presenting possible attitudes of risky food, and a serious distortion of the body image itself. Being another case to be accompanied by the pedagogical team.
After analyzing all the data obtained during the research, we can see in the female sample, an average of 21.91 kg / m2 in the results of the Body Mass Index, with a Mean Deviation (Dm) of 3.7 points, and a Standard Deviation (D) of 5.49, resulting in a Coefficient of Variation (Cv) of 25.08%, showing a High Variability between the results, being between 20% and 30%.
In the male sample, we noticed an average of 20.39 kg / m2 in the results of the Body Mass Index, presenting a Mean Deviation (Dm) of 3.9 points, and a Standard Deviation (D) of 4.83, resulting in a Variation coefficient (CV) of 23.71%, also showing a high variability between the results, being between 20% and 30%.
It is noticed that in the female amorsta, the average of the results of Body Mass Index is slightly higher than in the male sample, this difference becomes larger when we analyze the groups separately, because in the 9th year there are 4 cases of obesity, only one of the cases occurred in the male sample, and the other three in the female sample.
Another important factor is the extreme opposite of obesity, when we noticed that there are two students with BMIs well below the ideal, Student 02 with 14.2 and Student 03 with 14.8. In this question, the difference in the result is minimal, but in the female appendix, in addition to the low body mass index, it was found a risk food behavior, and a moderate distortion of the body image, whereas in the male sample, although the student was below the ideal, does not present eating behaviors considered at risk, and also does not present distortion of its body image.

5. CONCLUSION
The research developed showed that although the risks were not alarming, the female sample, as the available literature already indicated, presented greater risks of developing eating disorders than the male sample, and we were able to identify a few cases that deserve some attention of the pedagogical team of the State University Garden School.
With this study we seek to contribute, in partnership with the educational institution, to seek an improvement in the health and quality of life of the students, indicating through statistical data, the possible cases to be followed by those responsible.
The study presented limits, being a preliminary research, and could be further supplemented using other tests allied to

the ones executed, such as the Periodic Feed Compulsion Scale (ECAP), the Body Change Questionnaire (QMC) or the Silhouettes Scale among others.

We believe that the study developed may be of great help to the school community, and may become a theoretical reference for future studies and research in the area, and this article will be available at the school after its final approval for consultations and research.

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ABSTRACT: The present study had as objective to verify the prevalence of behaviors indicative of eating disorders in adolescents of the final series of Elementary School, making a comparison between the concern with the corporal image and possible behaviors that could indicate indications of risk eating habits through BMI - Body Mass Index, BSQ Body Image Questionnaire, and EAT-26 Food Attitudes Questionnaire, to evaluate body image, and possible symptoms of anorexia nervosa. In the results obtained, it was observed that for n = 66, 21 students (31.8%) were underweight, 32 students (48.5%) had the ideal weight, 9 students (13.6% %) are overweight, 2 students (3%) have Obesity grade I, and 2 students (3%) have Obesity grade II. It was also observed that, among the students evaluated (n = 66), no student presented a high risk of developing an eating disorder, 16 students (24.2%) presented low risk, and 50 students (75.8%) did not present risk. As to body image distortion, 39 (59.1%) were within normal range, 7 (10.6%) presented mild distortion, 8 (12.1%) presented moderate distortion and 12 (18 , 2%) present severe distortion of body image.
Key Words: Body Image, MCD, Eating Disorders.

RÉSUMÉ: Cette étude visait à vérifier la prévalence de comportements indiquant des troubles de l'alimentation chez les adolescents dans les dernières années de l'école élémentaire, en comparant les préoccupations relatives à l'image corporelle et les comportements possibles pouvant indiquer des habitudes alimentaires à risque. de l'IMC - Indice de masse corporelle, questionnaire sur l'image corporelle BSQ et le questionnaire sur les attitudes vis-à-vis des aliments EAT-26, afin d'évaluer l'image corporelle et les symptômes possibles de l'anorexie mentale. Dans les résultats obtenus, il a été observé que pour n = 66, 21 étudiants (31,8%) avaient un poids insuffisant, 32 étudiants (48,5%) avaient le poids idéal, 9 étudiants (13,6%). %) ont un excès de poids, 2 étudiants (3%) ont un niveau d'obésité I et 2 (3%) ont un niveau d'obésité II. Il a également été observé que, parmi les étudiants évalués (n = 66), aucun étudiant ne présentait un risque élevé de développer un trouble de l'alimentation, 16 étudiants (24,2%) présentaient un risque faible et 50 étudiants (75,8%) ne présentaient pas. risque. En ce qui concerne la distorsion de l'image corporelle, 39 (59,1%) étaient dans la fourchette normale, 7 (10,6%) présentaient une distorsion légère, 8 (12,1%) présentaient une distorsion modérée et 12 (18%). , 2%) présentent une distorsion grave de l'image corporelle.
Mots-clés: image corporelle, MCD, troubles de l'alimentation

RESUMEN: El presente estudio tuvo como objetivo verificar la prevalencia de comportamientos indicativos de trastornos alimentarios en adolescentes de las series finales de la Enseñanza Fundamental, realizando un comparativo entre la preocupación con la autoimagen corporal y posibles comportamientos que puedan indicar indicios de hábitos alimentarios de riesgo, a través del IMC - Índice de Masa Corporal, Cuestionario de Imagen Corporal BSQ, y el Cuestionario de Actitudes Alimentarias EAT-26, para evaluar la imagen corporal, y posibles síntomas de anorexia nerviosa. En los resultados encontrados se observó que para un n = 66, 21 alumnos (31,8%) se encuentran por debajo del peso, 32 alumnos (48,5%) se encuentran con el peso ideal, 9 alumnos (13,6) (3%) se encuentran con Obesidad grado I, y 2 alumnos (3%) se encuentran con Obesidad grado II. Se observó también que, entre los estudiantes evaluados (n = 66), ningún alumno presentó alto riesgo de desarrollar algún trastorno alimentario, 16 alumnos (24,2%) presentaron bajo riesgo, y 50 alumnos (75,8%) no presentaron riesgo. En cuanto a la distorsión de la imagen corporal, entre los 66 alumnos evaluados, 39 (59,1%) están dentro de la normalidad, 7 (10,6%) presentan distorsión leve, 8 (12,1%) presentan distorsión moderada y 12 (18) , 2%) presentan una distorsión grave de la imagen corporal.
Palabras-Claves: Imagen Corporal, IC, Trastornos alimentarios.

RESUMO: O presente estudo teve como objetivo verificar a prevalência de comportamentos indicativos de transtornos alimentares em adolescentes das séries finais do Ensino Fundamental, realizando um comparativo entre a preocupação com a autoimagem corporal e possíveis comportamentos que possam indicar indícios de hábitos alimentares de risco, através do IMC – Índice de Massa Corporal, Questionário de Imagem Corporal BSQ, e o Questionário de Atitudes Alimentares EAT-26, para avaliar a imagem corporal, e possíveis sintomas de anorexia nervosa. Nos resultados encontrados observou-se que para um n=66, 21 alunos (31,8%) encontram-se abaixo do peso, 32 alunos (48,5%) encontram-se com o peso ideal, 9 alunos (13,6%) encontra-se com sobrepeso, 2 alunos (3%) encontra-se com Obesidade grau I, e 2 alunos (3%) encontram-se com Obesidade grau II. Observou-se também que, dentre os estudantes avaliados (n=66), nenhum aluno apresentou alto risco de desenvolverem algum transtorno alimentar, 16 alunos (24,2%) apresentaram baixo risco, e 50 alunos (75,8%) não apresentaram risco. Quanto a distorção da imagem corporal, dentre os 66 alunos avaliados, 39 (59,1%) estão dentro da normalidade, 7 (10,6%) apresentam distorção leve, 8 (12,1%) apresentam distorção moderada e 12 (18,2%) apresentam distorção grave da imagem corporal.
Palavras-Chaves: Imagem Corporal, ÍMC, Transtornos alimentares.