



Understanding Psychological Connections to Dietary Behavior: A Study of Future Medical Professionals' Knowledge and Insights

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ABSTRACT

Background: Eating disorders are not a lifestyle of choice rather illnesses that are of serious concern. Eating disorders pose a huge global burden. Body dissatisfaction, overweight in childhood and various other factors has increased the risk of having eating disorders. Different studies conducted in Pakistan conclude that a significant fraction of medical university students is at risk of having Eating Disorders. **Methods:** A cross-sectional study was conducted among 834 participants from Dow medical college and Dow international medical of Karachi. Participants of the study were recruited through convenient sampling technique, by signing an informed consent. Data was collected using self-administered questionnaire, which included 26 items in total. Initial questions were about the demographic details of the participants and there were twenty questions to assess participants' knowledge about eating disorders. This data was analyzed and presented using SPSS version 16 along with Office word format and excel. **Results:** Overall, the average number of correct responses to eating disorders terminology and characteristics related questions was 6.88 ± 1.94 (out of 10 questions). Mean score for knowledge about eating disorders assessment and terminology was 6.55 (out of 10 questions) with a standard deviation of ± 1.68 . Participants' sex, age, and level of education were found to be significantly associated with their knowledge about eating disorders. **Conclusion:** Eating disorders are serious medical conditions, yet students lack adequate understanding regardless of gender or university. While higher study levels show a slight positive impact, attention must be given to curriculum, teaching hours, and clinical exposure for eating disorders.

INTRODUCTION

Background

Eating disorders are not a lifestyle of choice rather illnesses that are of serious concern. Eating disorders are drastic disturbances in person's eating related behaviors, emotions and thoughts which has serious physical and mental consequences and sometimes it may be fatal as suicidal attempts and medical complications are common. Binge eating disorder, anorexia nervosa, bulimia nervosa and pica are some of the types of eating disorders (1, 2).

The cause of eating disorders is quite unclear. Studies suggest that pubertal timing, predisposition to psychiatric disorders like anxiety is related with onset of eating disorders. Results of new researches explains

possible link of eating disorders with heredity and genetics. Medical and psychological treatment is necessary to prevent adverse health conditions as malnutrition, cardiac issues or even death (3, 4).

Eating disorders pose a huge global burden. According to a study approximately 14.3% males and 19.7% females in USA suffer from eating disorders by the age of 40 years and eating disorders were found to be highly prevalent among male and female individuals of age 21 in America (5). Body dissatisfaction, overweight in childhood and various other factors has increased the risk of having eating disorders in European population. Eating disorders are quiet common but overlooked illness in Europe (6). Prevalence of eating disorders is

increasing among female students of China, Japan, Vietnam and Pakistan (7).

There is no specific age of having eating disorders but most of the women get eating disorders during 12-35 years of age (4). Symptoms of eating disorders are prevalent among American medical university students. Overweight and obese university students have higher risk of eating disorder (8). Students studying in medical universities of France have greater prevalence of eating disorders along with other psychological issues as stress, depression etc. (9). Study reveals that family and media is highly influential in development of eating disorders among university students in Sharjah, and female students of university in Taif, KSA has higher rates of having eating disorders (10, 11). Prevalence rate of eating disorders is quite high in university students of Bangladesh, similar trend is observed among Iranian university students where main predictive factor of eating disorders is low self-esteem and maternal education. However, prevalence of eating disorders is low in China in comparison with other countries and the reason is parents' education level (1). Different studies conducted in Pakistan concludes that a significant fraction of medical university students is at risk of having Eating disorders (12-16).

University class fellows are in regular contact with students they can help in early detection of early signs of eating disorders among their students to provide timely intervention. As per my knowledge medical university students in Pakistan are never assessed for their knowledge about eating disorders. So, this would be the first study to assess medical university students' knowledge about eating disorders in Pakistan.

Significance of the Problem

Prevalence of eating disorders in Pakistan is increasing day by day. Studies have shown that medical university students are at a significant risk of developing eating disorders. If medical university students can identify the signs and symptoms of eating disorders among students then this will help in timely effective intervention. Therefore, medical university students' knowledge regarding eating disorders is important. This study aims to assess medical university students understanding of eating disorders. Till date, no such study has been published in Pakistan as per my knowledge.

Objective of the Study

- To assess knowledge about eating disorders among medical university students.
- To assess association between demographic characteristics of medical university students with their knowledge about eating disorders.

Hypothesis

- Ho: Medical university students have no knowledge about eating disorders.

- Ha: Medical university students have knowledge about eating disorders.

Operational Definitions

Eating disorders: Eating disorders are serious health conditions in which people suffer from food, body image and weight related thoughts and behavior problems (4).

Types of Eating Disorders

The study is based on three main types of eating disorders: anorexia nervosa, bulimia nervosa and binge eating disorder.

Anorexia nervosa is characterized by very strict calorie intake in order to maintain low weight status or to reduce weight, sometimes binge eating followed by purging.

Bulimia nervosa in bulimia nervosa people suffer from the fear of gaining weight, but during binge eating people overeat due to lack of control and to compensate the excess calories they either throw up or use laxatives. Some people do excessive physical activity as a compensatory behavior.

Binge eating disorder It is characterized by excessive caloric intake which is not followed by vomiting. This overeating usually happens in short episodes (17).

REVIEW OF LITERATURE

Knowledge and Understanding

In America at around 40 years of age every one male out of seven and one female out of five suffers from eating disorders (5). To prevent this increasing prevalence early detection and treatment is needed. Multiple stakeholders can play role in this regard like parents, medical and health professionals, peers, teachers etc. A focus group and interview based qualitative study, consisted of 62 participants, recently carried out in Australia. A variety of stake holders were recruited via convenience sampling technique. The main aim of the study was to assess knowledge and belief of stakeholders relating to eating disorders and obesity. As per the findings of the study university peers along with others lacks understanding and awareness of eating disorders including different types of eating disorders and their related behaviors. Efforts are needed to develop public health campaigns to improve public understanding of eating disorders (18).

In Japan a self-report questionnaire was used to conduct a study among female university students, anorexia nervosa and bulimia nervosa vignettes specific to Japan were used. Many participants thought that the problems described were eating related simple problems (19).

A study conducted in Karnataka, India employing 550 students as participant concluded that educators, parents and health care providers have huge responsibility to interact and discuss with adolescents

and kids about bad effects of eating disorders and excessive body image concerns (20).

University Education and Clinical Training

A study in UK revealed that during the 10–16 years of under and postgraduate medical training eating disorders were taught minimal. Evaluation of knowledge regarding eating disorders was not considered for most of the doctors during their training period, and few out of them got the chance to enhance their clinical knowledge and skills regarding eating disorders by having specialist placement during their training. This escalates the mortality and morbidity issues associated with eating disorders and put patient's safety at risk (21).

A cohort comparison study was conducted in Canada among psychiatry residents using a questionnaire to gather data related to their eating disorders education and training. Most respondents indicated that education and training about eating disorders was not adequate and faced negative attitude during clinical training period in patients having working with eating disorders. The researcher recommended to update and continue training programs to enhance and their outline and ensure that residents get maximum exposure to assessment and treatment literature related to eating disorders (22).

All together dissatisfaction with training to assess and treat eating disorders was common among physicians, regardless of eating disorders linked serious social, physical and psychological consequences specifically in children and adolescents. Similarly, another study reveals medical residents' dissatisfaction with eating disorders' assessment and treatment training. In 2006, Williams and Leichner found in his study that only 24% of residents considered their university education adequate related to eating disorders, and on the other hand only 6% respondents declared that they consider their clinical training was sufficient for assessment and treatment of eating disorders (23).

Confidence of Medical Students or GPs and clinical practice:

A study found that 90% of the family physicians were not confident in their competency regarding assessment and treatment of eating disorders among children and adolescent patients (21).

In another study only 37.11% participants responded. Lack of confidence in treating patients with eating disorders and managing serious conditions/ complications during their hospital stay was the response of most of the doctors. According to most of the responses Refeeding syndrome was found to be the utmost challenging situation for responding doctors (24).

Physicians who were not specialized in this field described about common challenges they face in the assessment and treatment of eating disorders in the

hospital setting for admitted patients. Lack of confidence and training about screening and medical intervention were the most common challenges (2).

METHODOLOGY

Research Design and Settings

This study was a descriptive cross-sectional study. It was conducted in Karachi, Pakistan.

Inclusion Criteria

Both male and female students currently enrolled in a medical university.

Exclusion Criteria

- Students who never heard about the term eating disorders.
- Questionnaire with missing responses were excluded.

Sampling Technique

The study participants were selected through convenient sampling. Students from Dow Medical College (DMC) and Dow International Medical College (DIMC), who fulfilled the inclusion criteria of the study, were recruited.

Study Duration

Study synopsis was approved in December 2020. Data collection and entry of data into SPSS was done till June 2021. In July 2021 study write-up got completed.

Sample size Estimation

Sample size was determined using OpenEpi software. The estimated sample size of this study was 349 for 95% confidence interval and 5% margin of error.

Thus, the sample size estimated for our study is 349. To reduce missing observation bias, we increased the sample size to 10%; the sample estimated is 384.

Sample Size for Frequency in a Population	
Population size (for finite population correction factor or fpc)(N):	1000000
Hypothesized % frequency of outcome factor in the population (p):	65.3% +/- 5
Confidence limits as % of 100 (absolute +/- %)(d):	5%
Design effect (for cluster surveys-DEF):	1
Sample Size(n) for Various Confidence Levels	
Confidence Level(%)	Sample Size
95%	349
80%	149
90%	246
97%	427
99%	601
99.9%	981
99.99%	1371
Equation	
Sample size $n = [DEFF * Np(1-p)] / [(d^2 / Z^2_{1-\alpha/2} * (N-1) + p * (1-p))]$	
Results from OpenEpi, Version 3, open source calculator--SSPropor	
Print from the browser with ctrl-P or select text to copy and paste to other programs.	

Study Parameters

Demographic Characteristics: Both male and female medical university students were part of this study. Age range of participants was from 18 to 26 years. Participants' demographic characteristics were assessed using multiple choice close ended questions, including their age, sex, marital status, year of study, and the name of medical university they are enrolled in.

Knowledge about Eating Disorders Terminology:

Study participants' knowledge about terminology related to eating disorders was assessed by asking true or false as a response for given definitions of different types of eating disorders.

Knowledge about Eating Disorders Characteristics:

To evaluate students' understanding of basic characteristics and features associated with eating disorders true/false questions were used in the study.

Knowledge about Eating Disorders Assessment:

To assess participants' knowledge, about signs and symptoms used to assess eating disorders, close ended true/false questions were included in the study.

Knowledge about Eating Disorders Treatment:

Close ended true/ false based questions were used to evaluate students' knowledge about medical treatment of eating disorders.

Ethical Considerations

The study was approved by IRB, Dow University of Health Sciences. Study participants were recruited after obtaining informed consent and participation in the study was completely voluntary. The students were also informed about the questionnaire and their right to withdraw from the study at any point in time and that the information they are providing would be kept confidential under all circumstances, by assigning student a code specific to them.

Data Collection

The tool used in this study to collect data was a self-administered questionnaire along with an informed consent. It was developed by using questions from previous study questionnaires (17, 19, 25-27). These questions were further modified to make more appropriate for this study. It included 26 items in total. Initial questions were about the demographic details of the participants.

There were twenty questions to assess participants' knowledge about eating disorders, with 'yes' or 'no' as possible answers. Out of 20, ten questions were about eating disorders' terminology and characteristics and the remaining questions covered ED's assessment and treatment. The questionnaire required 5-10 minutes to complete.

Initially data was collected from 400 participants and 16 questionnaires were excluded due to missing responses. Hence, total 384 participants who completed the survey were included in the study.

Statistical Analysis

This data was analyzed using SPSS version 16 along with Office word format and excel. Before analysis coding was done for all the questions in which it was needed by assigning data a numeric value. For each question focusing on knowledge about eating disorders a score of point 1 and point zero were given for correct and incorrect answer respectively. Composite scores were carried out for both ED's terminology and characteristics, and ED's assessment and treatment.

Descriptive statistics were reported with frequency, mean, standard deviation and percentages for qualitative and quantitative variables using tables and figures.

The data was not normally distributed. To find significant association between demographic characteristics of the participants and their knowledge about eating disorders, non-parametric statistics, namely Mann-Whitney and Kruskal Wallis Tests were used.

RESULTS**Demographic Characteristics**

Overall, 384 participants were recruited in this study, out of which 60.7% (n = 384) were female and male participants were 39.3% (n = 384). 69.5% of the students (n=267), participated in this study were aged between 21 to 23 years. Among 384 recruited participants only 28 students were enrolled in first year of MBBS program and majority of the students were in their third year and above. 77.6% participants were studying in DMC and 22.4% in DIMC. Only 3.4% (n=13) participants of the study were married and the remaining responded to be single. Demographic characteristics of the participants are reported in Table 4.1.

Table 1

Demographic characteristics of medical university students (n=384)

Demographic Characteristics	n	%
Sex		
Male	151	39.3
Female	233	60.7
Age		
18-20 years	68	17.7
21-23 years	267	69.5
24-26 years	49	12.8
Year of study (MBBS)		
First year	28	7.3
Second year	72	18.8
Third year	146	38
Fourth year	103	26.8
Fifth year	35	9.1
Name of university		
DMC	298	77.6
DIMC	86	22.4
Marital status		
Single	371	96.6
Married	13	3.4

Assessment of participants' knowledge about eating disorders terminology and characteristics

More than 70% of the participants gave correct responses of all terminology related questions but only 60.9% of the participants chose correct response for binge eating disorder definition. 179 (46.6%) participants did not consider eating disorders as serious mental and physical illness, and 61.5% did not found eating disorders as a life-threatening condition. According to 120 students' families are to blame for eating disorders. (Table 4.2)

Table 2

Participants' knowledge about eating disorders terminology and characteristics (n=384)

Item	Correct Answer n (%)	Incorrect Answer n (%)
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Eating disorders are illnesses that are characterized by irregular eating habits and severe distress or concern about body size and shape. (Yes)	340 (88.5)	44 (11.5)
There are typically three forms of eating disorders (Yes)	289 (75.3)	95 (24.7)
Bulimia Nervosa is repeated acts of binge eating and vomiting (Yes)	285 (74.2)	99 (25.8)
Anorexia Nervosa is characterized by weight loss resulting from excessive dieting (Yes)	314 (81.8)	70 (18.2)
Binge Eating is characterized by frequently consuming unusually large amounts of food with lack of ability to stop eating (Yes)	234 (60.9)	150 (39.1)
Eating Disorders affect both females and males (Yes)	284 (74)	100 (26)
Eating Disorders can develop during any stage in life but typically appear during teen years or young adulthood (Yes)	278 (72.4)	106 (27.6)
Eating Disorders are serious mental and physical illnesses (Yes)	205 (53.4)	179 (46.6)
Eating Disorders are potentially life-threatening conditions that can affect every organ system in the body (Yes)	148 (38.5)	236 (61.5)
Families, particularly parents, are to blame for eating disorders (No)	264 (68.8)	120 (31.2)

Assessment of participants' knowledge about eating disorders assessment and treatment

Frequencies and percentages of responses for ED's assessment and treatment related questions is given table 4.3. More than half (61.5%) of the participants wrongly believed that if a person does not lose weight or is of average weight, he/she does not have an eating disorder. 93.5% students incorrectly stated that frequent vomiting is not dangerous as long as there is blood in vomit. Nearly half of the respondents had wrong belief that dental problems are common with bulimia (50.3%), and people with Bulimia Nervosa are likely to be perfectionist and high achievers (54.2%). While majority of the participants knew that eating disorders can be successfully treated (95.1%), and weight loss may cause dizziness due to low blood pressure (79.2%).

Table 3

Participants' knowledge about eating disorders assessment and treatment (n=384)

Item	Correct Answer n (%)	Incorrect Answer n (%)
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If a person does not lose weight or is of average weight, he/she does not have an eating disorder (No)	236 (61.5)	148 (38.5)
Eating Disorders are a cry for attention or a person "going through a phase" (No)	173 (45.1)	211 (54.9)
Eating Disorders make concentrating difficult (Yes)	253 (65.9)	131 (34.1)
Dental problems are common with bulimia. (Yes)	191 (49.7)	193 (50.3)
Frequent vomiting is not dangerous as long as there is blood in vomit. (No)	359 (93.5)	25 (6.5)
People with Bulimia Nervosa are likely to be perfectionist and high achievers (Yes)	176 (45.8)	208 (54.2)
People with Anorexia Nervosa dress in layers to hide weight loss or stay warm (Yes)	153 (39.8)	231 (60.2)
Weight loss may cause dizziness due to low blood pressure (Yes)	304 (79.2)	80 (20.8)
Eating Disorders can be successfully treated (Yes)	365 (95.1)	19 (4.9)
Medications can sometimes be used to help treat eating disorders (Yes)	295 (76.8)	89 (23.2)

Mean scores of participants' knowledge about eating disorders

Overall, the average number of correct responses to eating disorders terminology and characteristics related questions was 6.88 ± 1.94 (out of 10 questions). Mean score for knowledge about eating disorders assessment and terminology was 6.55 (out of 10 questions) with a standard deviation of ± 1.68 .

The maximum number of correct responses was found to be 10 out of 10 questions for both ED's terminology and characteristics and ED's assessment and treatment related questions, however none of the respondents answered less than 2 correct responses (out of 10 questions) for questions related to either ED's terminology and characteristics or ED's assessment and treatment.

Table 4

Mean scores of participants' knowledge about eating disorders (n=384)

Participants' knowledge	Mean \pm SD	Range
Knowledge about eating disorders terminology and characteristics	6.88 ± 1.94	2 - 10
Knowledge about eating disorders assessment and treatment	6.52 ± 1.68	2 - 10

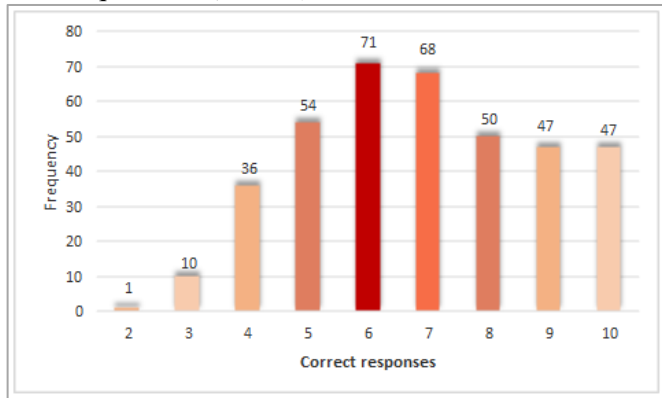
Correct responses of terminology and characteristics related questions (n=384)

Out of 384 only 47 participants answered all ten questions correctly and 11 participants answered 3 or less questions correctly.

71 (n=384) respondents gave 6 correct responses out of ten questions, and 7 questions were answered correctly by 68 participants of the study. (Figure 4.1)

Figure 1

Correct responses of terminology and characteristics related questions (n=384)



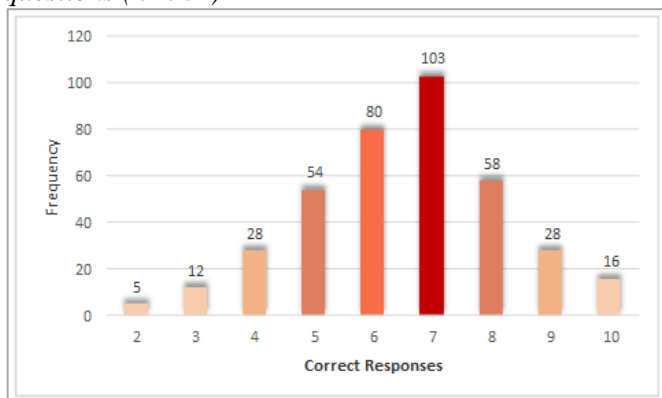
Correct responses of assessment and treatment related questions (n=384)

Out of 384 only 16 participants answered all ten questions correctly and 17 participants answered 3 or less questions correctly.

103 (n=384) respondents gave 7 correct responses out of ten questions, and 6 questions were answered correctly by 80 participants of the study. (Figure 4.2)

Figure 2

Correct responses of assessment and treatment related questions (n=384)



Comparison of mean knowledge scores of eating disorders among categories of demographic characteristics

T-test showed that sex had significant effect for both knowledge about terminology & characteristics (p-value 0.001) and knowledge about assessment & treatment (p-value = 0.002) related questions. For terminology and characteristics related questions male participants average score was higher (M = 7.29, SD = 2.20) as

compared to female participants (M = 1.61, SD = 1.71), and for assessment and treatment related questions females (M=6.75, SD=1.39) scored relatively better than male (M = 6.17, SD = 2.01) participants.

Significant association was found between respondents' age and their knowledge about ED's assessment and treatment (p-value 0.042) and the highest mean value was of age between 21 -23 years (M = 6.65, SD = 1.63).

Results indicate that knowledge and eating disorders terminology and characteristics significantly improved with an increase in year of study (p-value 0.004), i.e., first year students' scores (M = 5.61, SD = 1.42) significantly less than students' in a higher study year. However, year of study had no significant effect on students' knowledge about eating disorders' characteristics and terminology (p-value 0.233).

Likewise, marital status and none of the specific university had significant impact on students' knowledge about eating disorders either related to terminology and characteristics or assessment and treatment.

Table 5

Comparison of mean knowledge scores of eating disorders among categories of demographic characteristics (n= 384)

Demographic Characteristics	Knowledge About ED's Terminology and Characteristics	Knowledge about ED's Assessment and treatment
	Mean \pm SD	Mean \pm SD
Sex		
Male	7.29 \pm 2.20	6.17 \pm 2.01
Female	6.61 \pm 1.71	6.75 \pm 1.39
p-value †	0.001	0.002
Age		
18-20 years	6.56 \pm 2.16	6.04 \pm 1.79
21-23 years	6.94 \pm 1.94	6.65 \pm 1.63
24-26 years	7.00 \pm 1.63	6.49 \pm 1.73
p-value *	0.371	0.042
Year of Study (MBBS)		
First year	5.61 \pm 1.42	6.21 \pm 1.75
Second year	6.78 \pm 2.06	6.19 \pm 1.71
Third year	6.94 \pm 1.89	6.67 \pm 1.53
Fourth year	7.02 \pm 1.97	6.69 \pm 1.73
Fifth year	7.43 \pm 1.85	6.34 \pm 1.97
p-value *	0.004	0.233
Name of University		
DMC	6.87 \pm 2.00	6.50 \pm 1.71
DIMC	6.91 \pm 1.75	6.59 \pm 1.61
p-value †	0.837	0.631
Marital Status		
Single	6.85 \pm 1.94	6.53 \pm 1.67
Married	7.77 \pm 1.73	6.31 \pm 2.13
p-value †	0.101	0.604

† p-value was calculated by Mann-Whitney Test, * p-value was calculated by Kruskal Wallis Test

DISCUSSION

This study examined the knowledge of medical university students of Karachi about eating disorders

characteristics, terminology, assessment and treatment. Results of this study are consistent with previous studies reporting that knowledge about eating disorders among students is not enough (25).

The results of the study reveals that most of the sample lacked knowledge about eating disorders' terminology and characteristics and had even poorer knowledge of ED's assessment and terminology, which is more important in terms of diagnosis and providing care for the disorder. Some of the wrong believes were of special concern. For example, the misconception that frequent vomiting is not dangerous as long as there is blood in vomit, and if a person does not lose weight or is of average weight, he/she does not have an eating disorder. A study conducted among medical practitioners also suggested that clinicians lacks confident in diagnosis of eating disorders due to poor knowledge as a result of limited coursework about eating disorders and few clinical attachments related to eating disorders (28). According to the findings of a previous study treating eating disorders was difficult for medical residents than assessing ED's.

Not surprisingly, results of this study with regard to gender are consistent with previous studies male participants were relatively more informed about eating disorders' terminology and characteristics only while females had more knowledge about ED's assessment and treatment. This may be due to the fact that females are more inclined towards pathology of eating disorders and body image. Females had better knowledge about how to assess and mark related signs and symptoms. Treatment of eating disorders is a topic of interest for females because of its link with changes in body shape and size. (Czepczor et al., 2016)

The survey indicates that students aged between 21 years and 23 years had better knowledge which is most likely due to the fact that the age of students studying in third, fourth and fifth year of MBBs falls in this age range. This proves that students' knowledge increases as they study in higher grades. As similar results were indicated in a previous study analyzing the effect of year of residency on level of comfort in diagnosing and treating eating disorders among physicians. According to that study year of residency was positively related to the physicians' knowledge about assessing and treating eating disorders. Higher level of training and education leads to improved knowledge and comfort in treating eating disorders. Similarly another study revealed that senior grade doctors are more knowledgeable in comparison with junior grade doctors (Morgan, 1999).

However, studying in a specific university showed no significant differences in students' knowledge about eating disorders. It can be anticipated that this may be due possibility of similar curriculum and teaching standards. Studies assessing the curriculum of medical

universities reveals that unfortunately in medical schools focus on teaching eating disorders is minimal this is the reason behind the failure of medical university students' in properly assessing and treating eating disorders. (21)

Strengths of Study

As it is evident that eating disorders prevalence is significantly high among Pakistani medical university students so, it was inevitable to assess their knowledge about eating disorders and as per my knowledge this is the relatively primary study on this topic.

Limitations of Study

This study also had certain limitations. First, participants were recruited from only two universities of Karachi due to time constraints, and because 13 questionnaires with incomplete responses were excluded, it is possible that there is some bias in results because students who completed the questionnaire may already had an interest in eating disorders topic which may be linked to better knowledge of ED's.

Heterogeneity of participants in terms of their year of study should also be considered as a possible bias for results because of possible differences in students' knowledge and understanding of the topic

Also, because types of eating disorders' definitions were asked in a sequence and also all of them were true, so there is a possibility of result bias and similar trend of answers about BN

Most of the previous studies were conducted among clinicians or students without specification of being medical students. So, limited data was available to cite in this study. Apart from that, a modified questionnaire was used due to unavailability of a validated tool.

Also, due to time constraints simple random sampling method was not used to recruit participants.

As it was a cross-sectional survey, cause and effect relationship, and the results of the study cannot be generalized because of limited sample size.

CONCLUSION

Since, eating disorders are serious medical conditions and students lack understanding of the disorder regardless of the gender and university. Though, higher study level has little positive impact on students' knowledge, it is definitely worth paying attention to the curriculum, hours of teaching and clinical exposure specifically for eating disorders.

Recommendations

Future studies should assess the knowledge of medical students about ED's from other universities of Pakistan. It is recommended to assess the medical schools' curriculum and training modules to determine that they are aligned with current practices of assessing and treating eating disorders, given that students lack knowledge about ED's assessment and treatment. It is

also important to examine the best ways to educate students.

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