

Editorial

Sweet Democracy, Obesity and Eating Disorders among Egyptian Youth

Mustafa Afifi*

Department of Community Medicine, RAK University, UAE

***Corresponding author:** Mustafa Afifi, Consultant Mental Health & Assistant Professor, Community Medicine Department- Room 243, Faculty of Medicine, P.O. Box-11172, RAK, UAE**Received:** October 28, 2014; **Accepted:** October 29, 2014; **Published:** October 29, 2014

Editorial

The Egyptian Revolution of 2011, locally known as the January 25 Revolution consisted of demonstrations, marches, plaza occupations, resistant acts and strikes. The Egyptian protesters' primary demands focused on important issues including democracy, free elections and socioeconomic and health equalities. During the uprising, Cairo was described as "a war zone" [1] and the port city of Suez saw frequent violent clashes. Since then, Egypt experienced a relative unrest and changes in many aspects of the Egyptian culture [2]. While it might take years to fully examine these changes, it is hard to overlook them [3].

Since long, researchers investigated different mental health aspects of the holocaust survivors and their generations [4]. Food attitude were influenced by holocaust experiences [5]. Traumatic life events are important risk factors for eating disorders. Aoun et al proved the association of war stress and eating disorders among Lebanese university students [6]. Similar research also proved the association of war stress and eating disorders in Iraq and Afghanistan but on larger samples than that of the Lebanese [7]. We can explain the association between war stress and eating disorders by the findings of Aoun et al [7]. They found that modifications of Eating Behaviors (EB) during wartime was associated with increased risk of Eating Disorders (EDs). Moreover, war time or stressful situations are associated with increased rates of delinquency and impulsivity among youth [8]. And, impulsivity was found to differentiate individuals with eating disorders from controls, as well as across diagnostic subtypes. The rementioned finding by Waxman [9] have important clinical implications for our understanding and treatment of both impulsivity and eating disorders. Moreover, obesity is one of the commonest prevalent health problems among college students and it is associated with EDs and changes in EB [10].

The war on obesity is a social determinant of health [11] and the challenges to taking action on the social determinants of health are often political [12,13] Poverty, and inequality in income and assets, widen the health inequalities in Egypt. Therefore, political reform and youth political empowerment are valid tools to address health problems and health inequities in Egypt.

Individual's are largely responsible for their own health and can improve health through better health behaviors. Besides the stress that the Egyptian youth are subjected to since January 2011, rates of depression is increasing worldwide and found to be linked to social media pattern of use [14]. Moreover, the youth eating habits changed where there is a trend towards fast food and eating more sweets.

Obesity is one of the leading causes of preventable diseases and disability worldwide, and depression is among the leading causes of burden of disease. Both disorders are increasingly prevalent and comorbid [15]. Obesity may increase the odds of future depression outcomes, yet the level of evidence is weak [16] Research also proved the association between depression and eating sweets excessively [17]. Added, depressive symptomatology predicted significantly higher levels of eating pathology in both genders [18] Goldschmidt et al found that their study participants with elevated depression symptoms reported greater emotional eating via self-report questionnaire as well as more frequent binge eating. Emotional eating mediated the relationship between depression status and BMI [19]. Hence, besides the aforementioned political reform, we also need to understand and improve the social determinants of youth behaviors to reduce health inequalities and improve their health.

Marmot with the help of 80 or so experts in 2010, almost a year before the revolution, set out a large evidence base which demonstrated the most important influences on health and health inequalities. They made their recommendations in six priority areas. Two of these six areas namely having sufficient income to lead a healthy life and quality employment and working condition were principal demands of the January 25th revolution in Egypt. The rest of the areas were building personal and community resilience, quality of experiences in the early years, good healthy environments, and taking a social determinants of health approach to tackle obesity and other major public health problems [12,13].

To conclude, in order to reduce health inequalities, to fight the increasing rates of youth depression, to declare the war against youth obesity and to contain the expected increase in eating disorders, we have to reduce other inequalities. We have to help our young generations to replace their increasing sweet intake habits by practicing the sweet democracy. And, as reducing health inequities necessitates reduction in the socio- economic inequalities, health could also be an indicator of the impact of political, and socioeconomic reform on people's lives.

References

1. Siddique Haroon, Owen Paul, Gabbatt Adam (25 January 2011). "Protests in Egypt and unrest in Middle East – as it happened". The Guardian (UK). Archived from the original on 26 January 2011. Retrieved 27 October 2014.
2. Ahmed LAA, E Khatee SM. Change of local culture after the 25th Revolution and its impact on environmental awareness. *Procedia - Social and Behavioral Sciences*. 2012; 50: 997–1017.

3. E Masry S. Two years after the revolution: how our families changed.
4. Leon GR, Butcher JN, Kleinman M, Goldberg A, Almagor M. Survivors of the holocaust and their children: current status and adjustment. *J Pers Soc Psychol.* 1981; 41: 503-516.
5. Sindler AJ, Wellman NS, Stier OB. Holocaust survivors report long-term effects on attitudes toward food. *J Nutr Educ Behav.* 2004; 36: 189-196.
6. Aoun A, Garcia FD, Mounzer C, Hlais S, Grigioni S, Honein K, et al. War stress may be another risk factor for eating disorders in civilians: a study in Lebanese university students. *Gen Hosp Psychiatry.* 2013; 35: 393-397.
7. Maguen S, Cohen B, Cohen G, Madden E, Bertenthal D, Seal K. Eating disorders and psychiatric comorbidity among Iraq and Afghanistan veterans. *Womens Health Issues.* 2012; 22: e403-406.
8. Eleanor T Glueck. Wartime Delinquency. *J Crim L & Criminology.* 1942; 33: 199.
9. Waxman SE. A systematic review of impulsivity in eating disorders. *Eur Eat Disord Rev.* 2009; 17: 408-425.
10. Unwin BK, Goodie J, Reamy BV, Quinlan J. Care of the college student. *Am Fam Physician.* 2013; 88: 596-604.
11. O'Hara L, Gregg J. The war on obesity: a social determinant of health. *Health Promot J Austr.* 2006; 17: 260-263.
12. Marmot M, Allen JJ. Social determinants of health equity. *Am J Public Health.* 2014; 104: S517-519.
13. The Marmot Review. Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England Post-2010.
14. Davila J, Hershenberg R, Feinstein BA, Gorman K, Bhatia V, Starr LR. Frequency and Quality of Social Networking Among Young Adults: Associations With Depressive Symptoms, Rumination, and Corumination. *Psychol Pop Media Cult.* 2012; 1: 72-86.
15. Preiss K, Brennan L, Clarke D. A systematic review of variables associated with the relationship between obesity and depression. *Obes Rev.* 2013; 14: 906-918.
16. Atlantis E, Baker M. Obesity effects on depression: systematic review of epidemiological studies. *Int J Obes (Lond).* 2008; 32: 881-891.
17. Mooreville M, Shomaker LB, Reina SA, Hannallah LM, Adelyn Cohen L, Courville AB, Kozlosky M. Depressive symptoms and observed eating in youth. *Appetite.* 2014; 75: 141-149.
18. Schulte SJ, Thomas J. Relationship between eating pathology, body dissatisfaction and depressive symptoms among male and female adolescents in the United Arab Emirates. *Eat Behav.* 2013; 14: 157-160.
19. Goldschmidt AB, Crosby RD, Engel SG, Crow SJ, Cao L, Peterson CB, et al. Affect and eating behavior in obese adults with and without elevated depression symptoms. *Int J Eat Disord.* 2014; 47: 281-286.