Eating disorders (ED) have often been misunderstood, glamorised, contested over, and are a source of loss and confusion to many. Despite their widespread impact on patients, caregivers, clinicians, researchers and the general public, many would probably agree that very little is known about ED, especially in the Asian context. Although coverage of ED may have increased in local and international mass media, methodical research in the ED field in Singapore is still relatively scarce compared to that in the West.

In this article, I would like to make a case for the use of qualitative research in relatively little-known disorders or conditions, such as ED, in order to better understand the meaning and experiences ascribed by affected individuals and groups – in essence giving them a voice. This could in turn lead to optimisation of prevention, diagnostic and treatment efforts.

The number of persons diagnosed with ED has been steadily increasing in the Singaporean population each year, especially among the younger age groups. This group of disorders includes anorexia nervosa (characterised by restrictive eating, sometimes coupled with excessive exercise), bulimia nervosa (in which patients typically present with binge-purge cycles), binge-eating disorder, avoidant-restrictive food intake disorder, and a few others. Some initial ED research in the Singapore context revealed that:

1. In patients diagnosed with ED, symptomatic presentations and body image dissatisfaction are similar to those in the West.
2. 7.4% of young females are at risk of developing an eating disorder.
3. Limited mental health literacy in young Singaporean women towards bulimia nervosa may contribute towards low or inappropriate treatment-seeking behaviour.
4. In Singaporean healthy controls, body image dissatisfaction may be higher than their Australian counterparts.

The complex effects of cultural and regional specific factors on the prevalence, diagnosis and treatment of ED make it pertinent to study these disorders in our local context, despite the presence of extensive literature internationally.

Some research questions to consider locally could include:

- How prevalent are EDs in Singapore?
- What affects individuals from seeking treatment and what may prompt them to seek treatment?
- How differently might eating disorder symptoms be presented in Singapore?
- How do parents cope with caring for their children with EDs?
• What kind of challenges do parents face? How can clinicians, therapist and the healthcare system better support them?
• How do medical and allied health professionals perceive EDs and how proficient are they in detecting, diagnosing and treating patients?
• How does the general public view EDs and those suffering from them?

These questions could be more appropriately tackled by qualitative research methods – using in-depth interviews, surveys and ethnographic studies to explore the salient issues voiced out by the relevant target groups for each research question.

My experience with qualitative research in psychiatry has been eye-opening and inspiring. The first taste of it was during my post-undergraduate internship at King’s College London’s Eating Disorders Research Group. The study has since been published in the *Journal of Eating Disorders* ⁶. At that time, the team was in the midst of a two-year long randomised controlled trial comparing two treatments for adult outpatients with anorexia nervosa (for more information regarding the trial, refer to Schmidt et al.⁷) In that study, we used both quantitative and qualitative methods to develop a more wholesome picture of patients’ experiences during their treatment; treatment acceptability and credibility ratings were obtained from the participants, followed by written feedback regarding their experience in the treatment. They were then assigned to one of two treatment methods – either the Maudsley Model of Treatment for Adults with Anorexia Nervosa (MANTRA) or Specialist Supportive Clinical Management (SSCM). Quantitative and qualitative data complemented each other in supporting MANTRA treatment plan as being more acceptable, credible and the one that garnered most positive feedback from patients. Even though the trial eventually found that clinical variables improve in both groups compared to baseline, with no significant difference between the two groups of patients⁸, knowing which treatment and its specific components patients preferred could have an impact on drop-out rates and follow-up outcomes in the clinical setting.

Despite the lack of any published qualitative study in ED locally, the outlook appears positive with several ideas currently in discussion. Given the boundless potential of qualitative research methods in exploring clinically relevant questions, I hope that it will be adopted more in the budding clinical research ecosystem in Singapore. We could give patients, caregivers, clinicians, researchers and the general public the voices that they deserve.

About the Author

Kelly Ann Zainal graduated with a Bachelor of Social Sciences (Honours) in Psychology from the National University of Singapore. Her research interests include various aspects of clinical psychology, particularly eating disorders, and qualitative methods. Currently, she is a Research Coordinator at the Eating Disorders Programme (EDP) at Singapore General Hospital. Her responsibilities include maintaining the team’s databases, as well as research-related issues such as ethics application, recruitment of participants, data entry and analysis, and writing of manuscripts. She is currently involved in several active research projects in EDP.

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References


