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Research Article

How Do Mediterranean Diet Adherence and Eating Disorders Shape Alexithymia Status?

Akdeniz Diyetine Uyum ve Yeme Bozuklukları Aleksitimi Durumunu Nasıl Şekillendirir?

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Abstract

Understanding the relationship of alexithymia with eating disorders is significant because alexithymia is a risk factor for eating disorders. The importance of the Mediterranean diet has been rising because it provides a sustainable eating model. This study aims to examine alexithymia in the light of eating disorders and adherence to a Mediterranean diet. The study was carried out online in March-June 2022 via social networks. The population of the study consists of 501 adults (72,6% females) aged 18-65. The questionnaires administered to the participants included the REZZY Eating Disorder Scale, Eating Attitude Test (EAT-26), Mediterranean Diet Adherence Scale (MEDAS), and Toronto Alexithymia Scale (TAS-20). Participants at risk for an eating disorder were more likely to have scores in the borderline or clinically significant range with respect to alexithymia compared to participants who were not at risk for an eating disorder. The frequency of alexithymia increased as adherence to a Mediterranean diet decreased and MEDAS scores were higher among individuals who were not alexithymic. It is foreseen that adherence to Mediterranean diet can cause positive effects on psychiatric disorders, and people are suggested to adhere to the Mediterranean diet. Moreover, it is thought that alexithymia and eating disorders might be related to each other.

Keywords: *Alexithymia, Mediterranean Diet, Eating Disorders, Nutrition, Healthy Eating*

Öz

Duyguları ifade edecek kelimelerin yokluğu anlamına gelen aleksitiminin düzensiz yeme ve yeme bozuklukları için risk faktörü olması sebebiyle, aralarındaki ilişkiyi anlamak önemlidir. Akdeniz diyetinin ise sürdürülebilir beslenme modeline uyum sağlaması ve ülkemiz için en uygun beslenme modellerinden birini oluşturması nedeni ile önemi giderek artmaktadır. Bu çalışma, prevalansı giderek artan psikiyatrik bozukluklardan biri olan alkesitimi ile yeme bozuklukları arasındaki ilişkiyi, Akdeniz diyetine uyum bağlamında incelemeyi amaçlamaktadır. Veriler

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Mart- Haziran 2022 tarihleri arasında sosyal ağlar aracılığıyla online olarak yürütülmüştür. Çalışma popülasyonu 18-65 yaş arası yetişkin bireylerden oluşturmaktadır. Katılımcılara uygulanan ankette REZZY yeme bozuklukları ölçeği, yeme tutum testi (YTT-26), Akdeniz diyeti bağlılık ölçeği (MEDAS) ve Toronto aleksitimi ölçeği (TAS-20) bulunmaktadır. Analizlerde $p<0,05$ için anlamlı kabul edilmiştir. Çalışmaya katılan bireylerin 137'si erkek, 364'ü kadındır. Yeme bozukluğu açısından risk altında olan bireylerin anlamlı düzeyde sınırda aleksitimik ya da aleksitimik olduğu, risksiz olan bireylerin ise normal olduğu tespit edilmiştir. Akdeniz diyetine uyum azaldıkça aleksitimi olma sıklığının arttığı, MEDAS skorunun aleksitimi açısından normal bireylerde daha yüksek olduğu bulunmuştur. Çalışmamızda Akdeniz diyetine bağlılığı düşük bireylerin aleksitimik olma olasılığının daha yüksek olduğu ve yeme bozuklukları ile aleksitimi arasında pozitif bir ilişki olduğu saptanmıştır.

Anahtar Kelimeler: *Aleksitimi, Akdeniz Diyeti, Yeme Bozuklukları, Beslenme, Sağlıklı Beslenme*

1.Introduction

Alexithymia, meaning 'without words for emotions' in Greek, is a multidimensional construct characterized by impairments in understanding and identifying one's emotions, as well as difficulties distinguishing between emotional and bodily arousal signals. The components of alexithymia include difficulties in distinguishing between emotions and bodily sensations, difficulties in describing feelings to other people, restricted creative processes, and extroverted thinking (Barriguete et al., 2019). It was recently reported that the prevalence of alexithymia in the general population has risen to 10% (Holmes et al., 2022). Westwood et al. conducted a meta-analysis study of patients with eating disorders and showed an increased incidence of alexithymia among the patients (Westwood et al., 2017).

Eating disorders are a complex group of psychiatric disorders and they are characterized by disordered eating and weight control behaviors that can lead to medical complications (Klein et al., 2021). It is known that the prevalence of eating disorders, especially in Western countries and among women, has been rising. In a study conducted in the general population, it was found that the lifetime prevalence of eating disorders was 2.58% for women and 0.74% for men (Qian et al., 2022). In a study conducted with adolescents, it was observed that individuals with alexithymia were three times more likely to exhibit binge-eating attitudes compared to individuals who are alexithymic (Fanton et al., 2022). In a study conducted among healthy women, it was found that alexithymia has been identified as a risk factor for disordered eating behaviors and clinically diagnosed eating disorders (Wallis et al., 2022).

The relationship between adherence to a Mediterranean diet and eating disorders is also being studied by researchers. It was determined that adherence to a Mediterranean diet was negatively associated with the risk of anorexia and bulimia nervosa in a study conducted with female participants to determine the relationship between adherence to a Mediterranean diet and the risk of eating disorders (Leone et al., 2018). In a study conducted with shift nurses, it was found that individuals with low adherence to a Mediterranean diet and high levels of unhealthy eating habits were more prone to the development of an eating disorder with an imbalance in the sense of satiety compared to others (Leyva-Vela et al., 2021). The Mediterranean diet is an eating model that has evolved with three thousand years of interaction between the food sources naturally found in the region and the inhabitants of the Mediterranean region (Lăcătușu et al., 2019). The Mediterranean diet is characterized by the consumption of seasonal and local foods together with socializing (Martín-Peláez et al., 2020). This eating model particularly emphasizes fruits, root vegetables, grains, legumes, nuts, seeds, and olive oil as the primary source of fat. It is also characterized by moderate consumption of seafood, poultry, and dairy products and low consumption of red meat and sweets (Tuttolomondo et al., 2019). The Mediterranean diet provides secondary metabolites, prebiotics, unsaturated fatty acids, and antioxidants, all of which are believed to have beneficial effects on mental and physiological health. Furthermore, it is the most applicable diet model for the Turkish population (Young et al., 2022). This study aims to examine the relationship between alexithymia, eating disorders, and adherence to the Mediterranean diet. We hypothesize that individuals with higher levels of alexithymia or borderline alexithymia will show lower adherence to the Mediterranean diet and a higher risk of eating disorders.

2. Materials and Methods

2.1. General research plan and sample

Individuals aged 18-65 years who could answer questionnaires online were included in this study. Participants were reached through social networks (Instagram, WhatsApp, Twitter, Facebook, LinkedIn)

and the questionnaires were administered online via Google Forms. Data were collected between March and June 2022. Informed consent was obtained electronically from all participants through the online survey platform before they began the questionnaire. The Ankara University Rectorate Ethics Committee granted permission for the study (approval number: 56786525-050.0404).

Post hoc G*Power analysis was carried out to determine whether the study had adequate power. According to the relationship between the REZZY Eating Disorder Scale and Toronto Alexithymia Scale by chi-square test, the effect size was calculated to be 0.4290287 and the post hoc power of the study (1 - β) was 0.922 (α=0.05). Effect size also calculated for the relationship between the Toronto Alexithymia Scale and Eating Attitudes Test-26 by one-way ANOVA and it was found to be 1.3446648 while the post hoc power of the study (1 - β) was 0.999 (α=0.05). Therefore, it was concluded that the study had an adequate probability of detecting observable differences.

2.2. Instruments

The questionnaires administered to the participants included questions to collect general information, such as eating and sleeping habits and some anthropometric measurements (height and weight), and the REZZY Eating Disorder Scale, the Eating Attitudes Test, the Mediterranean Diet Adherence Scale (MEDAS), and the Toronto Alexithymia Scale (TAS-20).

Body Mass Index (BMI) was calculated by dividing weight in kilograms by the square of height in meters (kg/m^2). According to the World Health Organization (WHO), adults with a BMI below 18.5 are classified as underweight, 18.5–24.9 as normal weight, 25.0–29.9 as overweight, and 30.0 or above as obese.

2.2.1. REZZY Eating Disorder Scale

Morgan, Reid, and Lacey developed a five-item scale to detect cases of eating disorders in primary care in 1999 (Morgan et al., 1999). The scale was developed with the aim of alerting providers by screening for eating disorders using a small number of screening items for further examination and research. The study of the Turkish validity and reliability of this scale was done by Aydemir et al. in 2015 (Aydemir et al., 2015). The results of the scale range between 0 and 5 and the cutoff point in evaluation is 2 points (Aydemir et al., 2015). In this study, Cronbach's alpha was determined to be 0.501 for the scale.

2.2.2. Eating Attitudes Test (EAT-26)

The Eating Attitudes Test (EAT-26) administered in this study is a revised version of the Eating Attitudes Test-40, which was developed by Garner and Garfinkel (1979). The EAT-26 consists of a six-item Likert-type short form with 26 questions. It is used to evaluate the risk of disordered eating, and the test's Turkish validity and reliability were confirmed by Savaşır and Erol (1989). Higher EAT-26 scores reflect a higher risk of disordered attitudes toward eating. The total possible score ranges from 0 to 78 points and scores of ≥20 are considered as evidence of a disordered attitude toward eating (Ergüney Okumuş and Sertel Berk, 2019; Özkan and Bilici, 2018). Cronbach's alpha was figured out as 0.898 for this study.

2.2.3. Toronto Alexithymia Scale (TAS-20)

The Toronto Alexithymia Scale (TAS-20) was created by Bagby et al. (1994a) with the aim of improving the TAS-26. The TAS-26 developed by Taylor et al. (1991) consists of 26 items across four factors assessing the inability to express emotions verbally, limited imagination, concrete and intrusive thinking, and difficulty in describing emotions. The TAS-20 was prepared in the first stage and then the validity studies were expanded in a second stage (Bagby et al., 1994b). The TAS-20 was adapted to Turkish with validity and reliability studies by Güleç et al. (2009). Erdem & Eker (2020) examined the relationship of the Turkish version of the TAS-20 as prepared by Güleç et al. (2009) with sociodemographic characteristics of adults aged 24-65. The total possible score ranges from 20 to 100 and scores below 51 are accepted as normal, while those between 51 and 61 reflect borderline alexithymia and those above 61 signify the presence of alexithymia (Akkaya, 2021; İğrek, 2021). In this study, Cronbach's alpha was calculated to be 0.803 for the scale.

2.2.4. Mediterranean Diet Adherence Scale (MEDAS)

Schröder et al. (2011) performed the validity and reliability evaluation of the Mediterranean Diet Adherence Scale (MEDAS), which was administered to individuals with cardiovascular risk in the Prevention with the Mediterranean Diet (Prevención con Dieta Mediterránea: PREDIMED) study conducted by Martinez-Gonzalez et al. (2012). The adaptation of the scale to Turkish and the study of the new version's validity and reliability were done by Pehlivanoğlu et al. (2019). Answers of 0 or 1 can be given for each question of the scale and higher scores mean higher adherence to a Mediterranean diet (León-Munoz et al., 2012). Total scores of 0-6 reflect low adherence to a Mediterranean diet, scores of 7 or 8 reflect acceptable/moderate adherence, and scores of ≥9 reflect strict adherence (Pehlivanoğlu et al., 2019). Cronbach's alpha was figured out as 0.342 for this study.

2.3. Statistical analysis

Data was analyzed using IBM SPSS Statistics for Windows, Version 22.0 (IBM Corp., Armonk, NY, USA). The Kolmogorov-Smirnov and Shapiro-Wilk tests were used to determine whether data were normally distributed. Descriptive statistics were shown as mean ± standard deviation for normally distributed variables, as median values for non-normally distributed variables, and as numbers and percentages for nominal variables. Under the condition that quantitative variables satisfied the parametric test assumption, the t-test was applied for comparing the means of two independent groups. Under the condition that the parametric test assumption was not met, the Mann-Whitney U test was applied as the nonparametric equivalent. One-way ANOVA was applied to compare the means of more than two parametric independent groups and the Kruskal-Wallis test was applied to compare the means of more than two non-parametric independent groups. The chi-square test was used to evaluate relations among numbers and percentage distributions while examining categorical variables. The Pearson correlation test was used to determine the direction and strength of relationships between two numerical variables. Multiple linear regression analysis was also performed for some independent variables and TAS-20 scores as the dependent variable. For all tests, $p<0.05$ was considered statistically significant.

3. Results

The sociodemographic characteristics of the individuals participating in the study (n=501, 364 women) are presented in Table 1 according to gender. The differences between mean BMI values and BMI categories of the male and female participants were found to be significant. The REZZY Eating Disorder Scale also yielded differences in total scores according to the participants' genders, with higher scores being determined among women. The REZZY risk status also differed significantly between the genders ($p<0.05$). Significant differences were not determined between total TAS-20 scores according to gender, but TAS risk status differed significantly between the genders ($p<0.05$).

Table 1: Characteristics of the participants

	Men (n=137)		Women (n=364)		p
Age (years)	35.02±13.06		32.05±10.33		0.018[a*]
Body weight (kg)	81.26±13.15		63.61±12.27		<0.001[a*]
Height (m)	1.77±0.06		1.63±0.05		<0.001[a*]
BMI (kg/m^2)	25.81±3.91		23.93±4.75		<0.001[a*]
Sleep time (hours/day)	7.11±1.15		7.37±1.2		0.032[a*]
REZZY score	0.85±1.06		1.22±1.14		0.001[a*]
REZZY risk status					
Risky	33	(24.1%)	142	(39.0%)	χ^2=9.753
Risk-free	104	(75.9%)	222	(61.0%)	0.002[b*]
TAS-20 score	48.69±11.55		50.19±10.59		0.169[a]
TAS-20 group					
Normal	85	(62.0%)	193	(53.0%)	χ^2=6,632
Borderline alexithymia	28	(20.5%)	117	(32.2%)	0.036[b*]

Alexithymia	24	(17.5%)	54	(14.8%)	
MEDAS score	6.16±2.05		6.66±1.97		0.013
EAT-26 score	9.04±9.45		12.09±12.07		0.003*
BMI group					
Underweight (BMI < 18.5)	1	(0.7%)	17	(4.7%)	χ^2=20.021 <0.001[b*]
Normal weight (18.5 ≤ BMI < 25.0)	65	(47.4%)	232	(63.7%)	
Pre-obesity (25.0 ≤ BMI < 30.0)	50	(36.4%)	77	(21.1%)	
Obesity (BMI > 30.0)	21	(15.3%)	38	(10.4%)	
Marital status					
Married	65	(47.4%)	171	(46.9%)	χ^2=0.009 0.926[b]
Single	72	(52.6%)	193	(53.0%)	
Education status					
Literate	2	(1.5%)	1	(0.3%)	χ^2=4.422 0.219[b]
Primary/secondary school	6	(4.4%)	29	(8%)	
High school	47	(34.3%)	129	(35.4%)	
University graduate	82	(59.8%)	205	(56.3%)	
Employment					
Civil servant-employee	50	(36.5%)	118	(32.5%)	χ^2=69.228 <0.001[b*]
Unemployed	1	(0.7%)	102	(28.0%)	
Self-employed	42	(30.7%)	40	(11.0%)	
Student	38	(27.7%)	102	(28.0%)	
Retired	6	(4.4%)	2	(0.5%)	
Living situation					
With family	105	(77.2%)	293	(80.5%)	χ^2=4.591 0.204[b]
Alone at home	18	(13.2%)	27	(7.4%)	
At home with roommates	5	(3.6%)	20	(5.5%)	
In a dormitory	8	(5.8%)	24	(6.6%)	
Smoking					
Yes	45	(32.8%)	75	(20.6%)	χ^2=8.190 0.004[b*]
No	92	(67.2%)	289	(79.4%)	
Alcohol consumption					
Yes	43	(31.4%)	63	(17.3%)	χ^2=11.828 0.001[b*]
No	94	(68.6%)	301	(82.7%)	

EAT-26: Eating Attitude Test, MEDAS: Mediterranean Diet Adherence Scale, TAS-20: Toronto Alexithymia Scale, [a]: Student t-test, [b]: chi-square test, *: p<0.05

In terms of the relationship between adherence to a Mediterranean diet and alexithymia risk status, it was determined that the frequency of alexithymia increased as adherence to a Mediterranean diet decreased (p=0.04). MEDAS scores were higher among individuals without alexithymia (p=0.004). No

significant differences were found between the numbers of individuals' main meals and snacks according to their nutritional status in light of their alexithymia status (p>0.05). Additionally, there were no significant differences between individuals' skipped meals and reasons for skipping meals in light of their alexithymia status (p>0.05).

Table 2: Nutritional habits of participants according to alexithymia status

	Normal/no alexithymia (n=278)		**Borderline alexithymia (n=145)**		**Alexithymia (n=78)**		**p**
Mediterranean diet adherence							
Low adherence	78	(28.0%)	43	(29.7%)	32	(41.0%)	χ^2=9.55 0.040[b*]
Moderate adherence	170	(61.2%)	94	(64.8%)	43	(55.2%)	
High adherence	30	(10.8%)	8	(5.5%)	3	(3.8%)	
MEDAS score	6.76±2.09		6.37±1.73		5.97±2.01		0.004[*]
Number of main meals	2.35±0.52		2.421±0.50		2.32±0.61		0.400[a]
Number of snacks	1.52±0.91		1.66±1.02		1.58±1.08		0.400[a]
Meal skipping status							
Yes	90	(32.4%)	63	(43.4%)	30	(38.5%)	χ^2=9.70 0.046[b*]
No	49	(17.6%)	12	(8.3%)	9	(11.5%)	
Sometimes	139	(50.0%)	70	(48.3%)	39	(50.0%)	
Skipped meals							
Morning	71	(30.9%)	38	(28.4%)	28	(40.6%)	χ^2=13.20 0.230[b]
Noon	95	(41.3%)	61	(45.5%)	32	(46.4%)	
Evening	16	(7.0%)	11	(8.2%)	3	(4.3%)	
Snacks	48	(20.8%)	24	(17.9%)	6	(8.7%)	
Reasons for skipping meals							
No time	90	(38.5%)	43	(32.6%)	25	(35.7%)	χ^2=15.45 0.050[b*]
Forgetting	8	(3.4%)	3	(2.3%)	9	(12.9%)	
Don't want to eat	112	(47.9%)	69	(52.3%)	28	(40.0%)	
For weight loss	18	(7.7%)	13	(9.8%)	6	(8.6%)	
Sleep patterns	6	(2.5%)	4	(3.0%)	2	(2.8%)	

MEDAS: Mediterranean Diet Adherence Scale, [a]: One-way ANOVA, [b]: chi-square test, *: p<0.05

It was determined that individuals at risk of an eating disorder were significantly more likely to be borderline alexithymic or alexithymic while individuals not at risk were more likely to be normal according to the alexithymia statuses of the participants in light of their eating disorder risk status (p<0.05). A significant difference was found between individuals with borderline alexithymia and those with no alexithymia when alexithymia status was evaluated according to EAT-26 scores (p<0.05). Significant differences were not found for other variables (p>0.05).

Table 3: Eating attitudes and eating disorders according to alexithymia status

	Normal/no alexithymia (n=278)		Borderline alexithymia (n=145)		Alexithymia (n=78)		p
	n	%	n	%	n	%	
REZZY groups							
Risky	72	25.9	64	44.1	39	50.0	χ^2=23.178 <0.001[b*]
Risk-free	206	74.1	81	55.9	39	50.0	
EAT-26 score	10.26±10.89		13.33±13.31		10.97±9.32		0.030[a*]
REZZY score	0.84±1.02		1.37±1.15		1.61±1.16		<0.001

EAT-26: Eating Attitude Test, [a]: One-way ANOVA, [b]: chi-square test, *: p<0.05

The correlations of the TAS-20 with the REZZY Eating Disorder Scale, EAT-26, and MEDAS were also analyzed examined according to TAS-20 total scores. According to these analyses, TAS-20 total scores had a moderately positive and significant correlation with REZZY total scores. Similarly, it was determined that TAS-20 total scores had a positive and significant relation with EAT-26 scores and a weak negative and significant correlation with MEDAS total scores (Table 4).

Table 4: Correlations among scales

	TAS-20 total score	
	r	p[a]
REZZY score	0.313	<0.001*
EAT-26 score	0.124	0.005*
MEDAS score	-0.165	<0.001*

EAT-26: Eating Attitude Test, MEDAS: Mediterranean Diet Adherence Scale, TAS-20: Toronto Alexithymia Scale, [a]: Pearson correlation analysis, *: p<0.05

Multiple linear regression was used to investigate factors affecting TAS-20 scores. Significant regression was found with an R^2 value of 0.115 (p<0.001) (Table 5). The TAS-20 score decreased by 0.111 units for each unit of the MEDAS score and by 0.103 for each year of age. Each unit increase in the REZZY score resulted in an increase in the TAS-20 score of 0.290 units (p<0.001). Gender, BMI, and EAT-26 score were not significant predictors of TAS-20 scores. Gender was coded as 0 for male and 1 for female. The results of the multiple linear regression analysis are given in Table 5.

Table 5: Multiple linear regression analysis (dependent variable: TAS-20 score)

Independent variables	Standardized coefficients, β	Std. error	t	p	95% confidence interval
MEDAS score	-0.111	0.240	-2.506	0.013*	-1.074 to -0.130
EAT-26 score	0.022	0.043	0.475	0.635	-0.064 to 0.105
REZZY score	0.290	0.474	5.902	<0.001*	1.867 to 3.729
Age	-0.103	0.047	-2.124	0.034*	-0.193 to -0.008
Gender	0.016	1.080	0.372	0.710	-1.721 to 2.523
BMI	0.003	0.120	0.066	0.947	-0.228 to 0.244

Adj. R^2: 0.115 SE: 10.22528 **p: <0.001**				

EAT-26: Eating Attitude Test, MEDAS: Mediterranean Diet Adherence Scale, TAS-20: Toronto Alexithymia Scale, *: p<0.05

4. Discussion

The facts that the Mediterranean diet is highly compatible with food sustainability and that it is one of the most applicable diet models for Türkiye increase the importance of studies on the Mediterranean diet. The importance of alexithymia, which is associated with psychiatric disorders and has a multidimensional nature, reached levels that have been rising day by day. To the best of our knowledge, there is no previous study in literature examining the relationship between the adherence of Mediterranean diet and alexithymia. This study is important as it is the first to demonstrate a negative relationship between the Mediterranean diet and alexithymia. Since there are no other studies in literature examining the relationship between the Mediterranean diet and alexithymia, studies addressing perceptual performance and mental health were examined to provide grounds for discussion. In one previous study, participants were tested regarding their perceptions of their heart rates, and they were also asked about their confidence in their answers. It was determined that individuals with higher adherence to a Mediterranean diet were more confident in their perceptions of their heart rates. This result suggests that adherence to a Mediterranean diet may have a positive effect on more accurate counting and perception of heartbeats and thus on first-order perceptual performance. It was also suggested that decreased perception of cardiac afferent sensations may be associated with alexithymia and that compliance with a Mediterranean diet may alleviate that situation (Young et al., 2022). In a study conducted in the UK with participants aged 40-79 years, a Mediterranean diet was associated with lower risks of cognitive performance and higher levels of cognitive functions, and it was also determined that when individuals at risk of cardiovascular diseases adhered to a Mediterranean diet, their cognitive performances were lower (Shannon et al, 2019). In a study conducted in Finland, a Western diet, a prudent diet consisting of high consumption of fish and fruits and vegetables with low consumption of processed products, and a traditional diet were compared. Alexithymia was associated with less precautionary dietary patterns in non-depressed individuals, while it was associated with a Western dietary pattern in individuals with depressive symptoms (Honkalampi et al., 2017). Therefore, it is thought that positive effects on alexithymia or the risk of its occurrence can be observed by ensuring adherence to a Mediterranean diet.

There have also been studies on changes in eating attitudes and alexithymic behaviors due to the increasing prevalence of alexithymia in recent years. For example, one study demonstrated a relationship among binge-eating attitudes, severe obesity, and alexithymia (Fanton et al., 2022). A significant difference between normal individuals and individuals with borderline alexithymia was observed when alexithymia status was examined in light of eating attitude test scores. It is thought that alexithymia, which is known to be related to multiple psychiatric conditions, is particularly related to eating disorders (Pisani et al., 2021). In the present study, individuals at risk of an eating disorder were significantly more likely to be borderline alexithymic or alexithymic, while individuals without that risk were more likely to be normal. A significant relationship was found between higher alexithymia levels and the diagnosis of restrictive eating disorders in adolescents in a study similar to ours (Coci et al., 2022). In another study, it was shown that alexithymia was associated with eating disorders among women with high levels of autistic traits. It was also indicated in that study that gender may be a risk factor for alexithymia (Vuillier et al., 2020). In addition, EAT-26 and TAS-20 scores showed a positive correlation in our study. Thus, it is thought that there may be a relationship between alexithymia and eating disorders.

This study has several limitations. First, the data were collected online, which may have introduced selection bias in the sample. Second, the level of alexithymia was assessed solely through a self-report scale. Moreover, no clinical diagnoses were made in the study, and alexithymia was not confirmed through clinical assessment.

5. Conclusion

Adherence to a sustainable diet is gaining importance day by day due to the current situation of the world and humanity. In particular, the importance of the Mediterranean diet has been increasing because it is one of the most suitable diet models for Türkiye and it is a sustainable diet. Alexithymia, which is associated with psychiatric disorders, was examined in this study in light of eating disorders, as another type of psychiatric disorder whose prevalence is steadily increasing, and adherence to a Mediterranean diet. It was determined that individuals who have low adherence to a Mediterranean diet were more likely to be alexithymic and a negative relationship between alexithymia and adherence to a Mediterranean diet was found. Furthermore, it was found that individuals at risk of an eating disorder were more often borderline alexithymic or alexithymic, and there was a positive relationship between eating disorders and alexithymia. It is thought that adherence to a Mediterranean diet may positively affect both alexithymia and eating disorders in light of the positive effect on alexithymia shown within the scope of this study. In addition, previous studies showed that adherence to a Mediterranean diet may positively affect eating disorders independently of alexithymia. Consequently, it is thought that positive effects on psychiatric diseases and mental health may be observed with adherence to a Mediterranean diet and individuals are advised to adhere to this diet accordingly.

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Araştırma Makalesi

How Do Mediterranean Diet Adherence and Eating Disorders Shape Alexithymia Status?

Akdeniz Diyetine Uyum ve Yeme Bozuklukları Aleksitimi Durumunu Nasıl Şekillendirir?

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Genişletilmiş Özet

Giriş

Aleksitimi, bireyin duygularını ifade etmekte zorlanmasıyla karakterize edilen, duygusal ve bilişsel temelli bir durumdur. Duyguları tanımlama, duygu ve beden algılarını ayırt etme, düşük hayal gücü belirtileri ve düşük öz farkındalık gibi dört ana özelliği içerdiği düşünülmektedir. Son zamanlarda genel popülasyonda aleksitimi prevalansının yükseldiği bildirilmiştir. Aleksitiminin, psikiyatrik bozukluklarla ilişkilendirilmesi sebebiyle yeme bozukluklarının, aleksitimik bireyler için risk faktörü olabileceği düşünülmektedir. Oluşumunda sosyal çevre ve genetik faktörlerin etkili olduğu yeme bozuklukları, çeşitli hastalıklar ile de ilişkilendirilen psikiyatrik bozukluklardır. Yeme bozuklukları bütün ırk, köken, yaş ve cinsiyetten insanları etkileyebilmekle birlikte, görülme sıklığı kadın ve genç bireylerde daha yüksektir. Yeme bozuklukları ile Akdeniz diyetine bağlılık arasındaki ilişki incelendiğinde, Akdeniz diyetine uyumun yeme bozukluğu riski ile negatif ilişkili olduğu belirlenmiştir. Akdeniz diyeti, Akdeniz bölgesinde yaşayan insanların geleneksel beslenme biçimlerinin genel ifadesi olarak yer almaktadır. Mevsimlik ve yerel ürünleri pişirmek ve yemeklerle sosyalleşmekten keyif almak ile karakterize bir diyet modelinden oluşmaktadır. Akdeniz diyetinin içerdiği yüksek bitkisel besin tüketimi ve daha düşük hayvansal besin tüketimi nedeniyle ülkemiz için daha sürdürülebilir ve en uygulanabilir diyet modelini oluşturduğu düşünülmektedir. Ayrıca Akdeniz diyetinin, içerdiği zengin besinlerin kombinasyonu sayesinde psikolojik ve fizyolojik sağlığa olumlu etkileri olabileceği düşünülmektedir. Bu çalışmanın amacı, aleksitiminin Akdeniz diyetine bağlılık ve yeme bozuklukları ile ilişkisini incelemek ve değerlendirmektir.

Metod

Bu tanımlayıcı ve kesitsel araştırma Mart 2022 -Haziran 2022 tarihleri arasında sosyal ağlardan ulaşılan katılımcılara çevrimiçi (online) anket yöntemi uygulanarak gerçekleştirilmiştir. Çalışma Ankara Üniversitesi Rektörlüğü Etik Kurulu'nun izni ile yürütülmüştür (onay numarası: 56786525-050.0404). Çalışmaya 18-65 yaş aralığında ve çevrimiçi ortamda anket sorularını yanıtlayabiliyor olan bireyler

dahil edilmiştir. Araştırmada çalışmanın gücünün saptanabilmesi için post hoc Gpower analizi yapılmıştır. Çalışmaya 501 birey katılmıştır.

Katılımcılara uygulanan anket formunda genel bilgiler, beslenme ve uyku alışkanlıkları ile ilgili sorular, bazı antropometrik ölçümleri (boy uzunluğu, vücut ağırlığı, BKİ), REZZY yeme bozuklukları ölçeği, yeme tutum testi (YTT-26), Akdeniz diyeti bağlılık ölçeği (MEDAS) ve Toronto aleksitimi ölçeği (TAS-20) bulunmaktadır. Ankette yer alan REZZY yeme bozuklukları ölçeği, 1999 yılında birinci basamakta yeme bozukluğu vakalarını tespit etmek için beş madde olarak geliştirilmiştir. Ölçek, 0-5 arasında puanlanmakta ve kesim noktası olarak 2 puanı kullanılmatadır. Yeme tutum testi (YTT-26), yeme davranışı riskini değerlendirmek için kullanılmaktadır. Test 40 soruluk halinin 26 soruya revize edilmesi ile son şeklini almıştır. Test 0-78 puan aralığında değerlendirilmekte ve elde edilen skor ≥20 ise bireylerde yeme tutumu bozukluğu olduğu düşünülmektedir. Akdeniz diyeti bağlılık ölçeği (MEDAS), 14 sorudan oluşmakta ve her soru 0-1 arasında puanlanmaktadır. Puanın 0-6 arasında olması bireyin Akdeniz diyetine uyumunun düşük olduğunu, 7 ve üzerinde olması bireyin Akdeniz diyetine kabul orta derece de uyumunun olduğunu, 9 ve üzerinde olması ise bireyin Akdeniz diyetine sıkı uyumunun olduğunu göstermektedir. Toronto aleksitimi ölçeği (TAS-20) ise 20-100 arasında puanlanmakta ve 51'in altı normal, 51-61 arası sınırda aleksitimi, 61'in üzeri aleksitimi olarak değerlendirilmektedir. Boy uzunluğu ve vücut ağırlığı kişilerin beyanı ile elde edilmiştir. Verilerin analizi SPSS paket programında yapılmıştır. Bazı bağımsız değişkenler ve bağımlı değişken olarak TAS-20 puanları için çoklu doğrusal regresyon analizi de yapılmıştır.Tüm testler için $p<0.05$ istatistiksel olarak anlamlı kabul edilmiştir.

Bulgular

Çalışmaya katılan bireylerin (n:501) 137'sini erkek (%27.3), 364'ünü kadın (%72.6) katılımcılar oluşturmuştur. Katılımcıların TAS-20 ölçeğine göre erkeklerin %17.5, kadınların %32.2'si sınırda aleksitimik; erkeklerin %20.5, kadınların %14.8'i aleksitimik bulunmuştur. MEDAS skorları erkeklerin 6.16 ± 2.05 kadınların 6.66 ± 1.97 olarak saptanmıştır. Katılımcıların cinsiyetlerine göre REZZY toplam puanı anlamlı düzeyde farklılık göstermiştir ve kadınlarda daha yüksek olarak tespit edilmiştir ($p<0.05$). Ancak Toronto Aleksitimi Ölçeği (TAS-20) toplam puanlarında cinsiyetlere göre anlamlı bir farklılık saptanmamıştır ($p>0.05$). Akdeniz diyetine uyum ile aleksitimi durumu incelendiğinde Akdeniz diyetine düşük uyum sağlayanların aleksitimi sıklığının arttığı belirlenmiştir. Ayrıca normal bireylerin MEDAS skoru 6.76 ± 2.09 sınırda aleksitimik bireylerin 6.37 ± 1.73 ve aleksitimik bireylerin 5.97 ± 2.01 olarak hesaplanmıştır. Bununla birlikte aleksitimik olmayan bireylerde MEDAS skorlarının daha yüksek olduğu saptanmıştır ($p>0.05$). Bireylerin yeme bozuklukları risk durumuna göre aleksitimi durumları incelendiğinde yeme bozukluğu açısından risk altında olan bireylerin anlamlı düzeyde sınırda aleksitimik ya da aleksitimik olduğu, risksiz olan bireylerin ise normal olduğu tespit edilmiştir ($p<0.05$). YTT-26 puanlarına göre erkeklerin 9.04 ± 9.45, kadınların 12.09 ± 12.07 olarak saptanmıştır. Bireylerin YTT-26 puanlarına göre aleksitimi durumları değerlendirildiğinde, normal bireyler ile sınırda aleksitimik bireyler arasında anlamlı bir fark tespit edilmiş ($p<0.05$), diğer gruplar arasında ise anlamlı bir fark bulunamamıştır ($p>0.05$). REZZY toplam puanları erkeklerin 0.85±1.06, kadınların 1.22 ±1.14 olarak saptanmıştır. Ayrıca yapılan analizlerde Toronto Aleksitimi Ölçeği'nin (TAS-20) toplam puanının, REZZY yeme bozuklukları ölçeği, Yeme Tutum Testi (YTT-26) ve Akdeniz Diyeti Uyum Ölçeği (MEDAS) ile korelasyon durumu incelenmiştir. Analiz sonuçlarına göre TAS-20 toplam puanı, REZZY toplam puanı ile orta şiddette pozitif yönlü anlamlı ilişki göstermektedir. Benzer şekilde TAS-20 toplam puanı, YTT-26 ölçeği toplam puanı ile zayıf şiddette pozitif yönlü anlamlı ilişki göstermiştir ($p>0.05$). Toronto Aleksitimi Ölçeği'nin MEDAS ile yapılan korelasyon analizleri sonucunda ise TAS-20 toplam puanının, MEDAS toplam puanı ile zayıf şiddette negatif yönlü anlamlı korelasyon gösterdiği saptanmıştır. TAS-20 puanlarını etkileyen faktörleri araştırmak için çoklu doğrusal regresyon analizi kullanılmıştır. Analiz sonucunda R2 değeri 0.115 ile anlamlı gerileme göstermiştir ($p<0.001$). TAS-20 puanı, MEDAS puanındaki her bir birim için 0,111 birim, her yaş için 0,103 birim azalma göstermektedir. REZZY skorundaki her bir birim artış ise TAS-20 skorunda 0.290 birim artışla sonuçlanmıştır ($p<0.001$). Cinsiyet, BKİ ve YTT-26 skoru; TAS-20 skorunun anlamlı belirleyicileri arasında yer almamıştır ($p>0.05$).

Tartışma

Akdeniz diyetinin sürdürülebilir ve Türkiye için en uygulanabilir diyet modellerinden biri olması, Akdeniz diyeti üzerine yapılan çalışmaların artmasına sebep olmaktadır. Psikiyatrik bozukluklarla ilişkili olan aleksitiminin önemi de her geçen gün artış göstermektedir. Literatür taramasına göre, Akdeniz diyetine uyum ile aleksitimi arasındaki ilişkiyi doğrudan ele alan bir çalışmaya rastlanmamıştır. Ayrıca bu çalışma, Akdeniz diyeti ile aleksitimi arasında negatif bir ilişki olduğunu gösteren ilk çalışma olması nedeniyle ayrı bir önem taşımaktadır. Çalışmamızda, literatürde Akdeniz diyetine uyum ile aleksitimi arasındaki ilişkiyi inceleyen çalışma bulunmamasından dolayı Akdeniz diyetinin algısal performans ve zihin sağlığı üzerine etkilerini içeren çalışmalar incelendiğinde Akdeniz diyetinin olumlu etkileri ile karşılaşılmıştır. Bu nedenle Akdeniz diyetine uyumun ile aleksitimi üzerinde ya da aleksitiminin oluşum riski üzerinde olumlu etkiler gözlenebileceği düşünülmektedir. Bununla birlikte son yıllarda artan aleksitimi prevalansına bağlı olarak yeme tutumları ile aleksitimi ilişkisi ile ilgili çalışmalar yapılmaktadır. Yapılan bir çalışma; aşırı yeme tutumları, şiddetli obezite ve aleksitimi arasında bir ilişki olduğunu göstermiştir. Bu nedenle aleksitiminin, yeme bozuklukları ile ilişkili olduğu düşünülmektedir. Çalışmamızda yeme bozukluğu riski taşıyan bireylerin sınırda aleksitimik veya aleksitimik olma olasılığı önemli ölçüde daha yüksek bulunmuştur. Farklı bir çalışma benzer sonuçlar göstererek ergenlerde daha yüksek aleksitimi düzeyleri ile kısıtlayıcı yeme bozuklukları tanısı arasında anlamlı bir ilişki saptamıştır. Ayrıca çalışmamızda YTT-26 ve TAS-20 puanları pozitif korelasyon göstermiştir. Bu nedenle aleksitimi ile yeme bozuklukları arasında bir ilişki olabileceği düşünülmektedir.

Sonuç

Sürdürülebilir bir diyete bağlılık hem insan hem gezegen sağlığını olumlu etkilemektedir. Özellikle Türkiye için en uygun diyet modellerinden biri olması ve sürdürülebilir bir diyet olması nedeniyle Akdeniz diyetinin önemi giderek artmaktadır. Aleksitimi, prevalansı giderek artan bir başka psikiyatrik bozukluk türü olan yeme bozuklukları ve Akdeniz diyetine bağlılık ışığında bu çalışmada incelenmiştir. Çalışmamızda Akdeniz diyetine bağlılığı düşük bireylerin aleksitimik olma olasılığının daha yüksek olduğu ve aleksitimi ile Akdeniz diyetine bağlılık arasında negatif bir ilişki bulunduğu belirlenmiştir. Ayrıca, yeme bozukluğu riski taşıyan bireylerin daha sık sınırda aleksitimik veya aleksitimik olduğu ve yeme bozuklukları ile aleksitimi arasında pozitif bir ilişki olduğu bulunmuştur. Sonuç olarak Akdeniz diyetine bağlı kalınmasıyla psikiyatrik hastalıklar ve ruh sağlığı üzerinde olumlu etkilerin görülebileceği düşünülmekte ve bireylere bu diyete uygun bir yaşam tarzı sürmeleri önerilmektedir.