When looking at the eating disorders themselves, several theories have been put forward to try and explain the differences in prevalence across time for AN and BN. For example, in the 1990s there was a large increase in the diagnosis for BN which some believed was due to the ‘Princess Diana Effect’ (Currin et al. 2005). It was around this time that Princess Diana revealed that she suffered from an eating disorder, which may have had the knock on effect of causing others to seek help. Some have argued that it may simply be because it is more acceptable now to seek help for eating disorders which is why more people are coming forward and that the prevalence rates have not actually changed. Following on from this idea, research conducted by (Netemeyer et al., 1995) suggests that prevalence for BN has increased rapidly in recent years because it is seen as a status symbol. They postulated that BN was related to vanity and was associated with being more physically attractive. Of course it is likely from the rules of conformity and peer pressure that other impressionable friends are likely to mimic this behaviour under the false pretences. This study was difficult to generalise to the general population due to the fact it was only tested on American participants and the results were collected by using questionnaires. When addressing a sensitive topic such as eating disorders it is likely that demand characteristics may have affected how the participants responded to the questions which may have led to skewed, unreliable results. However, these studies do not help to explain why the rates of AN have not increased along with BN and EDNOS. Further research has suggested that AN has more of a biological cause than BN and so certain people are genetically predisposed to be vulnerable to this disorder. One study found that for AN there was a 56% concordance rate for monozygotic twins (Holland et al 1988). This suggests that genetics may play a part in whether someone develops AN, but because the concordance rate is not 100% this also means that the environment is likely to have an effect. Conclusions should be drawn from this study with caution, as only 25 twin pairs were used and this is already a niche population that does not necessarily reflect a non homogenous sample of the public.

In conclusion, several explanations have been put forward to try and explain why the rates for BN have been increasing when the rates of AN have remained the same. It is important to remember that not all eating disorders are diagnosed and recorded so it could be that the prevalence’s are higher, which may help to explain this difference. It is also likely that genetics, environmental factors and even factors that have not been considered yet. Influence whether someone develops an eating disorder. More research will need to be conducted into this area in order to come up with more effective treatments and methods of prevention for eating disorders.

References
