Introduction
Developmental eating disorders is a result of number of factors: personality traits, family dynamics, peer influence and cultural values. Eating disorders are common mostly for female population (80-95% are women). Anorexia, bulimia and eating disorder not otherwise specified (compulsive overeating included) commonly occur in adolescence, and some studies show that number of patients younger than 14 years old has risen from 5 to 25%. However, 90% of patients belong to the female group 12-14 years of age. The most endangered population is girls from big urban centers from 14-17 years of age.

Eating disorders are often called "the secret disease" because only 10-30% of people with symptoms receive any form of expert help. Most eating disorders have started as a "diet that went wrong", what is especially worrying is a social context of promotion of thin female body as beauty ideal creating a culture of dieting.

In Croatia, there is no survey about prevalence of eating disorders, but it is estimated that statistics correspond to European average: in general population around 1% anorexia nervosa, 3% bulimia, 4-6% EDNOS (eating disorder not otherwise specified).

Research showed more successful rehabilitation of eating disorders, earlier in the course of the disease the treatment has begun. Therefore, selective and induced prevention of eating disorder is extremely important.

Materials and methods
This study is conducted to evaluate the effectiveness of Programme for prevention of eating disorders: "Who is that in the mirror?". The prevention programme is based on series of workshops conducted in population of secondary school students in Zagreb (Croatia). All surveyed adolescents participated in 10 interactive preventive workshops.

The program objectives were:
1. (achieved) changes in self-image and raise of participants’ self-esteem.
2. (achieved) promotion of healthy habits and other behaviors relevant to health.
3. (achieved) changes in attitudes and cultural stereotypes of thinness as an ideal of feminine beauty.

Study was conducted on a sample of 165 female students in eighth grade (25 classes) in Zagreb, in a convenience sample (28 years old = 139, 17 years old = 54%, 16 years old = 30%; 15 years old = 3%).

Students filled out the questionnaire at the beginning and end of the workshop cycle. Questionnaire was used, with questions regarding general level of individual self-esteem (Rosenberg scale), issues related to general satisfaction with body appearance (Body Shape Questionnaire), questions which determined opinions of students about the importance of "lean" body for quality and happy life (their attitudes toward obese individuals included), questions about eating habits of secondary school students and the possible presence of symptoms of eating disorders.

Figural rating scale: own body / ideal body

Results
F
F

Behaviour risky to develop eating disorders
Behaviours in last 4 weeks
Type of behaviour
F1 % F2 %
In last 4 weeks, have you been on a diet (which you have lost weight)?
No 120 78.78 142 86.06
Yes 21 12.22 31 6.94
In last 4 weeks, have you engaged in overeating large amounts of food for at least 4-hours a day?
No 144 87.27 104 17.83
evry day 6 1 6.00
more times 6 3 50
Severy day 6 1 6.00
among a day 6 3 50
Every two weeks or less 50 30 30 26.66
Have you noticed any changes in your weight during last 6 weeks?
No 164 100 165 100
Yes 0 0 0 0
Have you experienced negative effects to your weight 4 weeks? in last 4 weeks
Yes 14 5.45 19 31.81
No 223 74.54 123 72.18
In last 4 weeks, have you engaged in everyday excessive sports activities to lose weight?
No 140 84.84 148 88.69
Yes 25 15.16 15 11.30
Total 165 100.00 165 100.00
p<0.05

Also, participants of the prevention programme significantly lowered their engagement in risk behaviours associated with the appearance of anorexia, bulimia, and eating disorders not otherwise specified (fear of frequency of weighing, extreme dieting, overeating, obsessive sports activities in order to lose weight).

Rosenberg Self Esteem Scale

<table>
<thead>
<tr>
<th>Survey</th>
<th>F1</th>
<th>F2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>40.53</td>
<td>4.74</td>
</tr>
<tr>
<td>2</td>
<td>42.03</td>
<td>4.48</td>
</tr>
</tbody>
</table>

p<0.05

SMM scale: Importance of Thinness for Quality of Life

<table>
<thead>
<tr>
<th>Month</th>
<th>F1</th>
<th>F2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survey</td>
<td>4.40</td>
<td>3.165</td>
</tr>
<tr>
<td>Survey</td>
<td>2.454</td>
<td>2.96</td>
</tr>
</tbody>
</table>

p<0.05

There was no difference in the results considering body perception (picture left). In the first and last survey examinees think about ideal body figure as thinner than their perceived body. Further, there was no recorded change on Body Shape Questionnaires (BSQ) before and after prevention programme intervention.

Conclusion
After three months of workshops, female students have produced statistically better results on self esteem scale, and they diminish behaviors patterns risky for development of eating disorders (frequent weighing, extreme dieting, and overeating, obsessive exercising due to losing weight).

In the first survey, 25% of female students have engaged in some of elements of risky food behaviors. After 10 preventive workshops elements of harmful behaviors that could lead to eating disorders were present in 20% of female students.

Registered reduction of harmful behaviors related to eating disorders, increased self esteem and change of attitudes about importance of thinness could be related to participation of examinees in prevention of eating disorders programme. "Who is that in the mirror?" so the impact of prevention programme could be described as positive in terms of lowering the risk of eating disorders in female adolescent population. However, for this conclusion repeated survey is needed with control group testing, as the influence of other interfering variables could be excluded.

Positive influence of participation in preventive programme during 3 months was not sufficient to change body satisfaction or alter cultural stereotypes of “a body thinner than mine” as an ideal body. It could be concluded that preventive programmes have limited range of influence when their target group is embedded in culture of dieting and strong media influence.

This survey has not included family influence as an important assessment of risk for eating disorders development in youth population. In further surveys one could test certain personality traits (perfectionism, anxiety etc) as predictors of eating disorders development.

References
2. Substance Abuse and Mental Health Services Administration, 2008.

Acknowledgements
We thank Office for Health and Veterans - City of Zagreb, National Fund for Civil Society Development and Institute for Public Health „Dr Andrija Štampar” on their great support.

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