Les troubles du comportement alimentaires (TCA) au Liban

Rami BOU KHALIL

Hôtel Dieu de France

Université Saint-Joseph de Beyrouth

Département de psychiatrie

Maître de conférences

Doctorant à l'Université de Montpellier

Le Liban: situation géographique

Le Liban : contexte culturel

- 10452 Km2
- 5000000 d'habitants et plus de 2000000 de réfugiés
- 18 communautés religieuses
- Trait d'union entre l'Orient et l'Occident; terre du pluralisme religieux et du dialogue islamo-chrétien

A la une   L'Actualité du Liban

L'Assemblée Générale des Nations Unies adopte la proposition libanaise de créer une Académie pour les rencontres humaines et le dialogue

Par Newsdesk Libnanews - 16 septembre 2019   355

Le Liban : situations de crise

La foule, le 14 mars 2005 à Beyrouth / REUTERS
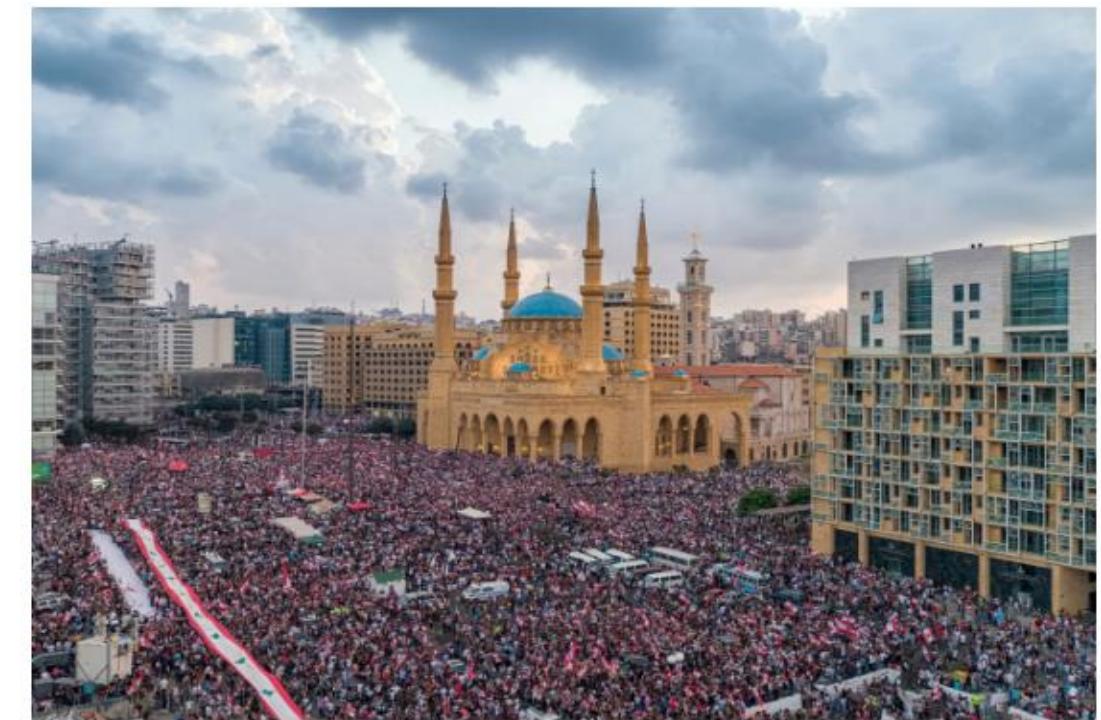
Le peuple libanais est dans la rue depuis l'année dernière pour montrer sa colère envers des politiciens corrompus et tout un système libéral (comme ici à Beyrouth le 28 octobre). (Photo Diplomedia/Shutterstock)

Le Liban: l'explosion

Deadly port explosion rocks Beirut

Grant Rowles · August 5, 2020 💬 4 🔥 14,190 🔖 1 minute read

La cuisine méditerranéenne
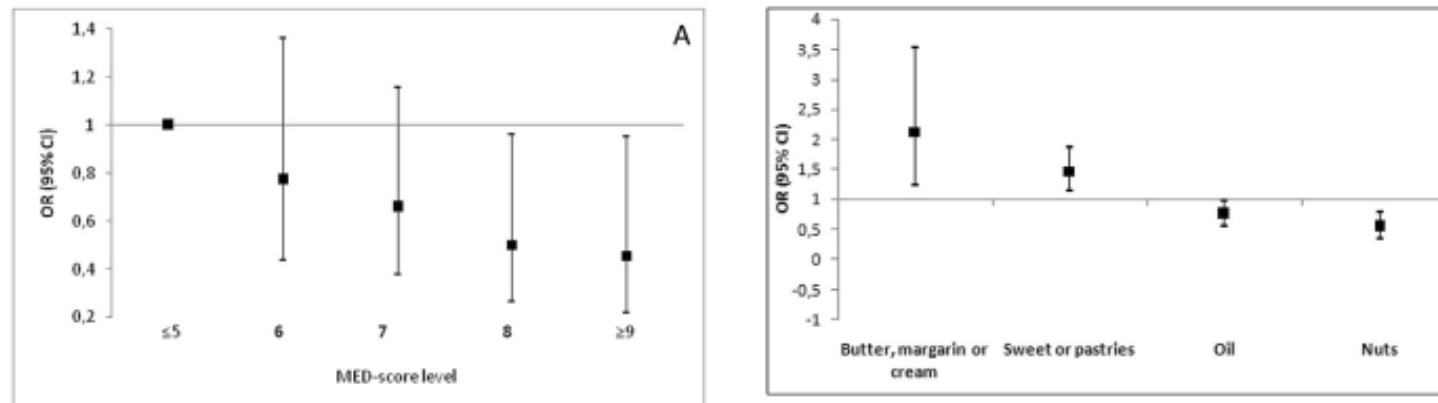
La cuisine Libanaise

- Un peu plus variée que la cuisine méditerranéenne typique car elle contient des plats Perses, Arabes et Français (mais tjs riche en nutriments et en fibres)

- Plus variée au cours de l'année vu la moindre fluctuation des ressources en fonction de la variation des saisons

- Plus abondante en quantité et en qualité vu le concept du Mezze

LE MEZZE TRADITIONNEL LIBANAIS

Les normes socioculturelles...

Fastest Growing Pages

Name	Fans
Nancy Ajram	+23 862
Wael Jassar - وائل جسار	+17 578
Elissa	+15 687
Myriam Fares	+15 367
Fayrouz | فيروز | Fairouz	+11 830
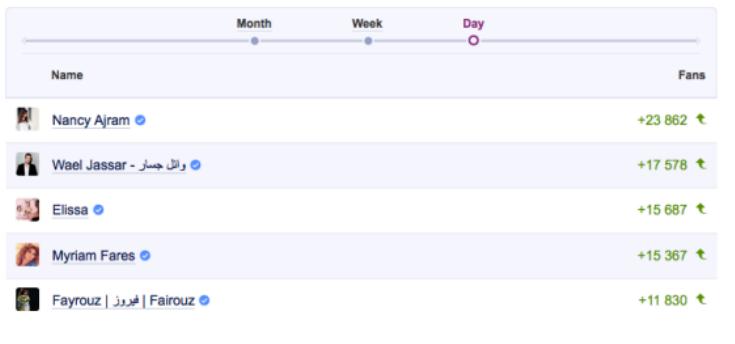
Figure 1: Top 5 célébrités libanaises sur Facebook

Fastest Growing Profiles

Name	Followers
Elissa	+12 304
Najwa Karam	+8 649
Haifa Wehbe	+5 839
Ragheb Alama	+5 204
Nancy Ajram	+5 099

Figure 2: Top 5 célébrités libanaises sur Twitter

107 Article publié en ligne sur le site de *Time-Out Beirut* le 01/04/2006. *National Icon?*

Le surpoids et l'obésité

Research Article

Exploration of the Dietary and Lifestyle Behaviors and Weight Status and Their Self-Perceptions among Health Sciences University Students in North Lebanon

Germine El-Kassas[1] and Fouad Ziade[2]

TABLE 5: Association between overweight/obesity and sociodemographic, dietary, and lifestyle behaviors am...

			BMI
	B	Sig.	OR
Obesity of one parent			
No®			
Yes	0.758	0.006*	0.468
Do you drink coffee or tea directly after meals?			
No®			
Yes	−0.478	0.063	0.620
Level			
Senior®			
Junior	0.813	0.106	2.255
Number of snacks			
Zero®			
One	−0.133	0.811	0.876
Two	−0.326	0.550	0.722
Three	−1.150	0.057	0.317
More than three	−0.048	0.938	0.953
Current appetite status compared to preuniversity life			
Same®			
Increased	0.764	0.013*	0.466
Decreased	−0.427	0.160	0.652
Cravings for high fat/sugar foods			
Never®			
Once/month	0.622	0.138	1.863
2–4 times/month	0.454	0.276	1.574
2-3 times/week	1.116	0.012*	3.054
4 times/week	0.672	0.219	1.958
Exams related stressful eating			
No®			
Yes	0.397	0.151	1.488
Sometimes	0.983	0.016*	2.672
Rarely	0.232	0.812	1.261
Comfort eating			
No®			
Yes	0.542	0.044*	0.581
Regular breakfast intake			
Yes®			
No	0.246	0.347	1.279
PA level based on MET values			
Low	0.182	0.681	1.199
Moderate	0.095	0.827	1.099
High®			
Total food score	−0.053	0.010*	1.055

*Statistically significant at $p \leq 0.05$.
®Reference.

L'orthoréxie

ORIGINAL ARTICLE

CrossMark

Correlates of orthorexia nervosa among a representative sample of the Lebanese population

Chadia Haddad[1] · Sahar Obeid[1,2,3] · Marwan Akel[4,5] · Karl Honein[6] · Maria Akiki[6] · Jocelyne Azar[1,7] · Souheil Hallit[5,6,8]

Table 5 Multivariable analysis

	Unstandardized Beta	Standardized Beta	p value	Confidence interval	
				Lower bound	Upper bound
Model 1: linear regression taking the ORTHO-15 score as the dependent variable and the sociodemographic as independent variables[a]					
Gender (male* vs. female)	−1.023	−0.112	0.002	−1.665	−0.381
Model 2: linear regression taking the ORTHO-15 score as the dependent variable and the opinion about eating habits as independent variables[b]					
Gender (male* vs. female)	−0.772	−0.085	0.018	−1.413	−0.132
Starving to lose weight (past 30 days) (no* vs. yes)	−1.581	−0.146	<0.001	−2.360	−0.803
Convincing others to follow diet (no* vs. yes)	−1.046	−0.116	0.002	−1.717	−0.375
Looking at the contents of the product (no* vs. yes)	−0.835	−0.096	0.011	−1.480	−0.190
Model 3: linear regression taking the ORTHO-15 score as the dependent variable and the scales and opinion about eating habits as independent variables[c]					
EAT scale	−0.087	−0.258	<0.001	−0.111	−0.062
Gender (male* vs. female)	−0.739	−0.082	0.020	−1.360	−0.119
Eating out is (healthy* vs. unhealthy)	−0.931	−0.084	0.018	−1.702	−0.161
Starving to lose weight (past 30 days) (no* vs. yes)	−0.859	−0.080	0.032	−1.642	−0.075
Convincing others to follow diet (no* vs. yes)	−0.971	−0.109	0.003	−1.602	−0.341

Le profil des patients (âge et HB ≠?)

ORIGINAL PAPER

Eating Disorders in Lebanon: Directions for Public Health Action

Nadine Zeeni[1] · Hiba Safieddine[2] · Rita Doumit[3]

	All (N = 104)		AN (N = 41)		BN (N = 48)		BED (N = 15)	
	N	%	N	%	N	%	N	%
Gender								
Female	92	88.5	41	100.0	41	85.4	10	66.7
Male	12	11.5	0	0.0	7	14.6	5	33.3
Religion								
Christian	68	65.4	26	63.4	35	72.9	7	46.7
Muslim	21	20.2	9	22.0	11	22.9	4	26.7
Other	15	14.4	6	14.6	2	4.2	4	26.7
	Mean	SEM	Mean	SEM	Mean	SEM	Mean	SEM
Age	27.3	1.2	23.2	1.4	25.8	1.6	35.4	2.8
Age of onset	19.8	1.7	19.4	2	18.1	4.2	27.4	1.4
SES	7.9	0.3	7.6	0.3	7.6	0.4	8.7	0.5

Table 2 Patient characteristics across eating disorder subtypes

	All (N = 104)		AN (N = 41)		BN (N = 48)		BED (N = 15)		Significance		
	N	%	N	%	N	%	N	%	Chi square	df	Significance
Body Mass Index (BMI, kg/m²)											
Underweight (BMI < 18.5)	46	44.2	39	95.1	6	12.5	1	6.7	58.5	8	<0.001*
Normal weight (BMI 18.5–24.9)	42	40.4	2	4.9	31	64.6	8	53.3			
Overweight (BMI 25–29.9)	10	9.6	0	0.0	8	16.7	4	26.7			
Obese (BMI 30–40)	4	3.8	0	0.0	2	4.2	3	20.0			
Morbidly obese (BMI > 40)	2	1.9	0	0.0	1	2.1	1	6.7			
Purging methods											
Count											
No purging behavior	24	23.1	5	12.2	10	20.8	9	60.0	10.1	4	0.039*
One purging behavior	37	35.6	19	46.3	14	29.2	4	26.7			
Two or more purging behaviors	43	41.3	19	46.3	22	45.8	2	13.3			
Type											
Self-induced vomiting	43	41.3	19	46.3	23	47.9	0	0.0	10.15	2	0.006*
Use of diet pills	17	16.3	6	14.6	9	18.8	2	13.3	0.87	2	0.65
Use of laxatives	35	33.7	17	41.5	15	31.3	3	20.0	5.95	2	0.064
Excessive exercise	9	8.7	4	9.8	4	8.3	1	6.7	0.71	2	0.7
Indicators of severity											
Amenorrhea	37	35.6	30	73.2	7	14.6	0	0.0	30.88	2	<0.001*
Distorted body image	79	76.0	38	92.7	31	64.6	10	66.7	18.09	2	0.001*
Depression	70	67.3	31	75.6	32	66.7	7	46.7	5.99	2	0.05*
Use of antidepressants	44	42.3	15	36.6	24	50.0	5	33.3	0.48	2	0.78
Use of anxiolytics	19	18.3	6	14.6	11	22.9	2	13.3	1.63	2	0.44
Admitted as inpatient	17	16.3	12	29.3	5	10.4	0	0.0	17.35	2	0.002*

* Statistically significant (P < 0.05)

Neuropsychiatric Disease and Treatment

Dovepress
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ORIGINAL RESEARCH

Prevalence of Eating Disorders Among Medical Students in a Lebanese Medical School: A Cross-Sectional Study

This article was published in the following Dove Press journal:
Neuropsychiatric Disease and Treatment

Maya Bizri

Background: Eating disorders are among the most severe psychiatric disorders. Medical
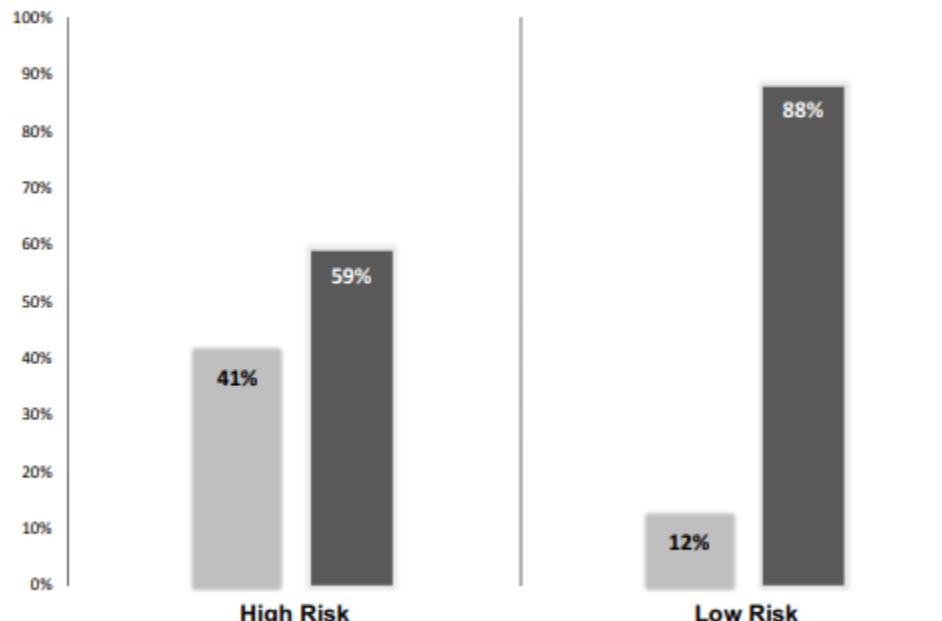

Figure 2 The distribution of the personal history of mental health disorder diagnosis among 131 medical students, across eating disorders risk groups, using the EAT-26 questionnaire at the American University of Beirut in 2017.
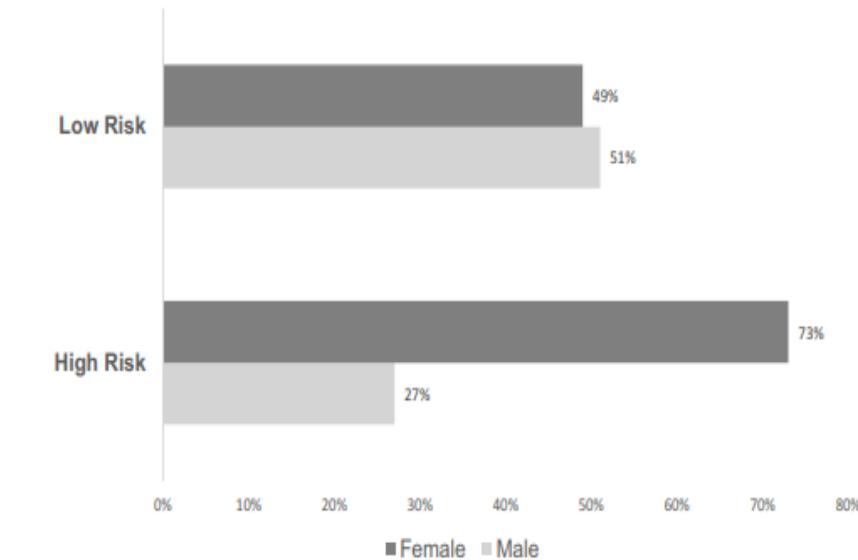

Figure 1 The distribution of males and females among 131 medical students, across eating disorders risk groups, using the EAT-26 questionnaire, at the American University of Beirut in 2017.

Check for updates

Prevalence, correlates, and gender disparities related to eating disordered behaviors among health science students and healthcare practitioners in Lebanon: Findings of a national cross sectional study

Maha Hoteit[1,2,3*†], Hala Mohsen[1,2,3†], Khlood Bookari[4,5,6],

FIGURE 1
Overall prevalence of eating disorders risk.
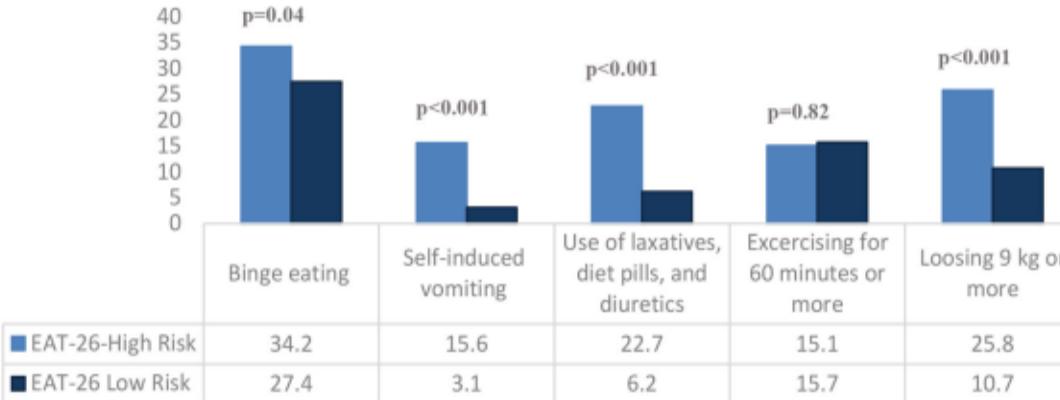
FIGURE 3
Disordered eating behaviors in study participants.

FIGURE 2
Gender disparities in eating disorders risk.
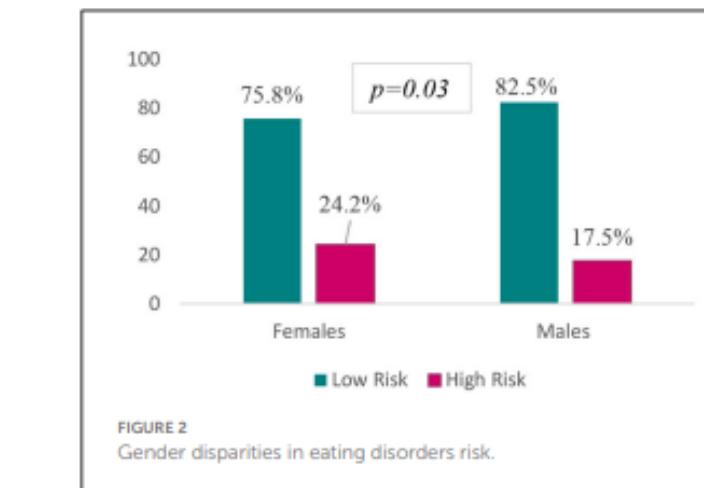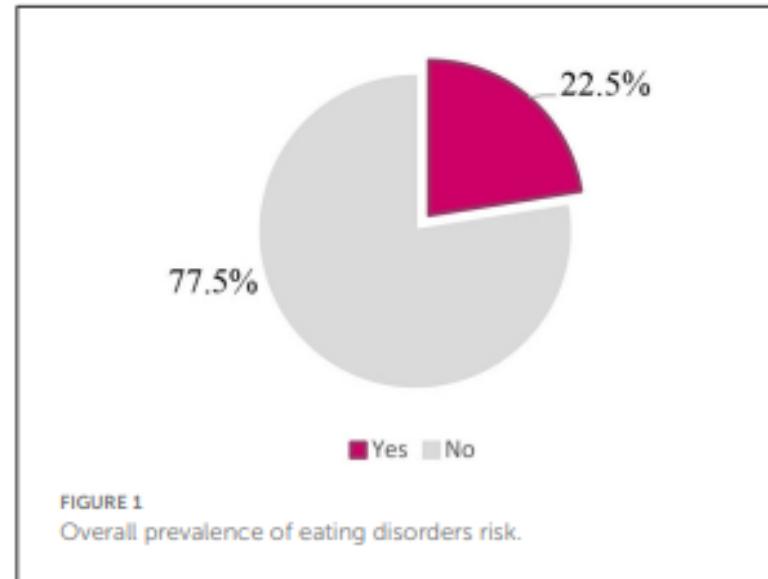
$p < 0.001$) which was the highest among all other predictors (Table 3).

Journal of Human Nutrition and Dietetics

PUBLIC HEALTH NUTRITION AND EPIDEMIOLOGY

The influence of sociocultural factors on the eating attitudes of Lebanese and Cypriot students: a cross-cultural study

N. Zeeni,* N. Gharibeh* & I. Katsounari†

Disordered eating in Cyprus and Lebanon   N. Zeeni et al.
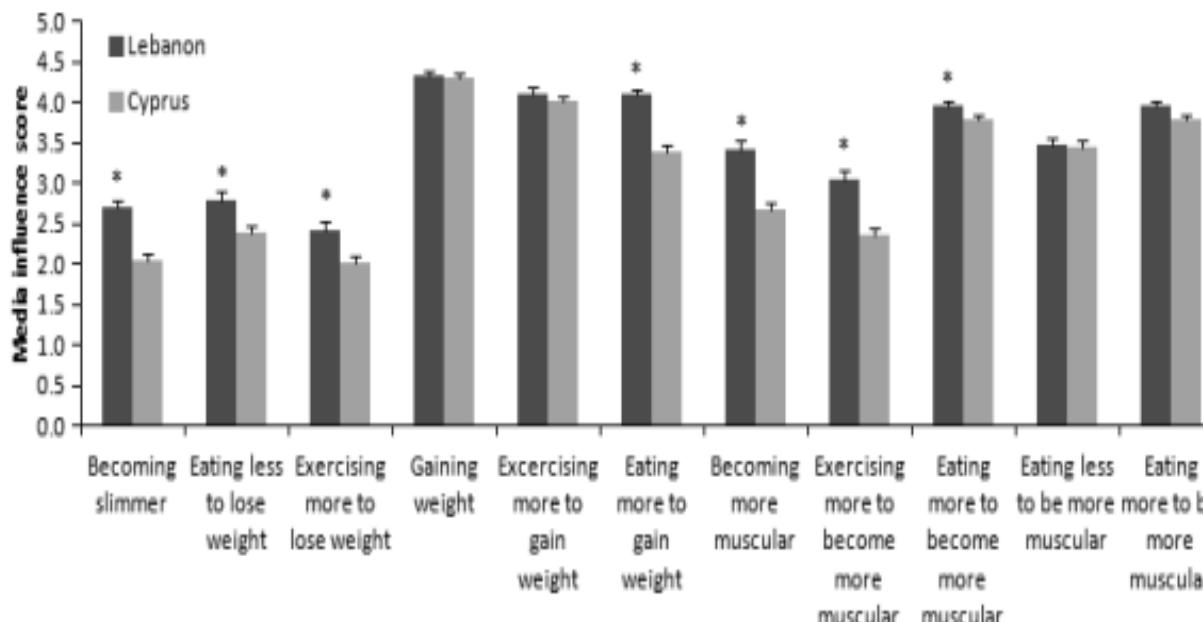
Figure 1 Scores on media influences in Lebanon and Cyprus. Results are expressed as the mean (SEM) (*P < 0.05).

N. Zeeni et al.

Table 2 Scores on influence of father, mother, male and female friends in Lebanon and Cyprus

		Lebanon	Cyprus
Father	Feedback on body size	2.17 (0.10)	2.09 (0.09)
	Feedback on eating patterns	2.19 (0.11)	2.23 (0.10)
	Feedback on exercise level	2.14 (0.11)	2.04 (0.12)
	Importance of opinion	2.96 (0.12)*	2.62 (0.08)
	Influence on losing weight	13.03 (0.17)*	12.43 (0.16)
	Influence on increasing muscles	14.12 (0.13)*	13.44 (0.15)
	Influence on gaining weight	13.88 (0.14)	14.14 (0.12)
Mother	Feedback on body size	2.39 (0.09)	2.51 (0.09)
	Feedback on eating patterns	2.53 (0.09)	2.76 (0.10)
	Feedback on exercise level	2.42 (1.43)	2.35 (0.11)
	Importance of opinion	2.29 (0.09)	2.18 (0.08)
	Influence on losing weight	12.04 (0.20)*	11.14 (0.21)
	Influence on increasing muscles	14.21 (0.12)*	13.17 (0.17)
	Influence on gaining weight	13.83 (0.14)	14.10 (0.14)
Male friend	Feedback on body size	2.09 (0.07)	2.17 (0.08)
	Feedback on eating patterns	2.10 (0.09)	2.30 (0.10)
	Feedback on exercise level	2.14 (0.10)	2.30 (0.10)
	Importance of opinion	2.28 (0.09)	2.28 (0.08)
	Influence on losing weight	12.78 (0.16)	12.44 (0.19)
	Influence on increasing muscles	13.42 (0.16)*	11.73 (0.17)
	Influence on gaining weight	13.65 (0.15)	13.75 (0.14)
Female friend	Feedback on body size	2.54 (0.06)*	2.13 (0.08)
	Feedback on eating patterns	2.58 (0.07)*	2.16 (0.09)
	Feedback on exercise level	2.68 (0.07)*	2.05 (0.10)
	Importance of opinion	2.63 (0.08)	2.58 (0.07)
	Influence on losing weight	13.15 (0.13)*	11.77 (0.18)
	Influence on increasing muscles	13.26 (0.14)	13.13 (0.14)
	Influence on gaining weight	13.48 (0.14)	14.05 (0.11)

Results are expressed as mean (SEM).
*P < 0.05.

ORIGINAL ARTICLE

CrossMark

Factors associated with body dissatisfaction among the Lebanese population

Chadia Haddad[1] · Maha Zakhour[2] · Marwan Akel[3,4] · Karl Honein[5] · Maria Akiki[5] · Souheil Hallit[4,5,8] · Sahar Obeid[1,6,7]

	Unstandardized Beta	p value	Confidence interval	
			Lower bound	Upper bound
Model 3: Linear regression taking the body dissatisfaction score as the dependent variable and the scales and opinion about eating habits as independent variables				
Binge eating scale score	0.202	<0.001	0.130	0.274
Dieted to lose weight (past 30 days)	2.345	<0.001	1.272	3.419
Receiving comments from the family concerning losing weight	2.234	<0.001	1.192	3.276
Family history of eating disorders	1.933	0.001	0.769	3.097
BMI	0.076	<0.001	0.035	0.117
Married status	1.233	0.030	0.123	2.343
Pressure from TV, magazine to lose your weight	1.320	0.051	−0.008	2.647
Divorced	−4.226	0.008	−7.325	−1.126
Self-esteem scale	−0.246	0.051	−0.493	0.001
Perceived stress scale	0.107	0.013	0.023	0.190
Depression (HAMD score)	0.103	0.007	0.029	0.177
Vomited or taken laxatives to lose weight (past 30 days)	1.861	0.041	0.074	3.647
Physical activity index	−0.022	0.044	−0.043	−0.001

Variables entered in the model: age, marital status, BMI, physical activity index, self-esteem scale, perceived stress scale, HAMA scale, HAMD scale, ERQ cognitive reappraisal facet, EES total score, exercised to lose weight (past 30 days), dieted to lose weight (past 30 days), vomited or taken laxatives to lose weight (past 30 days), taken diet pills to lose weight (past 30 days), starving to lose weight (past 30 days), daily weighting, receiving comments from the family concerning losing weight, have you been insulted, have you been physically abused, have you been sexually abused, family history of eating disorders, pressure from TV, magazine to lose your weight

Adjusted R^2: 0.239

Disgust and fear: common emotions between eating and phobic disorders

Rami Bou Khalil[1,2] · Ibrahim R. Bou-Orm[3] · Yara Tabet[1,2] · Lama Souaiby[2] · Hayat Azouri[2]
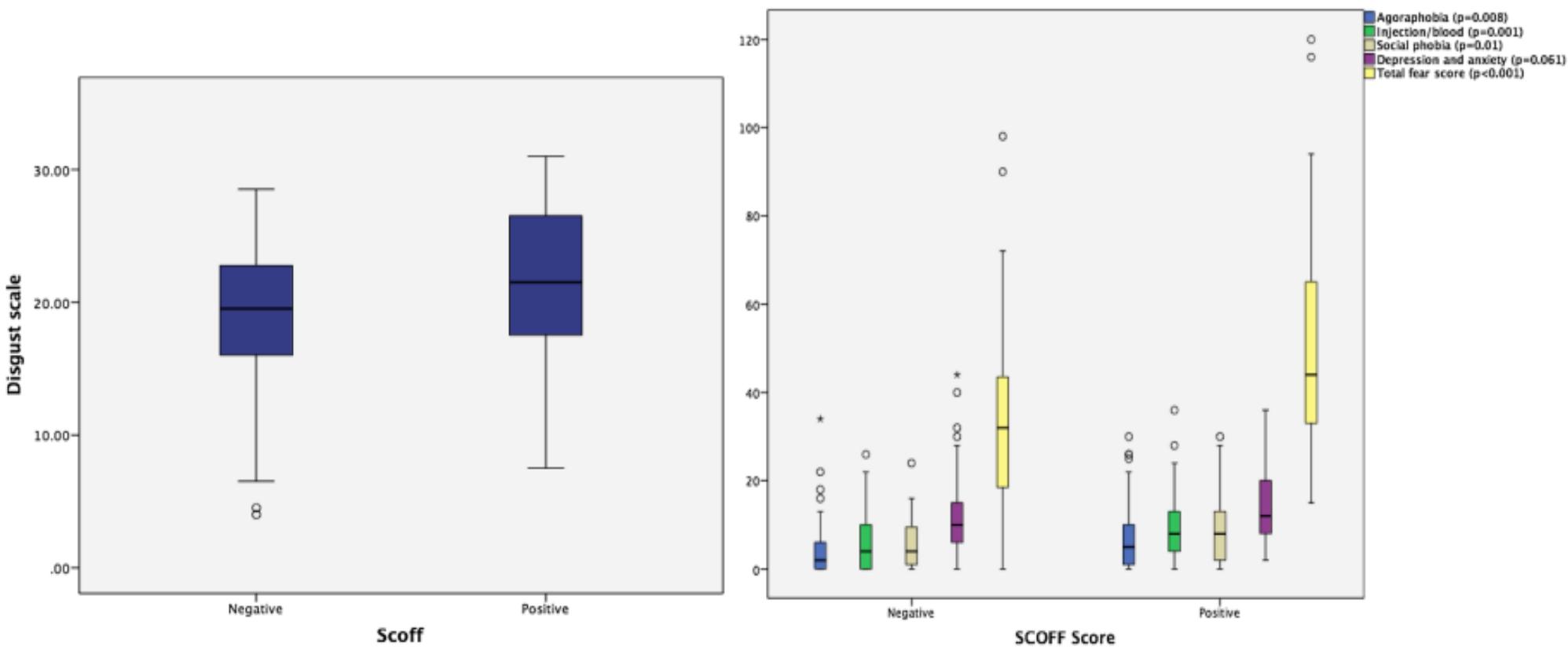
Au cours de la pandémie…

Association between eating behavior and quarantine/confinement stressors during the coronavirus disease 2019 outbreak

Table 4 Multivariable analysis in the total sample

Variable	Unstandardized Beta	Standardized Beta	P	95% Confidence Interval	
Model 1: Linear regression variable taking the 'EDE-Restraint subscale' as the dependent variable and the sociodemographic, quarantine/ confinement stressors, anger and anxiety as the independent variables.					
Physical exercise during quarantine/confinement	1.04	0.32	< 0.001	0.74	1.35
Fear of COVID-19 scale	0.02	0.16	0.001	0.01	0.04
BMI (kg/m²)	0.05	0.15	0.002	0.02	0.09

Variables entered in the models: Age, gender, marital status, education level, BMI, fear of COVID-19 scale, short boredom proneness scale, anxiety scale, anger scale, financial difficulty due to the quarantine/confinement and physical exercise during quarantine/confinement.

Variable	Unstandardized Beta	Standardized Beta	P	95% Confidence Interval	
Model 2: Linear regression variable taking the 'EDE- Eating Concern subscale' as the dependent variable and the sociodemographic, quarantine/confinement stressors, anger and anxiety as the independent variables.					
Anxiety	0.04	0.28	< 0.001	0.03	0.06
Gender (male[a] vs. female)	0.52	0.21	< 0.001	0.30	0.74
BMI (kg/m²)	0.06	0.25	< 0.001	0.04	0.09
Physical exercise during quarantine/confinement	0.43	0.17	< 0.001	0.20	0.65
Constant sense of insecurity for oneself and loved ones	0.41	0.16	0.001	0.18	0.65

Variables entered in the models: Age, gender, marital status, education level, BMI, fear of COVID-19 scale, short boredom proneness scale, anxiety scale, anger scale, constant sense of insecurity for themselves and loved ones, financial difficulty due to the quarantine/confinement and physical exercise during quarantine/confinement.

Variable	Unstandardized Beta	Standardized Beta	P	95% Confidence Interval	
Model 3: Linear regression variable taking the 'EDE- Shape Concern subscale' as the dependent variable and the sociodemographic, quarantine/confinement stressors, anger and anxiety as the independent variables.					
Anxiety	0.05	0.23	< 0.001	0.03	0.07
BMI (kg/m²)	0.14	0.39	< 0.001	0.11	0.18
Gender (male[a] vs. female)	0.63	0.19	< 0.001	0.35	0.91
Fear of COVID-19 scale	0.03	0.20	< 0.001	0.02	0.05
Age	−0.02	− 0.16	0.001	− 0.04	− 0.01
Physical exercise during quarantine/confinement	0.50	0.15	0.001	0.21	0.79
Presence of physical contact with friends	−0.46	− 0.13	0.002	− 0.76	− 0.16
Number of adults living in the quarantine/confinement	0.13	0.10	0.019	0.02	0.23
University education level	−0.55	− 0.09	0.046	−1.08	− 0.01

Variables entered in the models: Age, gender, marital status, education level, BMI, length of quarantine/confinement in days, number of adults living in the quarantine/confinement, fear of COVID-19 scale, short boredom proneness scale, anxiety scale, anger scale, constant sense of insecurity for themselves and loved ones, financial difficulty due to the quarantine/confinement, difficulty buying the desired food and products, presence of physical contact with friends and physical exercise during quarantine/confinement.

Variable	Unstandardized Beta	Standardized Beta	P	95% Confidence Interval	
Model 4: Linear regression variable taking the 'EDE- Weight Concern subscale' as the dependent variable and the sociodemographic quarantine/confinement stressors, anger and anxiety as the independent variables.					
Anxiety	0.03	0.19	< 0.001	0.01	0.05
BMI (Kg/m²)	0.14	0.41	< 0.001	0.11	0.17
Gender (male[a] vs. female)	0.63	0.20	< 0.001	0.37	0.89
Physical exercise during quarantine/confinement	0.61	0.19	< 0.001	0.35	0.88
Short Boredom Proneness scale	0.02	0.15	0.002	0.008	0.03
Number of adults living in the quarantine/confinement	0.17	0.15	< 0.001	0.07	0.27
Presence of physical contact with friends	−0.46	− 0.14	0.001	− 0.73	− 0.19
Fear of COVID-19 scale	0.02	0.12	0.008	0.005	0.03

Variables entered in the models: Age, gender, marital status, education level, BMI, length of quarantine/confinement in days, number of adults living in the quarantine/confinement, fear of COVID-19 scale, short boredom proneness scale, anxiety scale, anger scale, constant sense of insecurity for themselves and loved ones, financial difficulty due to the quarantine/confinement, difficulty buying the desired food and products, presence of physical contact with friends and physical exercise during quarantine/confinement.
[a]Reference group

The impact of lockdown and other stressors during the COVID-19 pandemic on depression and anxiety in a Lebanese opportunistic sample: an online cross-sectional survey

Rami Bou Khalil[1,2] · Ramez Dagher[1,2] · Myriam Zarzour[1,2] · Ghassan Sleilaty[2,3] · Hanna Abi Akl[4] · Maya Kallab[2] · Sami Richa[1,2]

Table 5 Risk factors associated with DASS scores identified by multiple Linear Regression Analysis

Variables	Standardized Coefficient	P-value
Age	-0.104	< 0.001
Monthly income	-0.052	0.031
Education level	-0.102	< 0.001
Intensity of stressful life event on mental health	0.382	< 0.001
Impact of lockdown on lifestyle	0.308	< 0.001
CAGE-AID score	0.148	< 0.001

Model's adjusted R square = 0.403

rho= 0.506; p<0.001

Impact of having been through a stressful life event on mental health

rho= 0.424; p<0.001

Intensity of lockdown's impact on participants' lifestyle

Springer
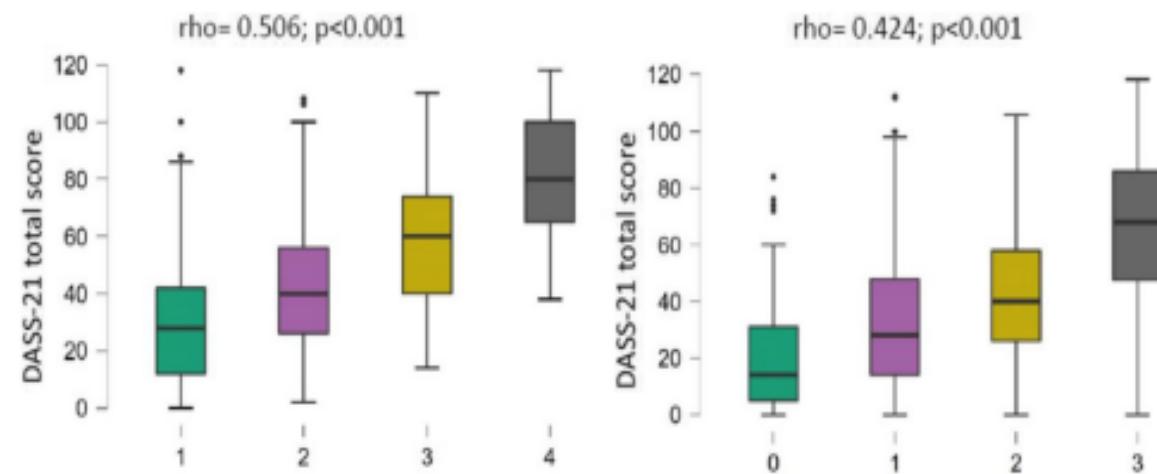
Frequencies for If you obtained a score> or equal to 2 on the SCOFF questionnaire (2 or more positive answers with a 1), do you think that your eating behavior difficulties have appeared or increased in intensity since the beginning of the confinement?

| If you obtained a score> or equal to 2 on the SCOFF questionnaire (2 or more positive answers with a 1), do you think that your eating behavior difficulties have appeared or increased in intensity since the beginning of the confinement?	Frequency	Percent	Valid Percent	Cumulative Percent
0	598	52.780	64.163	64.163
1	334	29.479	35.837	100.000
Missing	201	17.741		
Total	1133	100.000		

Au cours de la pandémie...

Spearman's Correlations

		Spearman's rho	p	Lower 95% CI	Upper 95% CI
CALCULAT ED SCORE SCOFF	DASS score total	0.550	< .001	0.508	0.589
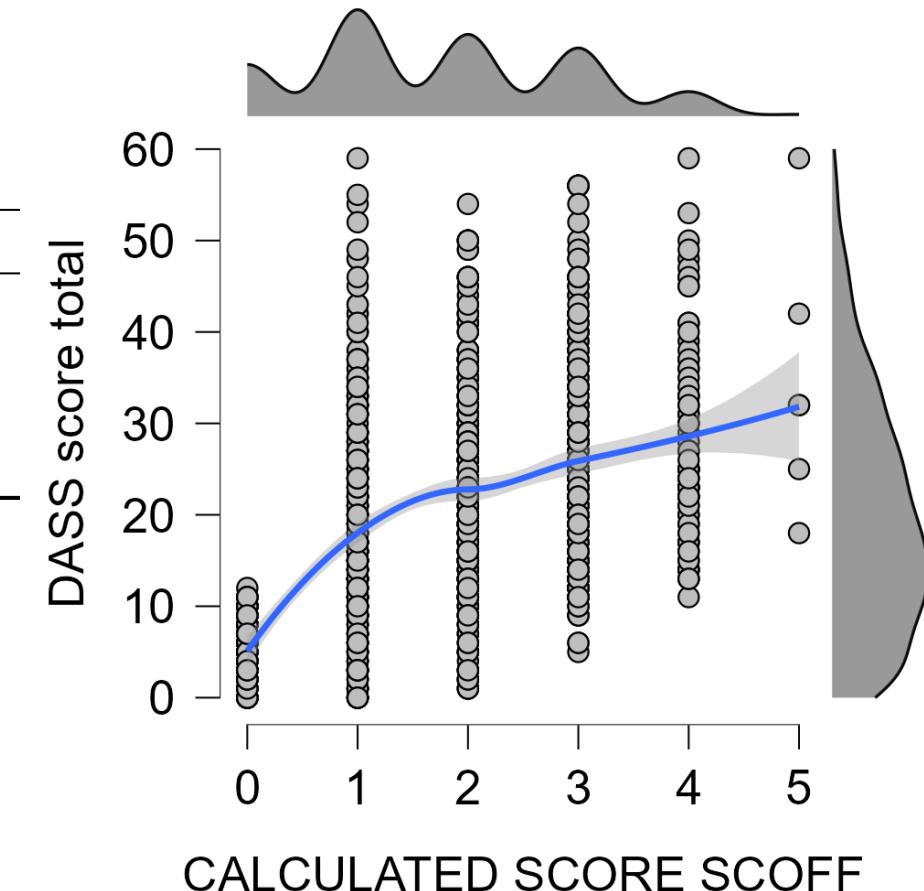
Suite à l'explosion….
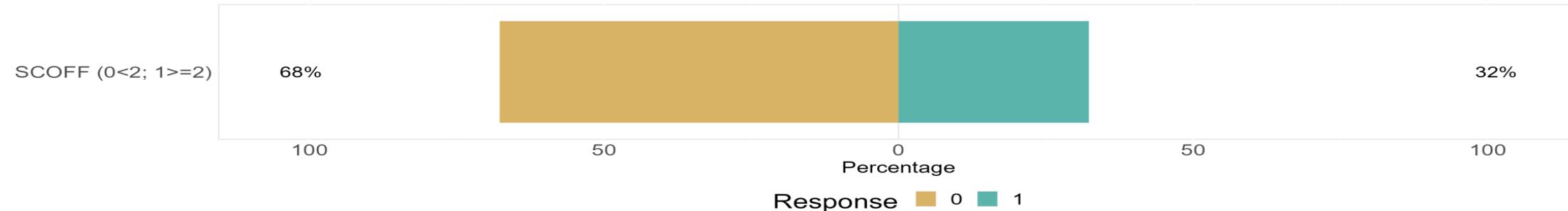
Frequencies for SCOFF (0<2; 1>=2)

SCOFF (0<2; 1>=2)	Frequency	Percent	Valid Percent	Cumulative Percent
0	476	67.710	67.710	67.710
1	227	32.290	32.290	100.000
Missing	0	0.000		
Total	703	100.000		

Fréquences pour SCOFF (0,1) depuis moins que 24 mois

SCOFF (0,1) depuis moins que 24 mois	Frequency	Percent	Valid Percent	Cumulative Percent
0	550	78.236	78.236	78.236
1	153	21.764	21.764	100.000
Missing	0	0.000		
Total	703	100.000		

Suite à l'explosion….

Model Summary - SCOFF (0,1) depuis moins que 24 mois

Model	Deviance	AIC	BIC	df	X²	p	McFadden R²	Nagelkerke R²	Tjur R²	Cox & Snell R²
H₀	736.116	738.116	742.670	701						
H₁	659.585	677.585	718.571	693	76.531	< .001	0.104	0.159	0.108	0.103

Coefficients

	Estimate	Standard Error	Odds Ratio	z	Wald Test Wald Statistic	df	p
(Intercept)	-1.277	0.337	0.279	-3.790	14.365	1	< .001
1- Age (in years)	-0.021	0.010	0.979	-2.178	4.743	1	0.029
4- Relationship Status	-0.172	0.189	0.842	-0.911	0.830	1	0.362
Concerning the Beirut port explosion (August 4th 2020), to which of these 4 categories do you belong? (The categories from A to D go from the least exposed (A) to the most exposed (D). Having at least one criterion in a more exposed category will put you in that category) (2)	0.166	0.239	1.181	0.695	0.483	1	0.487
Concerning the Beirut port explosion (August 4th 2020), to which of these 4 categories do you belong? (The categories from A to D go from the least exposed (A) to the most exposed (D). Having at least one criterion in a more exposed category will put you in that category) (3)	-0.092	0.292	0.912	-0.315	0.099	1	0.753
Concerning the Beirut port explosion (August 4th 2020), to which of these 4 categories do you belong? (The categories from A to D go from the least exposed (A) to the most exposed (D). Having at least one criterion in a more exposed category will put you in that category) (4)	0.533	0.316	1.704	1.684	2.837	1	0.092
7- What is the highest grade or school year you have completed? (1=Universitaires/technique; 2=Doctorales; 3=secondaires) (2)	-0.569	0.301	0.566	-1.890	3.572	1	0.059
7- What is the highest grade or school year you have completed? (1=Universitaires/technique; 2=Doctorales; 3=secondaires) (3)	0.752	0.346	2.120	2.173	4.722	1	0.030
Score (0<36; 1>=36)	1.293	0.202	3.643	6.386	40.786	1	< .001

Note. SCOFF (0,1) depuis moins que 24 mois level '1' coded as class 1.

categories from A to D go from the least exposed (A
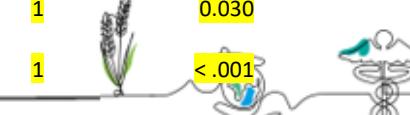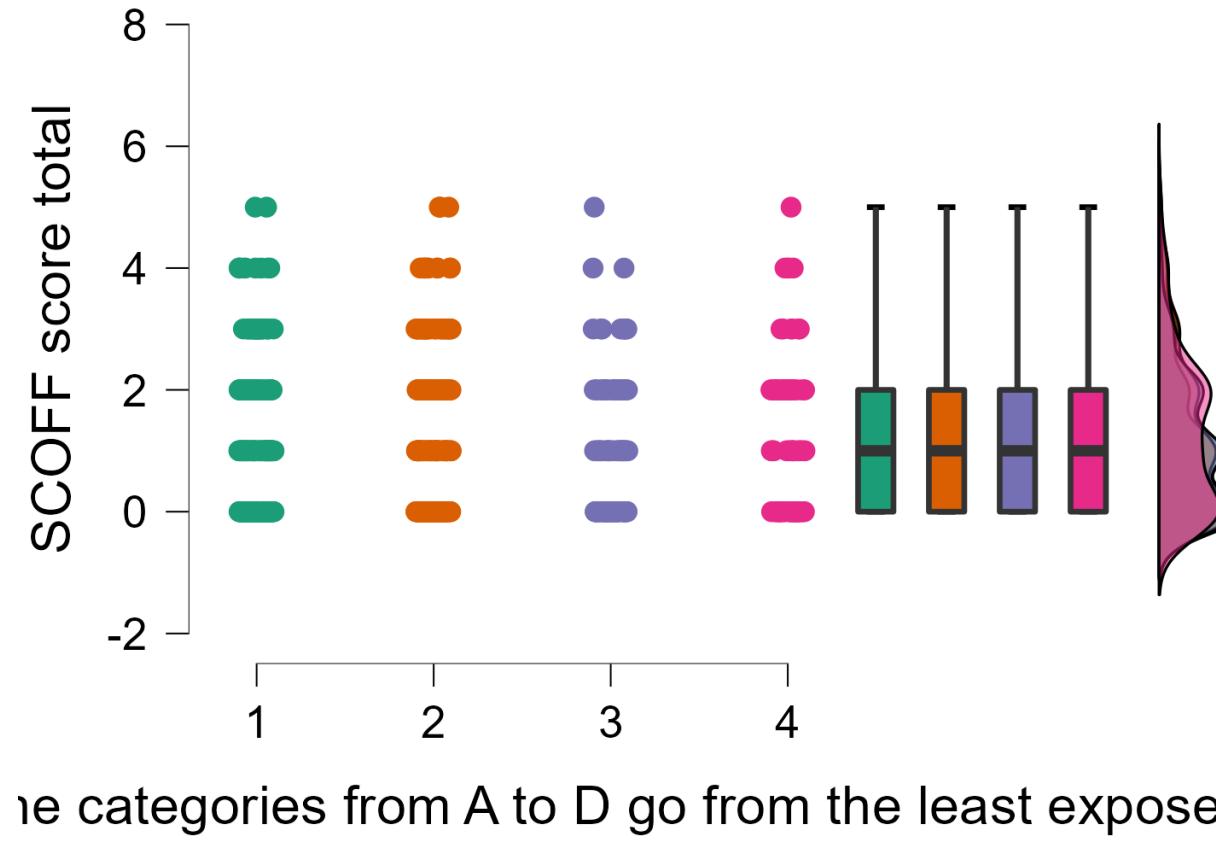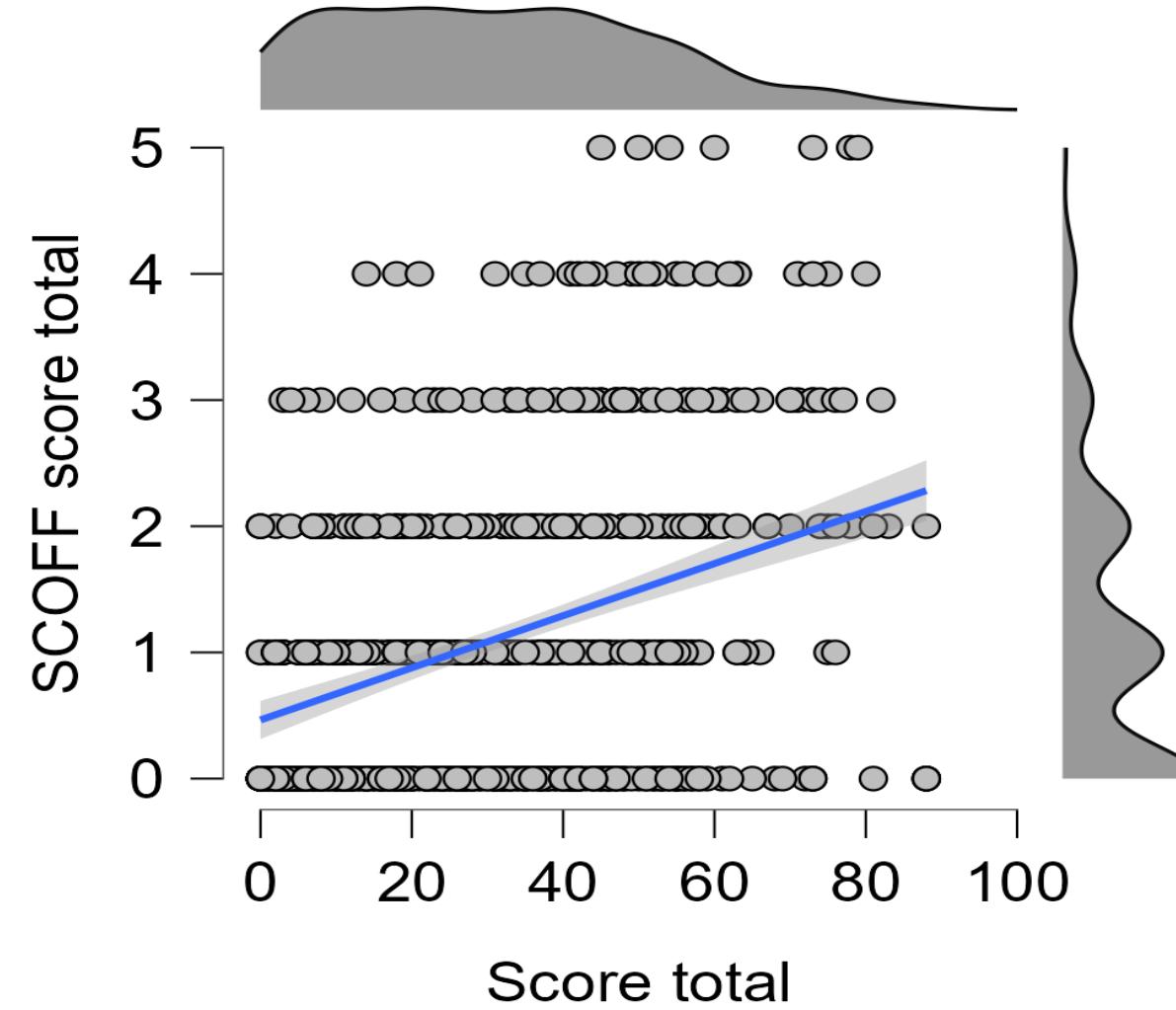
- Contexte Libanais particulier (crises, guerres, habitudes alimentaires particulières, etc.)

- Dans ce contexte, l'apparence physique est en même temps synonyme de beauté et de succès et l'alimentation est un signe de bonne santé

- Les TCA au Liban suivent une répartition similaires à celles d'autres sociétés avec quelques différences probables.

- Pas de recommandations nationales, de système d'orientation ou de modalités de prise en charge développées