Brazilian Journal of Psychiatry
bjp
Revista Brasileira de Psiquiatria

CC BY

LETTER TO THE EDITORS

Eating disorders in Brazil: linking scarce research to diagnostic errors in psychiatric practice

Braz J Psychiatry. 2026;48:e20254312
doi:10.47626/1516-4446-2025-4312

CC BY

The scarcity of research on eating disorders (EDs) in Brazil is directly associated with significant gaps in clinical knowledge and training, contributing to underdiagnosis among psychiatrists. This notion warrants empirical investigation beyond mere opinion; gathering data may help in formulating testable hypotheses and designing targeted interventions. A recent study of Brazilian psychiatrists found that fewer than 40% could correctly identify ED diagnoses, only 15% had received formal education on the topic during medical school, and just 8.9% reported satisfaction with their training in this respect.[1] Another Brazilian study highlighted challenges in identifying disordered eating in adolescents,[2] emphasizing the urgent need for early interventions. If psychiatrists demonstrate limited confidence in diagnosing EDs in adults, how can they effectively recognize early signs of these disorders among youth? Based on the procedures registered in the International Prospective Register of Ongoing Systematic Reviews (PROSPERO-CRD42024 582383), our group conducted a bibliometric and systematic review of Brazilian research on EDs.

Current Brazilian data and recent findings

Approximately 100 Brazilian publications have addressed EDs, but only eight studies were published in 2023[3-10] and four in 2024.[11-14] Below, we describe key findings from the most recent studies, which highlight both the progress and limitations of ED research in Brazil.

In 2023, da Luz et al.[3] examined the relationships between ED psychopathology, emotional regulation difficulties, and mental health in individuals with binge eating disorder (BED). The study revealed strong associations between objective binge eating and anxiety, as well as indirect links between ED psychopathology and depression. Lopes et al.[4] assessed bone health and body composition in women with anorexia nervosa (AN) and bulimia nervosa (BN), identifying significantly lower fat mass and bone mineral density in the AN group, while BN patients had greater variability associated with illness duration. Stefani et al.[5] analyzed treatment outcomes in a large outpatient sample, finding that over half the patients were underweight, psychiatric comorbidities were common, and treatment dropout rates were high. Longer treatment duration and prior treatment experience predicted lower abandonment rates. Lima-Santos et al.[6] conducted a qualitative study of women over 30 with ED which revealed profound challenges faced in adulthood, including difficulties in symptom management and feelings of hopelessness regarding recovery. Baenas et al.[7] investigated the impact of the COVID-19 lockdown across Brazil, Portugal, and Spain. Brazilian patients reported more adverse sociocultural conditions, including economic instability and family stress, compared to European counterparts. Two studies from Moraes and colleagues[8,9] explored binge-eating episodes in Brazilian adults. One examined the specific food composition during binge episodes, noting high consumption of sweets and staple foods with significant caloric intake. The second focused on hyperpalatable food consumption, finding that these items constituted a large proportion of energy intake during binge and non-binge meals across ED subgroups. Florio et al.[10] validated the modified Yale Food Addiction Scale (mYFAS 2.0) among post-bariatric surgery patients, confirming its unidimensional structure and observing a higher prevalence of food addiction symptoms after surgery.

In 2024, Reis et al.[11] compared resting metabolic rate estimates in women with active and recovered AN, showing inadequacies of standard equations and supporting the use of the Schebendach equation for patients with active AN. Mauro et al.[12] examined the relationship between psychopathology and weight regain after bariatric surgery. Binge eating disorder emerged as the most strongly associated factor, along with other comorbidities such as impulsivity and disinhibition. Appolinario et al.[13] investigated the association between ADHD symptoms and EDs, revealing significantly higher prevalence rates of BED, BN, and recurrent binge eating in individuals with ADHD, suggesting important implications for comorbid psychiatric evaluation. Finally, Silva et al.[14] assessed energy intake during binge episodes in individuals with BN and BED, finding no significant differences between groups. However, higher caloric intake was associated with comorbid depression, anxiety, and high impulsivity levels.

Future directions for research

The lack of multicenter and longitudinal studies in Brazil remains a major barrier to developing culturally adapted clinical guidelines.[15] Without robust, coordinated research, underdiagnosis is likely to persist and evidence-based training initiatives will remain limited. Recent international data further highlight the importance of addressing EDs in youth. For example, Smink et al. reported increasing incidence of AN in adolescent females,[16] and Hudson et al. reported lifetime prevalence rates of 1.2% for AN, 1.5% for BN, and 3.5% for BED among young women in the U.S.[17] To address these gaps, we propose establishing a national research agenda which prioritizes multicenter studies, standard-

ized diagnostic tools, and interinstitutional collaborations. Investments in faculty training, public funding, and validation of international instruments for local contexts are essential. Furthermore, embracing new technologies such as online data collection will improve data quality and broaden access. Through coordinated and sustained efforts, it will be possible to advance scientific understanding, improve diagnostic accuracy, reduce underdiagnosis, and mitigate the public health impact of EDs in Brazil.

Jônatas de **Oliveira**[1,2]
[1]*Faculdade de Medicina, Universidade de São Paulo, São Paulo, SP, Brazil.* [2]*Instituto de Pesquisa em Comportamento e Comida, São Paulo, SP, Brazil.*

Submitted May 06 2025, accepted Jul 28 2025.

Disclosure

The author reports no conflicts of interest.

Data availability statement

Not applicable.

Handling Editor: Thiago Fidalgo

How to cite this article: Oliveira J. Eating disorders in Brazil: linking scarce research to diagnostic errors in psychiatric practice. Braz J Psychiatry. 2026;48:e20254312. Epub 2025 Sep 29. http://doi.org/10.47626/1516-4446-2025-4312

References

1 Almeida MC, Segal A, Almeida C, Hiluy JC, Pedrosa MA, Nunes MA, et al. Brazilian psychiatrists' knowledge of and perceived confidence in eating disorder diagnosis and treatment recommendations. Braz J Psychiatry. 2024;46:e20233516.
2 Nasser SN, Fidalgo T. Unraveling disordered eating: a call for early intervention and action. Braz J Psychiatry. 2025:47e20254210.
3 Luz FQ, Mohsin M, Jana TA, Marinho LS, Santos ED, Lobo I, et al. An examination of the relationships between eating-disorder symptoms, difficulties with emotion regulation, and mental health in people with binge eating disorder. Behav Sci (Basel). 2023;13:234.
4 Lopes MP, Pfrimer K, Ferriolli E, Alvarenga MS, Martini LA. Body composition assessment in adult females with anorexia nervosa and bulimia nervosa. J Nutr. 2023;153:1309-22.
5 Stefani MDD, Azevedo LDS, Souza APLD, Santos MAD, Pessa RP. Tratamento dos transtornos alimentares: perfil sociodemográfico, desfechos e fatores associados. J Bras Psiquiatr. 2023;72:143-51.
6 Lima-Santos EF, Santos MAD, Oliveira-Cardoso EAD. Transtornos alimentares: vivências de mulheres acima de 30 anos. Psicol Cienc Prof. 2023;43:e261792.
7 Baenas I, Neufeld CB, Ramos R, Munguía L, Pessa RP, Rodrigues T, et al. Eating disorders during lockdown: the transcultural influence on eating and mood disturbances in Ibero-Brazilian population. J Eat Disord. 2023;11:39.
8 Moraes CEF, Antunes MML, Mourilhe C, Sichieri R, Hay P, Appolinario JC. Food consumption during binge eating episodes in binge eating spectrum conditions from a representative sample of a Brazilian metropolitan city. Nutrients. 2023;15:1573.
9 Moraes CEF, Hay P, Sichieri R, Fazzino TL, Mourilhe C, Appolinario JC. Hyperpalatable foods consumption in a representative sample of the general population in Brazil: differences of binge and non-binge eating meals. Behav Sci (Basel). 2023;13:149.
10 Florio L, Périco CA-M, Castaldelli-Maia JM. Understanding food addiction in post-bariatric patients. Int Rev Psychiatry. 2023;35:513-20.
11 Reis TOD, Kattah FM, Soares MMS, Torres HODG. Comparison of energy expenditure between women with anorexia nervosa in outpatient treatment and healthy controls. Clin Nutr. 2024;37:e240068.
12 Mauro MFFP, Papelbaum M, Brasil MAA, Carneiro JRI, Luiz RR, Hiluy JC, et al. Mental health and weight regain after bariatric surgery. Arch Endocrinol Metab. 2024;68:e230208.
13 Appolinario JC, Moraes CEF, Sichieri R, Hay P, Faraone SV, Mattos P, et al. Associations of adult ADHD symptoms with binge eating spectrum conditions, psychiatric and somatic comorbidity, and healthcare utilization. Braz J Psychiatry. 2024;46:e20243728.
14 Silva CLM, Veiga GV, Moraes CE, Luiz RR, Hay P, Appolinario JC. Relationship between psychopathology and binge size in binge eating spectrum disorders. Trends Psychiatry Psychother. 2024;46:e20230644.
15 Haddad M, Vistorte AOR, Haddad GG, Ribeiro W, Ziebold C, Asevedo E, et al. Management of common mental disorders should take place in primary health or specialized care? Clinical decisions of psychiatrists from Latin American countries. PLoS One. 2022;17:e0265308.
16 Smink FRE, van Hoeken D, Hoek HW. Epidemiology of eating disorders: incidence, prevalence and mortality rates. Curr Psychiatry Rep. 2012;14:406-14.
17 Hudson JI, Hiripi E, Pope HG Jr, Kessler RC. The prevalence and correlates of eating disorders in the National Comorbidity Survey Replication. Biol Psychiatry. 2007;61:348-58.