

Editorial

The Silent Epidemic: Confronting Kazakhstan's Unseen Eating Disorder Crisis

Ainur Mukhambetova¹, Shalkar Adambekov², Yerbol Nurkatov³, Kuanysh Yergaliyev¹¹Department of Biomedical Sciences, School of Medicine, Nazarbayev University, Astana, Kazakhstan²Department of Biostatistics, Epidemiology, and Evidence Based Medicine, Al-Farabi Kazakh National University, Almaty, Kazakhstan³School of Medicine, Nazarbayev University, Astana, Kazakhstan

Received: Nov 12, 2025

Accepted: Dec 11, 2025

Corresponding author's email:

ainur.mukhambetova@nu.edu.kzThis work is licensed under a
Creative Commons Attribution 4.0
International License**Abstract:**

Despite a significant rise of reported eating disorders all over the world, data from Kazakhstan is obscured by lack of recognition of these conditions as serious health issue that have severe lifelong consequences. The attention to these conditions is long overdue and requires concentrated efforts from public, academia, and public health.

Keywords: Eating Disorder; Feeding and Eating Disorders; Mental Health; Health Data

Editorial

In the landscape of epidemiologic research, some crises are visible, their impacts starkly evident in health statistics and public discourse. Others, however, remain obscured by silence from those affected, social stigma, and systemic neglect from academia and medical establishment. In this editorial, we posit that eating disorders (EDs) represent one of the most understudied and overlooked challenges to the well-being of Kazakhstani youth – an unknown problem of unknown proportions.

EDs are a group of conditions, including anorexia nervosa (AN), bulimia nervosa (BN), binge eating disorder, and avoidant/restrictive food intake disorder, that can have significant lifelong detrimental effect on both mental and physical health. Critically, unlike many chronic diseases, EDs typically onset in early adolescence and young adulthood—a pivotal period for neurobiological and psychosocial development. Consequently, without diagnosis and treatment, they can disrupt this development and lead to severe, lifelong health problems (1). Onset of EDs is facilitated by many factors, such as sociocultural, familial influence, media use, over- or undercontrol of eating, body image disturbances, and extreme behaviors to control weight or shape (2). They frequently co-develop with other mental health conditions: 50-70% of individuals with an ED will experience a major depressive or anxiety disorder (3,4). Moreover, EDs often result in neurological, musculoskeletal, gastrointestinal, cardiovascular, hepatic, endocrine, pulmonary, and dermatological complications in patients who have been reducing their food intake (5).

A widespread public notion that EDs are a lifestyle choice, or a phase of adolescence is a dangerous misconception leading to significant loss in both mental and physical health. Many established public health institutions, including the World Health Organization, and research have consistently highlighted that EDs, particularly AN are associated with five to six times higher mortality rate compared to the general

population, making them among the deadliest of all mental health conditions (6-9). Their worldwide burden is significant; for example, only AN and BN are accounted for about 2.9 million Disability-Adjusted Life Years (DALYs) globally in 2019 (95% UI: 1.8–4.3 million). (10).

However, let's look at the official ED statistics in Kazakhstan. The official data presents a stark contrast between estimation and reported data. Given the level of economic development, population, and participation in the global trends, the Global Burden of Disease Study (2021) estimates number of cases of ED among 15-39 ages in Kazakhstan to be around 32,000 people (11). However, only 48 individuals were officially registered with an ED diagnosis in a nation of over 19 million. We suggest that official numbers are not a sign of an absence of EDs in the country, but a glaring red flag signaling a massive gap between available data and the real situation.

So, knowing that official numbers are a vast underestimation and establishing the significance of EDs for public health, why do we know so little about EDs in Kazakhstan? We posit that a multitude of factors, including (1) deeply rooted cultural stigma, (2) a lack of healthcare professionals specifically trained in diagnosis and treatment of EDs, (3) low public and professional awareness, and (4) fear of social and economic ostracization resulting from mental health diagnosis, obscure this issue from medical professionals and wider public (9,12).

Thus, in this editorial we argue for the importance of unknown and underrecognized challenge of EDs with unknown public health impact and true numbers of affected. There is a critical need to study EDs in Kazakhstan to elucidate the true scale of this problem and if policies and public health interventions are needed to stem the tide of health consequences of undiagnosed and underreported EDs.

References

1. Solmi M, Radua J, Olivola M, Croce E, Soardo L, Salazar de Pablo G, et al. Age at onset of mental disorders worldwide: large-scale meta-analysis of 192 epidemiological studies. *Mol Psychiatry*. 2022 Jan;27(1):281-95.
2. Striegel-Moore RH, Bulik CM. Risk factors for eating disorders. *Am Psychol*. 2007 Apr;62(3):181-98. <https://doi.org/10.1037/0003-066X.62.3.181>
3. Hambleton A, Pepin G, Le A, Maloney D, National Eating Disorder Research Consortium, Touyz S, et al. Psychiatric and medical comorbidities of eating disorders: findings from a rapid review of the literature. *J Eat Disord*. 2022

- Sep;10(1):132. <https://doi.org/10.1186/s40337-022-00654-2>
4. Garcia SC, Mikhail ME, Keel PK, Burt SA, Neale MC, Boker S, et al. Increased rates of eating disorders and their symptoms in women with major depressive disorder and anxiety disorders. *Int J Eat Disord*. 2020 Nov;53(11):1844-54. <https://doi.org/10.1002/eat.23366>
 5. Garnett C. Eating disorder damages are extensive, but reversible. *NIH Record* [Internet]. 2020 May 01 [cited YYYY Mon DD];72(9). Available from: <https://nihrecord.nih.gov/2020/05/01/eating-disorder-damages-are-extensive-reversible>
 6. van Hoeken D, Hoek HW. Review of the burden of eating disorders: mortality, disability, costs, quality of life, and family burden. *Curr Opin Psychiatry*. 2020 Nov;33(6):521-7. <https://doi.org/10.1097/YCO.0000000000000641>
 7. Iwajomo T, Bondy SJ, de Oliveira C, Colton P, Trottier K, Kurdyak P. Excess mortality associated with eating disorders: population-based cohort study. *Br J Psychiatry*. 2021 Sep;219(3):487-93. <https://doi.org/10.1192/bjp.2020.197>
 8. Arcelus J, Mitchell AJ, Wales J, Nielsen S. Mortality Rates in Patients With Anorexia Nervosa and Other Eating Disorders: A Meta-analysis of 36 Studies. *Arch Gen Psychiatry*. 2011 Jul;68(7):724-31. <https://doi.org/10.1001/archgenpsychiatry.2011.74>
 9. World Health Organization. Comprehensive mental health action plan 2013–2030 [Internet]. Geneva: World Health Organization; 2021 [cited YYYY Mon DD]. Available from: <https://www.who.int/publications/i/item/9789240031029>
 10. Santomauro DF, Melen S, Mitchison D, Vos T, Whiteford H, Ferrari AJ. The hidden burden of eating disorders: an extension of estimates from the Global Burden of Disease Study 2019. *Lancet Psychiatry*. 2021 Apr;8(4):320-8. [https://doi.org/10.1016/S2215-0366\(21\)00040-Z](https://doi.org/10.1016/S2215-0366(21)00040-Z)
 11. Institute for Health Metrics and Evaluation (IHME). Global Burden of Disease Study 2021 Results [Internet]. Seattle, WA: IHME, University of Washington; 2021 [cited YYYY Mon DD]. Available from: <https://vizhub.healthdata.org/gbd-results/>
 12. Austin SB. A public health approach to eating disorders prevention: It's time for public health professionals to take a seat at the table. *BMC Public Health*. 2012 Oct;12:854. <https://doi.org/10.1186/1471-2458-12-854>