

Eating Disorder in Humans

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ABSTRACT

This article studies the eating disorder in humans. An eating disorder is a mental disorder defined by abnormal eating habits that negatively affect a person's physical or mental health. They include binge eating disorder, where people eat a large amount in a short period of time; anorexia nervosa, where people eat very little due to a fear of gaining weight and thus have a low body weight; bulimia nervosa, where people eat a lot and then try to rid themselves of the food; pica, where people eat non-food items; rumination syndrome, where people regurgitate food; avoidant/restrictive food intake disorder (ARFID), where people have a lack of interest in food; and a group of other specified feeding or eating disorders. Anxiety disorders, depression and substance abuse are common among people with eating disorders. These disorders do not include obesity. Symptoms vary, depending on the type of eating disorder. Anorexia nervosa, bulimia nervosa and binge-eating disorder are the most common eating disorders. Other eating disorders include rumination disorder and avoidant/restrictive food intake disorder. Teenage girls and young women are more likely than teenage boys and young men to have anorexia or bulimia, but males can have eating disorders, too. Although eating disorders can occur across a broad age range, they often develop in the teens and early 20s. Treatment varies according to type and severity of eating disorder, and usually more than one treatment option is utilized. Eating disorders are potentially life threatening, resulting in death for as many as 10 percent of those who develop them. They can also cause considerable psychological distress and major physical complications. Important relationships are eroded as the eating disorder takes up time and energy, brings about self-absorption, and impairs self-esteem.

Keywords: Eating, disorder, humans, anorexia nervosa and bulimia nervosa.

INTRODUCTION

Eating disorders are serious conditions related to persistent eating behaviors that negatively impact your health, your emotions and your ability to function in important areas of life. The most common eating disorders are anorexia nervosa, bulimia nervosa and binge-eating disorder. Most eating disorders involve focusing too much on your weight, body shape and food, leading to dangerous eating behaviors [1] [2] [3]. These behaviors can significantly impact your body's ability to get appropriate nutrition. Eating disorders can harm the heart, digestive system, bones, and teeth and mouth, and lead to other diseases. Eating disorders often develop in the teen and young adult years, although they can

develop at other ages. With treatment, you can return to healthier eating habits and sometimes reverse serious complications caused by the eating disorder [4].

An eating disorder is a mental disorder defined by abnormal eating habits that negatively affect a person's physical or mental health. They include binge eating disorder, where people eat a large amount in a short period of time; anorexia nervosa, where people eat very little due to a fear of gaining weight and thus have a low body weight; bulimia nervosa, where people eat a lot and then try to rid themselves of the food; pica, where people eat non-food items; rumination syndrome, where people regurgitate food;

avoidant/restrictive food intake disorder (ARFID), where people have a lack of interest in food; and a group of other specified feeding or eating disorders. Anxiety disorders, depression and substance abuse are common among people with eating disorders. These disorders do not include obesity [5] [6]. The causes of eating disorders are not clear. Both biological and environmental factors appear to play a role. Cultural idealization of thinness is believed to contribute to some eating disorders [7]. Eating disorders affect about 12 percent of dancers. Individuals who have experienced sexual abuse are also more likely to develop eating disorders. Some disorders such as pica and rumination disorder occur more often in people with intellectual disabilities. Only one eating disorder can be diagnosed at a given time.

Types of Eating Disorder

- **Anorexia nervosa**

Anorexia nervosa often simply called anorexia is a potentially life-threatening eating disorder characterized by an abnormally low body weight, intense fear of gaining weight, and a distorted perception of weight or shape. People with anorexia use extreme efforts to control their weight and shape, which often significantly interferes with their health and life activities. When you have anorexia, you excessively limit calories or use other methods to lose weight, such as excessive exercise, using laxatives or diet aids, or vomiting after eating. Efforts to reduce your weight, even when underweight, can cause severe health problems, sometimes to the point of deadly self-starvation [8].

- **Bulimia nervosa**

Bulimia nervosa commonly called bulimia is a serious, potentially life-threatening eating disorder. When you have bulimia, you have episodes of bingeing and purging that involve feeling a lack of control over your eating. Many people with bulimia also restrict their eating during the day, which often leads to more binge eating and purging. During these episodes, you typically eat a large amount of food in a short time, and then try to rid yourself of the extra calories in an

unhealthy way. Because of guilt, shame and an intense fear of weight gain from overeating, you may force vomiting or you may exercise too much or use other methods, such as laxatives, to get rid of the calories [9] [10]. If you have bulimia, you're probably preoccupied with your weight and body shape, and may judge yourself severely and harshly for your self-perceived flaws. You may be at a normal weight or even a bit overweight.

- **Binge-eating disorder**

When you have binge-eating disorder, you regularly eat too much food (binge) and feel a lack of control over your eating. You may eat quickly or eat more food than intended, even when you're not hungry, and you may continue eating even long after you're uncomfortably full. After a binge, you may feel guilty, disgusted or ashamed by your behavior and the amount of food eaten. But you don't try to compensate for this behavior with excessive exercise or purging, as someone with bulimia or anorexia might. Embarrassment can lead to eating alone to hide your bingeing. A new round of bingeing usually occurs at least once a week. You may be normal weight, overweight or obese [11].

- **Rumination disorder**

Rumination disorder is repeatedly and persistently regurgitating food after eating, but it's not due to a medical condition or another eating disorder such as anorexia, bulimia or binge-eating disorder. Food is brought back up into the mouth without nausea or gagging, and regurgitation may not be intentional. Sometimes regurgitated food is rechewed and reswallowed or spit out. The disorder may result in malnutrition if the food is spit out or if the person eats significantly less to prevent the behavior. The occurrence of rumination disorder may be more common in infancy or in people who have an intellectual disability [12] [13].

Causes of Disordered Eating

EDs are complex disorders, influenced by a facet of factors. Though the exact cause of eating disorders is unknown, it is generally believed that a combination of biological, psychological, and/or

environmental abnormalities contribute to the development of these illnesses.

Examples of biological factors include:

- Irregular hormone functions
- Genetics (the tie between eating disorders and one's genes is still being heavily researched, but we know that genetics is a part of the story).
- Nutritional deficiencies

Examples of psychological factors include:

- Negative body image
- Poor self-esteem

Examples of environmental factors that would contribute to the occurrence of eating disorders are:

- Dysfunctional family dynamic
- Professions and careers that promote being thin and weight loss, such as ballet and modeling
- Aesthetically oriented sports, where an emphasis is placed on maintaining a lean body for enhanced performance.

Examples include:

- Rowing
- Diving
- Ballet
- Gymnastics
- Wrestling
- Long distance running
- Family and childhood traumas: childhood sexual abuse, severe trauma
- Cultural and/or peer pressure among friends and co-workers
- Stressful transitions or life changes

Risk factors

Teenage girls and young women are more likely than teenage boys and young men to have anorexia or bulimia, but males can have eating disorders, too [14] [15]. Although eating disorders can occur across a broad age range, they often develop in the teens and early 20s.

Certain factors may increase the risk of developing an eating disorder, including:

- **Family history.** Eating disorders are significantly more likely to occur in people who have parents or siblings who've had an eating disorder.
- **Other mental health disorders.** People with an eating

disorder often have a history of an anxiety disorder, depression or obsessive-compulsive disorder.

- **Dieting and starvation.** Dieting is a risk factor for developing an eating disorder. Starvation affects the brain and influences mood changes, rigidity in thinking, anxiety and reduction in appetite [16] [17]. There is strong evidence that many of the symptoms of an eating disorder are actually symptoms of starvation. Starvation and weight loss may change the way the brain works in vulnerable individuals, which may perpetuate restrictive eating behaviors and make it difficult to return to normal eating habits [18].
- **Stress.** Whether it's heading off to college, moving, landing a new job, or a family or relationship issue, change can bring stress, which may increase your risk of an eating disorder.

Prevention

Although there's no sure way to prevent eating disorders, here are some strategies to help your child develop healthy-eating behaviors:

- **Avoid dieting around your child.** Family dining habits may influence the relationships children develop with food. Eating meals together gives you an opportunity to teach your child about the pitfalls of dieting and encourages eating a balanced diet in reasonable portions [19].
- **Talk to your child.** For example, there are numerous websites that promote dangerous ideas, such as viewing anorexia as a lifestyle choice rather than an eating disorder. It's crucial to correct any misperceptions like this and to talk to your child about the risks of unhealthy eating choices [20].
- **Cultivate and reinforce a healthy body image** in your child, whatever his or her shape or size. Talk to your child about self-image and offer reassurance that body shapes can vary. Avoid criticizing your own body in front of your child.

Messages of acceptance and respect can help build healthy self-esteem and resilience that will carry children through the rocky periods of the teen years.

- **Enlist the help of your child's doctor.** At well-child visits, doctors may be able to identify early indicators of an eating disorder. They can ask children questions about their eating habits and satisfaction with their appearance during routine medical appointments, for instance. These visits should include checks of height and weight percentiles and body mass index, which can alert you and your child's doctor to any significant changes.

Treatment

Treatment varies according to type and severity of eating disorder, and usually more than one treatment option is utilized. Family doctors play an important role in early treatment of people with eating disorders by encouraging those who are also reluctant to see a psychiatrist [21] [22]. Treatment can take place in a variety of different settings such as community programs, hospitals, day programs, and groups [23]. The American Psychiatric Association (APA) recommends a team approach to treatment of eating disorders. The members of the team are usually a psychiatrist, therapist, and registered dietitian, but other clinicians may be included.

Some treatment methods are:

- Cognitive behavioral therapy (CBT), which postulates that an individual's feelings and behaviors are caused by their own thoughts instead of external stimuli such as other people, situations or events; the idea is to change how a person thinks and reacts to a situation even if the situation itself does not change. See Cognitive behavioral treatment of eating disorders [24].
- Acceptance and commitment therapy: a type of CBT
- Cognitive remediation therapy (CRT), a set of cognitive drills or

compensatory interventions designed to enhance cognitive functioning [25].

- The Maudsley anorexia nervosa treatment for adults (MANTRA), which focuses on addressing rigid information processing styles, emotional avoidance, pro-anorectic beliefs, and difficulties with interpersonal relationships. These four targets of treatment are proposed to be core maintenance factors within the Cognitive-Interpersonal Maintenance Model of anorexia nervosa [26].
- Dialectical behavior therapy
- Family therapy including "conjoint family therapy" (CFT), "separated family therapy" (SFT) and Maudsley Family Therapy [27].
- Behavioral therapy: focuses on gaining control and changing unwanted behaviors.
- Interpersonal psychotherapy (IPT)
- Cognitive Emotional Behaviour Therapy (CEBT)
- Art therapy
- Nutrition counseling and Medical nutrition therapy
- Medication: Orlistat is used in obesity treatment. Olanzapine seems to promote weight gain as well as the ability to ameliorate obsessional behaviors concerning weight gain. zinc supplements have been shown to be helpful, and cortisol is also being investigated.
- Self-help and guided self-help have been shown to be helpful in AN, BN and BED; this includes support groups and self-help groups such as Eating Disorders Anonymous and Overeaters Anonymous.
- Psychoanalysis
- Inpatient care

There are few studies on the cost-effectiveness of the various treatments. Treatment can be expensive; due to limitations in health care coverage, people hospitalized with anorexia nervosa may be discharged while still underweight, resulting in relapse and rehospitalization [28]. For children with

anorexia, the only well-established treatment is the family treatment-behavior. For other eating disorders in children, however, there is no well-

Green established treatments, though family treatment-behavior has been used in treating bulimia [29].

CONCLUSION

In conclusion, Eating disorders are potentially life threatening, resulting in death for as many as 10 percent of those who develop them. They can also cause considerable psychological distress and major physical complications. Important relationships are eroded as the eating disorder takes up time and energy, brings

about self-absorption, and impairs self-esteem. Treatment should be initiated as quickly as possible, focus upon the immediate distress experienced by the individual, and aim to help the patient and family become powerful enough to overcome the eating disorder.

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