

Comprehensive Overview of Eating Disorders and their Impact

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ABSTRACT

This research paper focuses on eating disorders and their effects on individuals in today's society. There have been changes in the patterns of eating disorders over the years, especially considering the widespread impact of social media. It's important to note that this is a broad topic, and there are certain areas where our understanding is lacking. Additionally, it's a sensitive topic that may trigger certain individuals.

Keywords: restriction, behaviours, eating disorders, eating habits

INTRODUCTION

There is a commonly held and heard misconception that eating disorders are a lifestyle choice. However, eating disorders are serious and often fatal mental illnesses that are often associated with severe disturbances in the eating habits, behaviours, and related emotions of individuals. Preoccupation with food, body weight, and shape may be a sign of an eating disorder

Eating disorders are serious conditions that impact physical, psychological, and social well-being. The spectrum of eating disorders includes anorexia nervosa, bulimia nervosa, binge eating disorder, avoidant restrictive food intake disorder, Pica, and rumination disorder.

Approximately 5% of the population is affected by eating disorders, with the highest prevalence observed in adolescents and young adults. Contrary to a common stereotype, eating disorders are not limited to women and can occur at any age and affect any gender.

Behaviours associated with eating disorders encompass restrictive eating, food avoidance, binge eating, purging through vomiting or laxative use, and compulsive exercise, which can often lead to addictive patterns. Additionally, eating disorders commonly co-occur with psychiatric conditions such as mood and anxiety disorders, obsessive-compulsive disorders, and substance abuse.

There is evidence suggesting a genetic and hereditary influence on the risk of developing eating disorders. However, they can also affect individuals without a family history of the condition. Consequences of eating disorders may include cardiac and gastrointestinal complications, as well as potentially life-threatening conditions. Denial of the disorder or anxiety related to changing eating habits and behaviours is not uncommon.

Eating disorders result from complex factors, including genetics, brain biology, personality, culture, social influences, and mental health issues. Other contributing factors may involve type one diabetes, engagement in activities emphasizing a slender appearance, major life changes, or perfectionist tendencies. According to resources, the medical history is the most powerful dual for diagnostic eating disorders. There are many medical disorders that mimic eating disorders and comorbid psychiatric disorders. Early detection and intervention can assure a better recovery and can improve the quality of life. These patients in the past 30 years, eating disorders have become increasingly quince, vicious and it is uncertain Please remember the following text:

Whether changes in presentation are reflected in anorexia and bulimia nervosa, which are the most clearly defined subgroups of a wider range of eating disorders. Many patients show specific main diagnoses, while others exhibit different patterns and symptoms. The diagnostic process typically includes a medical and psychosocial history, and follows a rational approach to diagnosis. Neuroimaging using MRI and PET scans have been used to detect cases where a tumor or other organic condition has contributed to the eating disorder. An important part of early diagnosis of anorexia and bulimia nervosa is ruling out organic causes. Once the initial diagnosis of an eating disorder is made by a medical professional, a mental health practitioner helps in the assessment and treatment. The medical practitioner conducts a clinical interview and may employ various psychological tasks. Several types of scales are used, such as self-report questionnaires, semi-structured interviews, and clinical interviews. It is essential to develop specific skills for evaluating individuals under 18 years of age due to the increasing incidence of eating disorders among children and teenagers. Moreover, there is an urgent need for accurate scales and telemedicine testing nowadays.

AN OVERVIEW ON THE VARIOUS TYPES OF EATING DISORDERS

Anorexia Nervosa-Anorexia is an eating disorder that involves severe calorie restriction and low body weight. It is a complex condition with mental, behavioral, and physical symptoms. People with anorexia often fear weight gain, place a high value on controlling their shape and weight, and use extreme efforts that can harm their health. Anorexia can lead to changes in both weight and the brain due to poor nutrition, known as malnutrition. This can cause a high risk of health complications and, in serious cases, can result in death.

The physical symptoms of anorexia nervosa may include irregular heartbeat, low blood pressure, and dehydration. Dehydration occurs when the body lacks sufficient water and other resources to carry out normal functions. Additionally, individuals may experience yellowing of the skin, thinning hair, dizziness, and, in extreme cases, fainting. Women suffering from anorexia may also experience a loss of their menstrual cycle, as the body cannot access enough nutrition and hormone levels drop, causing menstruation to stop.

Emotional and behavioral symptoms are characterized by an intense focus on food, including cooking meals but not eating them, and skipping meals to lose weight. People with anorexia may eat only certain "safe" foods, which are often low in calories and fat. They may avoid eating carbohydrates and focus on eating "clean."

If left untreated, anorexia can lead to serious physical and mental harm, as malnutrition affects the brain and individuals with anorexia may not want to be treated. However, it is better to take action early, even if you think it could be overreaction, than to let the condition continue. Early treatment of eating disorders leads to the best outcomes.

Bulimia Nervosa- In simple terms, bulimia is an eating disorder characterized by binge eating followed by methods to avoid weight gain. People with bulimia often lose control over their eating, consuming large amounts of food in a short period. This behavior is usually done in secret, and individuals often feel guilty and ashamed. They then try to get rid of the food and extra calories in unhealthy ways, such as vomiting or misusing laxatives, which are medications that speed up the movement of food through the body. This process of trying to get rid of the food is known as purging. Other characteristics of bulimia may include the misuse of diet or water, eating very little or not at all, and then consuming large amounts of food. People with bulimia usually maintain a normal weight, but they often have low self-esteem, confidence issues, and body dysmorphia symptoms.

Bulimia can occur at any age, but it typically develops during adolescence or adulthood, affecting people of any gender. Symptoms of bulimia nervosa may include frequent visits to the bathroom, especially after meals, exhaustion, excessive exercise, preoccupation with body weight, body checking, feeling guilty or shameful about eating and withdrawing socially from friends or family. The physical symptoms of bulimia can include dental issues, such as erosion of tooth enamel from stomach acid due to self-induced vomiting, leading to teeth appearing clear rather than white and increased sensitivity. Other physical symptoms may include swollen cheeks and jawline, gastrointestinal issues, scars or scrapes on knuckles from inducing vomiting, and irregular menstrual periods.

The exact cause of bulimia is unknown, but researchers believe it is a combination of genetic and behavioural factors. Individuals with a family history of eating disorders are at a higher risk of developing bulimia themselves. In contemporary times, popular culture and media can put pressure on individuals to conform to a certain body type, thereby influencing body image, and self-esteem, and leading to stress, anxiety, and upset feelings, all of which may contribute to bulimia.

Binge Eating Disorder- Binge eating disorder is characterized by frequent and recurrent episodes of overeating, leading to negative psychological and social problems. Unlike bulimia nervosa, individuals with binge eating disorder do not engage in compensatory behaviours. While it's normal to overeat occasionally, feeling that your eating is out of control regularly may indicate an eating disorder. Symptoms of binge eating disorder include frequently eating large amounts of food, eating when full, eating very fast, and eating alone or in secret. People with binge eating disorder may be skilled at hiding their behaviour due to feelings of guilt and embarrassment. If you suspect a loved one may have symptoms of binge eating disorder, it's important to encourage them to seek help from a professional with specialized training in eating disorders. This will help them feel safe and supported as they work towards healing positively.

Avoidant Restrictive Food Intake Disorder (ARFID)- This condition is often referred to as ARFID, or Avoidant/Restrictive Food Intake Disorder. Individuals with this disorder only feel comfortable eating certain foods, leading to a limited diet. While some may mistake this behaviour for pickiness, it's a serious condition driven by fear and anxiety about food or its consequences, such as choking. It's not related to body image or a desire to change one's body. Symptoms may include loss of interest in eating, anxiety about food, avoidance of certain foods, and the development of rituals or specific eating behaviours. ARFID is a relatively new diagnosis, so there is limited data on its prevalence. Common symptoms include significant weight loss, constipation, abdominal pain, low body temperature, and lethargy. Behaviors associated with the disorder may include feeling full quickly, difficulty paying attention, and fear or aversion to certain food textures. ARFID can lead to serious complications such as malnutrition, anaemia, low blood pressure, and in severe cases, cardiac arrest. Teenagers and children with ARFID may also experience delayed puberty. The main treatment for ARFID is Cognitive Behavioral Therapy (CBT), which aims to address the problematic thoughts and fears associated with food and promote greater comfort with different food textures.

Pica- Pica is one of the uncommon eating disorders and is a mental health condition where a person compulsively eats non-food items. While it's often harmless, consuming certain items can be very hazardous. People with Pica usually crave and chew substances that have no nutritional value, such as ice, clay, soil, or paper. However, they might also eat potentially dangerous items like flakes of dried paint, wood, or pieces of metal.



Stomach contents of a psychiatric patient with pika: there are 1446 items, including 457 nails, 42 screws, safety pins, spoon, top, and salt and pepper shaker tops. This image was taken at the Glore Psychiatrist Museum, St Joseph, Missouri

The disorder occurs most often in children and pregnant women. Pica also occurs in people with intellectual disabilities, and it is often more severe and long-lasting in people with severe developmental disabilities.

Pica is not a single disorder, but rather a symptom that can be caused by a variety of underlying conditions, including anemia, malnutrition, and gastrointestinal disorders. It can also be associated with mental health conditions, such as obsessive disorder, schizophrenia, and autism spectrum disorder.

The symptoms of Pica include persistent ingestion of non-food items, stomach pain, dental problems, bowel obstruction, malnutrition, and complications from toxic substances. Psychologists or counsellors may be used to manage the symptoms. Pica is a complex condition that can have serious health consequences if left untreated.

Rumination Disorder- Rumination disorder is a feeding and eating disorder in which undigested food comes back up from a person's stomach into their mouth (regurgitation). Once the food is back in the mouth, the person may chew it, swallow it, or spit it out. This behaviour usually occurs after every meal and may appear effortless.

The food does not tend to taste better because it has already been mixed with stomach acid and digested. This act can be intentional or unintentional and has been long known to occur in babies and people with developmental disabilities, but it can occur in people of all ages.

Children with high stress and anxiety may be at a higher risk for the symptoms of this disorder. Symptoms include regurgitating food regularly, digestive problems, dental problems such as tooth decay and bad breath, weight loss, and chapped lips. The exact cause of this disorder is unknown, but some people may develop it due to emotional stress.

Mechanically, one explanation is that food expands the stomach, followed by an increase in abdominal pressure and relaxation of the oesophagus, the tube from the mouth to the stomach. This sequence of events allows stomach contents to be regurgitated.

The disorder can be diagnosed based on medical history and physical exam. In many cases, the patient's symptoms are enough to make an official diagnosis of the disorder according to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Additionally, a person must meet the following criteria to be diagnosed: repeated regurgitation of food over the last month, not due to gastrointestinal or other medical conditions, and not occurring only in the presence of anorexia nervosa or bulimia nervosa.

Doctors may use tests to rule out other medical issues, and behaviour therapy is usually prescribed for domination syndrome, such as diaphragmatic breathing.

IMPACT OF EATING DISORDERS

The younger demographic is highly affected by eating disorders, especially due to the challenges of socializing and spending time with friends and family. People with eating disorders often struggle with negative thoughts and low self-esteem, making it hard to connect with others or communicate their struggles to loved ones. Developing eating disorders at a young age can have long-term effects, as it becomes harder to handle school work and social relationships while dealing with these challenges.

The media plays a significant role in promoting poor food relationships and is a common focus of many eating disorder treatment programs. Images in the media often set unrealistic bodily standards, leading to harmful methods of food deprivation and unhealthy body image perceptions. TV and commercials predominantly show specific figures of women, while social media bombards us with edited and filtered images for long hours, contributing to increased anxiety and poor body image, ultimately leading to body dysmorphia.

Over the past 20 years, numerous articles have highlighted a connection between the media's portrayal of thin female beauty and muscular male bodies and various psychological symptoms, such as body dissatisfaction and eating disorders. The ideal body standards perpetuated by social media have a significant impact on our generation.

As a result, because media plays a substantial role in contributing to the development of eating disorders, this creates a damaging cycle. Unrealistic body standards lead to eating disorders, which then exacerbate the issues and affect others adversely.

When examining the biological impact of eating disorders, the effects can range from mild to severe. Individuals may experience hair loss, brittle and sensitive nails, and dry skin. Furthermore, eating disorders can lead to significant heart problems by severely affecting cardiovascular health. When the body doesn't receive the necessary amount of calories to function normally, it begins to break down its own muscle and tissue. Since the heart is the most vital muscle, this increases the risk of cardiac arrest or heart attacks.

In addition to physical health, the brain is also impacted, leading to difficulties in maintaining focus and concentration for academics, work, and daily activities. Depriving the brain of essential energy through fasting and restriction can lead to detrimental consequences. Lastly, malnutrition—when the body lacks adequate carbohydrates, proteins, or other nutrients—can result in anemia, diabetes mellitus, certain types of cancers, and vitamin deficiency diseases such as rickets, goiters, and osteoporosis.

Individuals experiencing eating disorders often resort to substance abuse as a maladaptive coping mechanism to manage the complex array of emotions associated with their condition. This interplay is frequently exacerbated by underlying factors such as low self-esteem, adverse past experiences, and trauma, which can contribute to difficulties in emotional regulation. Additionally, co-occurring depressive episodes may further complicate the clinical picture, creating a cycle of distress that is challenging to break.

A range of substances may be utilized in these contexts, including but not limited to caffeine, insulin, tobacco, marijuana, laxatives, and over-the-counter medications. For instance, caffeine is often consumed to enhance alertness or counteract fatigue, while laxatives may be misused in an attempt to control weight. The impulsive behaviour associated with substance use not only serves as a temporary escape from emotional turmoil but also poses significant health risks, potentially leading to further deterioration of both physical and mental health.

Given the dual diagnosis of eating disorders and substance abuse, a comprehensive treatment approach is essential. This should be multidisciplinary.

Thus, the impact of eating disorders is extensive, highlighting the necessity for comprehensive prevention and treatment strategies.

CONCLUSION

Lastly, it is worth noting that eating disorders are severe mental illnesses that affect one's all physical, emotional, and social aspects of life. The reasons behind them can be genetic, psychological, and sociological, all of which influence the way eating disorders are diagnosed and treated. These disorders are not confined to a specific gender or age group or any culture for that matter, which is why such naive ideas and beliefs are unfounded. It is therefore paramount that early diagnosis and all-rounded treatment is provided, as the consequences of these illnesses, such as poor nutrition and other extreme physical health risks, mental disorders and even drug abuse, among many others, are very severe.

It is also worth noting that remedial strategies employed when dealing with eating disorders should also be aimed at prevention if such a possibility exists. In this context, the treatment should encompass medical treatment, counselling, and nutritional treatment. Cognitive Behavioral Therapy (CBT) is one of the most effective treatment methods since it changes distorted thinking and behaviours. Also, other co-morbid disorders significantly affect the effectiveness of treatment interventions and may warrant pharmacological treatment. The rehabilitative aspect of the disciplines focuses on the proper restoration of nutritional practices and rehabilitation of the changes in tissues brought by the pathology. These individualized therapies target the improvement of the general well-being of the patients without neglecting their mental and emotional issues.

Moreover, intervention at the social level is equally important. The role of the media and society's attitudes towards slimness and ideal proportions is widespread and contributes considerably to the causal factors of these disorders. All these promote education and awareness of the public about eating disorders and their causes and implications.

REFERENCES

1. <https://www.mayoclinic.org/diseases-conditions/eating-disorders/symptoms-causes/syc-20353603> March 28th,2023
2. <https://www.nimh.nih.gov/health/publications/eating-disorders> U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, National Institutes of Health. NIH Publication No. 24-MH-4901, Revised 2024

3. <https://www.psychiatry.org/patients-families/eating-disorders/what-are-eating-disorders>
Angela Guarda, M.D. February, 2023
4. <https://my.clevelandclinic.org/health/diseases/4152-eating-disorders>
5. National Eating Disorders Association (U.S.). Statistics
<https://www.nationaleatingdisorders.org/statistics/>
6. <https://www.healthline.com/nutrition/common-eating-disorders> *Rose Thorne, March 10th 2022*
7. <https://www.healthline.com/nutrition/common-eating-disorders>
8. <https://mgmhealthcare.in/eating-disorders-what-you-need-to-know/>
9. <https://link.springer.com/article/10.1186/1471-244X-13-289>
10. <https://www.turnbridge.com/news-events/latest-articles/effects-of-eating-disorders/>