

REVIEW ARTICLE

Risk factors and adapting family based treatment for eating disorders

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Abstract -Eating disorders are very complex illnesses marked by severe disturbances to a person's eating behaviors. Many things contribute to their development such as social, economical and environmental factor. Eating disorders can have very serious and harmful effects on young people and their families. Youth with eating disorders are often lonely and terrified. It is present when a person experiences severe disturbances in eating behavior, such as extreme reduction of food intake or extreme overeating, or feelings of extreme distress or concern about body weight or shape. Obsessions with food, body weight and shape may be signs of an eating disorder. These disorders can affect a person's physical and mental health; in some cases, they can be life-threatening. A person with an eating disorder may have started out just eating smaller or larger amounts of food than usual, but at some point, the urge to eat less or more spirals out of control. Eating disorders are very complex, and despite scientific research to understand them, the biological, behavioral and social underpinnings of these illnesses remain elusive.

Keywords- illnesses, overeating, eating disorders, food intake

Introduction-

An eating disorder is a mental disorder defined by abnormal eating habits that negatively affect a person's physical or mental health. Eating disorders are modifications of the relationship between the person and the need of food. There are less serious events, transient events that depend on the daily life and the most severe forms, can be converted into real illness, like anorexia and bulimia. There are transient disorders, which may be of different intensity and resolved spontaneously, may manifest as a decrease in appetite or as an abnormal increase in supply. In these cases there is a direct relationship between food and some recent event in the person's emotional life. There are variety of eating disorders which include behaviors such as restriction of food, bingeing, purging, compulsive exercise, laxative abuse, and diet pill abuse. The different types of eating disorders include:

Anorexia nervosa- It is characterized by emaciation, a relentless pursuit of thinness and unwillingness to maintain a normal or healthy weight, a lack of menstruation among girls and women, and extremely disturbed eating behavior. Some people with anorexia lose weight by dieting and exercising

excessively; others lose weight by self-induced vomiting, or misusing laxatives, diuretics or enemas. Many people with anorexia see themselves as overweight, even when they are starved or are clearly malnourished. Eating, food and weight control become obsessions.

According to some studies, people with anorexia are up to ten times more likely to die as a result of their illness compared to those without the disorder. The most common complications that lead to death are cardiac arrest, and electrolyte and fluid imbalances. Suicide also can result.

How can treat anorexia nervosa

Three important components involves:

Restoring the person to a healthy weight;

Treating the psychological issues related to the eating disorders; and

Reducing or eliminating behaviors or thoughts that lead to disordered eating, and preventing relapse.

Bulimia nervosa- bulimia nervosa, commonly called bulimia, is a serious, potentially life-threatening eating disorder. People with bulimia may secretly binge- eating large amounts of food with a loss of control over the eating- and then purge, trying to get rid of the extra calories in an unhealthy way. If you have bulimia, you are probably preoccupied with your weight and body shape. You may judge yourself severely and harshly for your self-perceived flaws. Because it's related to self-image and not just about food- bulimia can be hard to overcome. But effective treatment can help you feel better about yourself, adopt healthier eating patterns and reverse serious complications.

How can treat bulimia nervosa

Have regular, enjoyable family meals.

Avoid talking about weight at home. Focus instead on having a healthy lifestyle.

Foster and reinforce a healthy body image in your children, no matter what their size or shape. Help them build confidence in ways other than their appearance.

Binge- Binge Eating Disorder is commonly known by compulsive overeating or consuming abnormal amounts of food while feeling unable to stop and a loss of control. Binge eating episodes are typically classified as occurring on average a minimum of twice per week for a duration of six months. BED was first explained in 1959 by Albert Stunkard , a psychiatrist, and researcher, as Night Eating Syndrome (NES). Though BED can occur in men and women of normal weight, it often leads to the development of unwanted weight gain or obesity, which can indirectly reinforce further compulsive eating. Men and women suffering from BED struggle with emotions of disgust and guilt and often have a related co-morbidity, such as depression or anxiety.

How can treat binge eating disorders

1. Psychotherapy- This is a type of individual counseling that focuses on changing your thinking (cognitive therapy) and behavior (behavioral therapy). It includes practical techniques for developing healthy attitudes toward food and weight, as well as approaches for changing the way you respond to difficult situations.

2. Nutrition counselling- A nutritionist helps you restore normal eating patterns and teaches you about nutrition and a balanced diet.

3. Groups and family therapy- Family support is very important to treatment success. It helps your family members understand your

eating disorder and recognize its signs and symptoms so they can support you better.

Pica-Pica is an eating disorder that involves eating items that are not typically thought of as food and that do not contain significant nutritional value. The disorder is most commonly exhibited by women and young children. Pregnant women can be especially prone to the disorder, which also affects people with learning difficulties such as autism. The items eaten by affected people can widely vary from paper, chalk, clay, and detergents to soil, plants, hair, insects and wood. The different eating preferences have been given specific names to describe them. For instance, xylophagia refers to a subtype of the condition in which affected individuals like eating wood, trichophagia describes preference to hair or wool, and geophagia refers to a preference for soil or clay.

How can treat pica

If the person has a mineral deficiency, for example, health care professionals can provide treatment that can modify the diet to eliminate the deficiency. This approach has helped cure pica in some individuals.

Aversion therapy can help some patients realize which foods are good to eat and which are bad and unfit to consume.

Risk factors for eating disorders

Eating disorders are complex and affect all kinds of people. Risk factors for all eating disorders involve a range of biological, psychological, and sociocultural issues. These factors may interact differently in different people, so two people with the same eating disorder can have very diverse perspectives, experiences, and symptoms.

BIOLOGICAL

Having a close relative with an eating disorder- studies of families have found that having a first- degree relative like parents or siblings with an eating disorder increases a person's risk of developing an eating disorder.

Having a close relative with a mental health condition- similarly, issues like anxiety, depression, and addiction can also run in families, and also found to increase the chances that a person will develop an eating disorder.

History of dieting- A history of dieting and other weight control methods is associated with the development of binge eating.

Negative energy balance- burning off more calories than you take in leads to a state of negative energy balance. Many people report that their disorder began with deliberate efforts to diet or restrict the amount and/or type of food they were eating in the form of dieting, other causes can include growth spurts, illness and intense athletic training.

PSYCHOLOGICAL

Perfectionism- One of the strongest risk factors for an eating disorder is perfectionism, especially a type of perfectionism called self- oriented perfectionism, which involves setting unrealistically high expectations for yourself.

Body image dissatisfaction- Body image encompasses how you feel both about and in your body. It's sadly not uncommon to dislike your appearance, but people who develop eating disorders are more likely to report higher levels of body image dissatisfaction and an internalization of the appearance ideal.

Personal history of an anxiety disorder- Research has shown that a significant subset of people with eating disorders, including

two-thirds of those with anorexia, showed signs of an anxiety disorder (including generalized anxiety, social phobia and obsessive-compulsive disorder) before the onset of their eating disorder.

Behavioral inflexibility- Many people with anorexia report that, as children, they always followed the rules and felt there was one “right way” to do things.

SOCIAL

Weight stigma- The message that thinner is better is everywhere, exposure to this can increase body dissatisfaction, which can lead to eating disorders. Weight stigma is discrimination or stereotyping based on a person’s weight, and is damaging and pervasive in our society.

Teasing and bullying- Being teased or bullied- especially about weight – is emerging as a risk factor in many disorders. Weight shaming needs to be a significant part of anti-bullying discussions, particularly in the context of the widespread anti-obesity messaging.

Appearance ideal internalization- buying into the message of the socially – defined “ ideal body” may increase the risk of an eating disorder by increasing the likelihood of dieting and food restriction.

Acculturation-people from racial and ethnic minority groups, especially those who are undergoing rapid westernization, may be at increased risk for developing an eating disorder due to complex interactions between stress, acculturation, and body image.

Limited social networks- loneliness and isolation are some of the hallmarks of anorexia; many with the disorder report having fewer friends and social activities, and less social support.

Conclusion- Eating disorders are complex and various factors can influence the development of an eating disorder. These disorders cross all cultural and social backgrounds. While the exact etiology is unknown the overlapping theories help in understanding the combination of factors that influence the causes of eating disorders, it is important to understand they are serve mental disorders and have serious medical consequences. The advancement in today’s research is encouraging and may eventually offer better treatment options and specific links to the development of an eating disorders.

References-

National Institute of Mental Health (NIMH). U.S department of Health and Human services.

NIH publication No. 07-4901 revised 2007

U.S. Department of Health and Human Services. National Institute of Mental Health (NIMH)

NIH Publication no. TR 17-4901, Revised 2018

Agency for Healthcare Research and quality (AHRQ). Management of Eating Disorders, Evidence Report/ Technology Assessment, Number 135, 2006; AHRQ publication number 06-E0. www.ahrq.gov.

American Psychiatric Association Work Group on Eating Disorders. Practice guideline for the treatment of patients with eating disorders (revision). American journal of Psychiatry 2000; 157.

American Psychiatric Association. Diagnostic and Statistical Manual for Mental Disorders , fourth edition (DSM-IV). Washington, DC: American Psychiatric Press, 1994.

American psychiatric Association (APA). Let’s Talk Facts About Eating Disorders 2005.

Available online at
<http://www.healthyminds.org/letstalkfacts.cfm>

Pica: an age-old eating disorder that's often missed. Mishori R, McHale C.J Fam Pract.2014 jul; 63(7):E1-4. Review.

Introduction to Eating Disorders by Evelyn Attia, MD, Columbia University Medical center, New York State Psychiatric Institute; B. Timothy Walsh, MD, College of Physicians and surgeons, Columbia University.

www.mentalhealth.org.uk/.../

Eating-disorders.org.uk/information/why-people-get-eating-disorders/

www.mayoclinic.com/health/eating-disorders/DS00294/DSECTION=Causes

<http://www.eatingdisorderexpert.co.uk/picadisorder.html>

Eating Disorders by Andrea Verripatricia Johnson.

Jacobi C, Hayward C, De Zwaan M, Kraemer HC, Agras WS. Coming to terms with risk for eating disorders: Application of risk terminology and suggestions for a general taxonomy. Psychol Bull. 2004;130:19–65. [PubMed] [Google Scholar]

Taylor CB, Bryson S, Luce KH, et al. Prevention of eating disorders in at-risk college-age women. Arch Gen Psychiatry. 2006;63:881–888. [PMC free article] [PubMed] [Google Scholar]

Eddy KT, Celio Doyle A, Hoste RR, Herzog DB, Le Grange D. Eating disorder not otherwise specified in adolescents. J Am Acad Child Adolesc Psychiatry. 2008;47:156–164. [PubMed] [Google Scholar]