A STUDY ON EATING DISORDER AMONG ADOLESCENTS

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Abstract

This current study is going to give an overview of eating disorders in adolescents, including their risk factors and treatment options. Eating disorders are serious mental illnesses characterized by persistent disturbances in eating patterns, body weight or shape, and emotional regulation. They affect a significant number of adolescents, with the prevalence of anorexia nervosa, bulimia nervosa, and binge-eating disorder. Risk factors for developing eating disorders include genetic predisposition, environmental factors, and psychosocial stressors, such as peer pressure, body dissatisfaction, and perfectionism. The clinical presentation of eating disorders can vary widely, from severe food restriction and weight loss to binge eating and purging behaviors. Early identification and intervention are critical for the treatment of eating disorders in adolescents, and a multidisciplinary approach, including medical, nutritional, and psychological interventions, is often necessary. Cognitive-behavioral therapy, family-based therapy, and pharmacotherapy are effective treatments for adolescents with eating disorders. Future research should continue to explore the etiology and treatment of eating disorders in adolescents to improve our understanding and management of these complex and devastating illnesses.

Keywords: Adolescents, Eating disorder, Risk factors

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Literature Review

Daphne van Hoeken and Hans W Hoek in their research "Review of the burden of eating disorders: mortality, disability, costs, quality of life, and family burden" tried to evaluate the impact of eating disorders on family problems, economic cost, quality of life, and death when compared to persons without eating problems.

Tamas Agh, Gabor Kovacs, and others in their study "A systematic review of the health-related quality of life and economic burdens of anorexia nervosa, bulimia nervosa, and binge eating disorder" conducted a thorough analysis of the costs associated with Anorexia Nervosa (AN), Bulimia Nervosa (BN), and Binge Eating Disorder (BED) on both the health-related quality of life and the economy.

Long Khanh-Dao Le, Jan J Barendregt, and others in their research on "Prevention of eating disorders: A systematic review and meta-analysis" systematically evaluated and measured the success of eating disorder (ED) preventive strategies.

Tamas Agh, Gabor Kovacs, and others conducted an in-depth review in research "A systematic review of the health-related quality of life and economic burdens of anorexia nervosa, bulimia nervosa, and binge eating disorder" for the evaluation of financial costs and health-related quality of life effects of Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder.

Eng Joo Tan, Long Khanh-Dao Le, and others in their study "The association between eating disorders and mental health: an umbrella review" mentioned that the growing number of systematic reviews have found links between eating disorders, including their risk factors, and mental health issues such as suicidal thoughts, depression, and anxiety. This study's goal was to undertake an overall assessment of these reviews and offer a high-level summary of the available data.

B J Casey, Rebecca M Jones, and Todd A Hare in their research "The adolescent brain" reviewed the changes occurring in the overall personality of an individual whether it is physical or psychological during the phase of childhood to adulthood.

Francesca Mastoric, Maria Francesca Lodovica Lazzeri, and others in the article "Relationship between eating disorders perceptions and psychosocial profile in school dropout adolescents" has mentioned the objectives that look at the relationship between eating disorder perception and aspects of health-related quality of life and perception of well-being in adolescents.

Marie Galmiche and Pierre Dechelotte through the article "Prevalence of eating disorders over the 2000-2018 period: a systematic literature review" gave an overview of the studies showing the generality of the various EDs and examine their historical development.

Erin Nolen, Lisa S Panich's research "The relationship between Body Appreciation and Health Behaviors among Women and Adolescent Girls: A Scoping Review" focused on the link between body admiration and behaviors that improve, and harm physical health is examined in this summary.

Research Gap

This present study will focus on genetic and environmental factors contributing to the development of eating disorders. This will also highlight the emerging treatment options for people suffering from eating disorders. Overall, further research in these areas can help to improve the understanding of eating disorders among adolescents. The focus of this study would be the reasons for this problem and why adolescents are getting affected by these issues.

Introduction:

Eating disorders are costly, fatal, and severe mental illnesses that seriously harm physical health and interfere with psychosocial functioning (Hoeken et al. 2020). There are several common mental disorders with varying symptoms, including anorexia nervosa (AN), bulimia nervosa (BN), and binge eating disorder (BED). Patients with BN frequently experience episodes of binge eating that are followed by compensatory weight-control methods such as starvation or intentional vomiting, whereas patients with AN frequently become underweight. Without repeated compensatory weight-control practices or the need for weight/shape overvaluation, binge eating linked with diagnostic specifiers and at least moderate discomfort is also known as binge eating. Obese, overweight, or normal-weight individuals may have BN and BED (Le, L. K. et al. 2017). Most eating disorders (EDs) begin between the ages of 10 and 20; however, unlike AN and BN, BED frequently affects older cohorts (Agh, T. et al. 2016). High suicide risk, danger of medical complications, and risk of chronic illnesses like heart disease, diabetes, and heart failure have all been linked to higher mortality rates in people with EDs (Daly 2022). Eating disorders are more common than they used to be, with lifetime prevalence rates for women between 3.3 and 18.6% and men between 0.8 and 6.5%. For many years, risk markers including diets and body dissatisfaction have been thought to be indicators of when ED will start. Along with behavioral rigidity and sociocultural problems like weight stigma, bullying or teasing, and a lack of social

networks, other risk factors for ED include having close relatives with mental health issues, having a personal history of anxiety disorders, and having a family history of eating disorders (Tan, E.J. et al. 2023). The time between childhood and maturity known as adolescence is marked by changes in a person's physical, psychological, and social development. These changes turn this period into one of vulnerability and adaptation (Casey, B.J. 2008). Understanding psychological development in this time window is particularly essential since it may be the case that some risk factors are signs of a fragility that eventually develops into a disorder for certain developing young people while they are normal experiences for others (Mastoric et al. Journal of eating disorders 2023). Eating disorders (EDs) are a diverse group of pathological conditions influenced by various personal factors, such as emotional state, cognitive functioning, and social context. These changes in adolescents' body-mind relationships and, particularly, in body-focused disorders can cause significant instability in young people. Epidemiological data currently show a rise in EDs, with females experiencing them at a higher rate than males and frequent psychiatric comorbidity (Glamiche M. et al. 2019). Self-esteem is one of the most important markers since it frequently connects with health and well-being. Self-esteem is linked to body image, or more accurately, to body appreciation, and is thought to be a mediating factor for EDs, particularly in adolescence. Body appreciation is a psychophysical construct that, when it is positive, is linked to excellent social behavior and healthy eating habits, while it's negatively linked to dysfunctional actions like drug and alcohol abuse (Noel, E. et al. 2022). This sheds light on the complexity of EDs while also highlighting the necessity to examine the relationships between EDs and many health-related factors, particularly those of an emotional and social character rather than just the more physically oriented ones.

Risk Factors

All types of people are impacted by complex eating disorders. There are numerous biological, psychological, and societal risk factors for all eating disorders. Two people with the same eating problem may have quite different viewpoints, experiences, and symptoms since these elements may interact differently depending on the individual. However, when it comes to comprehending some of the key risks of developing eating disorders, researchers have discovered some broad similarities. The following aspects may have an impact on those who have anorexia nervosa, bulimia nervosa, or binge eating disorder.

Biological:

Having a family member who suffers from an eating disorder: A first-degree relative (such as a parent or sibling) who has an eating problem increases a person's likelihood of getting an eating disorder, according to studies of families.

Having a Family Member with a Mental Illness: In a similar vein, it has been discovered that conditions like anxiety, depression, and addiction can run in families and raise a person's risk of developing an eating problem.

Dietary History: Binge eating has been linked to a history of dieting and other weight-control strategies.

Unfavorable Energy Balance: A negative energy balance results from consuming more calories than you burn. In addition to dieting, additional factors that might contribute to eating disorders include growth spurts, illness, and rigorous athletic training. Many people claim that their disorder started because of conscious attempts to diet or restrict their intake of certain foods.

Diabetes type 1 (insulin-dependent): According to recent studies, one-quarter of women with type one diabetes will also develop an eating issue. The most typical pattern, called diabulimia, is to skip insulin shots, which can be fatal.

Psychological:

Perfectionism: Perfectionism, particularly the kind of perfectionism known as self-oriented perfectionism, which entails placing unreasonably high standards for yourself, is one of the main risk factors for eating disorders.

Dissatisfaction with One's Appearance: Your body image includes how you feel about yourself and your body. However, eating disorder patients are more likely to report higher degrees of body image dissatisfaction and adoption of the ideal appearance.

Experience with Anxiety Disorders: Research shows that a significant part of people with eating disorders, including two-thirds of anorexics, experienced anxiety symptoms before they started having eating disorders. These signs included social anxiety disorder, generalized anxiety disorder (GAD), and obsessive-compulsive disorder.

Behavioral rigidity:

Many anorexics indicate that when they were young, they always followed the rules and believed there was only one "right method" for doing things.

Social:

Obesity stigma: According to research, being familiar with the idea that being slimmer is

preferable can lead to body dissatisfaction and eating problems. Weight stigma is discrimination or stereotype based on an individual's weight, which is negative and common in our culture.

Bullying or teasing: An increasingly common risk factor for eating disorders is being teased or mocked, particularly because of weight. The negative effects of bullying have drawn increased attention in recent years, sparking an important national conversation. Sixty percent of those affected by eating disorders named bullying as a contributing element in their development. Weight shaming must be a major topic of discussion in anti-bullying discussions.

Internalization of the ideal body: Adopting the socially prescribed "ideal body" message increases the probability of dieting and food restriction, which increases the risk of developing an eating disorder.

Acculturation: Individuals from racial and ethnic minority groups, especially those who are rapidly assimilating into Western culture, may be more prone to developing an eating problem due to the complex links between stress, acculturation, and body image. Around three years when Western television was introduced to Fiji, women there who had previously felt comfortable with their physical appearances and eating habits began to experience major issues: 74% felt "too fat," 11% of self-induced vomiting sufferers used dietary habits for losing weight, and 29% were at risk of developing clinical eating disorders.

Small-scale social networks: Loneliness and isolation are features of anorexia, and many sufferers claim to have fewer contacts, social activities, and social support. It's not known if this serves as a stand-alone risk factor or if it interacts with other potential risk components (social anxiety).

Historical trauma: which is additionally known as intergenerational trauma, is the term used to describe "massive accumulated collective trauma across generations," such as that experienced by Native American societies, Indigenous peoples who were colonized by Europeans, and Jewish Holocaust survivors. Several detrimental health effects have been linked to traumatic experiences, including "anxiety, disruptive trauma imagery, sadness, elevated deaths from coronary artery disease as well as self-harm and other kinds of violent mortality, psychic paralyzing, and poor impact acceptance, and neglected sorrow" (Brave Heart, 1999). The effects of eating problems and historical trauma are comparable, thus further research and understanding that considers these oppressive structures are needed.

Treatment Options

Intervention:

- An intervention is a meticulous ritual that needs to be treated with care when it is planned for a loved one who is experiencing an eating disorder. There are specialists trained particularly in the process of preparing interventions, but you might not have access to them or find them necessary. However, you should always use a mental health expert as a mediator for interventions, such as a counselor or therapist.
- Approaching the hurting person with nonjudgmental, adoring, and sincere support is the cornerstone of the intervention process. Each support person will get a chance to share their thoughts and how the person's actions have affected them. As you prepare for this, go to therapy for yourself so that you can express yourself honestly without acting violently or spitefully.
- The purpose of an intervention is not to make the subject feel guilty but rather to support the subject in moving towards therapy and growth by assisting them in understanding the significance and consequence of their behavior. Do not stage an intervention without also providing the subject with alternatives.

Outpatient:

- A minimum of once-a-week meetings with a therapist, dietitian, and primary care professional are part of outpatient treatment. Only those at the "Maintenance" stage of change, in which their eating disorder symptoms have been significant if not decreased and they can sustain a recovery-focused lifestyle, are eligible for this treatment.
- Because of accessibility, cost, and/or willingness, some people start their treatment for eating disorders on an outpatient basis. When a patient's disease is too severe for them to handle on an outpatient basis, treatment experts must recognize this and refer the person to a higher level of care.
- The person should continue communicating with every one of their treatment team while receiving outpatient care. Depending on the person's current level of need, outpatient appointments may become more flexible. For instance, if a person is having trouble, they can increase their therapy sessions from once a week to twice, or they might add an extra check-in with their therapist or dietician. The objective is to give the person the assistance they need to lead a life that is focused on their rehabilitation.

Intensive Outpatient (IOP):

- People who are motivated to recover and do not need a structured environment to maintain

recovery are those who are suggested for IOP treatment. These people also follow the advice of their treatment teams.

- IOP requires a commitment to three days per week of 3-hour programming, on average. This program offers both individual and group treatment, as well as help from a dietitian and a psychiatrist. Depending on the treatment facility, IOP might take place either virtually or in person.
- The programming's organizational structure enables people to receive comprehensive and dependable support while continuing to work or attend school as needed. IOP participants reside at home while completing this program.

Partial Hospitalization Program (PHP):

- In a PHP, patients live at home and attend treatment, which is essentially a full-time job. Six to eleven hours a day, five days a week, people attend programming. Before COVID, most of this level of care was delivered in person; however, many treatment facilities now offer PHP virtually.
- PHP is for those who are starting to make recovery-focused decisions but still need structure and ongoing assistance to keep them. Most meals for students taking a PHP will be consumed while they are programming, although some meals will be had at home.
- After leaving Inpatient or Residential treatment, people frequently go to PHP to become more independent and responsible while still receiving support. If a person has a supportive home setting and does not require round-the-clock supervision, they may also start treatment in a PHP.

Residential Treatment Center:

Individuals in need of help receive residential treatment, where they reside in a facility and attend activities all day. This course of treatment includes group therapy, supervised meals, and snacks, individual appointments with a therapist, dietician, and psychiatrist, individual counseling, and group activities to support self-care, identity work, and recovery. Additionally, this course of treatment frequently entails both in-person and/or online family counseling sessions with the patient's support network.

Medically stable people who nonetheless need round-the-clock nursing and clinical staff supervision are those who should receive residential care. The following shows a person who would meet the requirements to remain in a residential treatment center, per the National Association of Eating Disorders:

- A person who is refusing food has an acute weight drop of less than 85%.
- A person's motivation ranges from "very poor" to "poor".
- Every day, at least most of the day, the person battles with intrusive, recurrent, disordered thoughts.
- A patient is uncooperative in therapy or only agreeable in an environment with a lot of structure.
- The person must be watched during and after meals.
- Without discipline and accountability, a person finds it difficult to regulate their obsessive exercise.
- An individual cannot manage episodes of purging.

Inpatient hospitalization:

- Individuals with severe eating disorder behaviors who need medical stabilization because of their disorder are only eligible for inpatient hospitalization as a level of care. If there is concern that a patient would suffer serious medical consequences without constant monitoring and care from medical professionals, they are suggested for this level of care.
- This level of care includes family therapy sessions, individual and group therapy sessions, and meals that are closely monitored, but its main goal is the medical stabilization of the patient, frequently accomplished through intravenous fluids and/or tube feeding.

Counseling:

Counseling is just another word for "therapy," hence it should be a part of all the treatment levels. Counseling is a crucial component of the treatment team, as was mentioned above about outpatient treatment, but because eating disorders are both physical and psychological, the most effective approach to treatment entails counseling as well as support from a medical professional and a dietitian.

Conclusion

Eating disorders are complex mental health conditions that can have severe physical and emotional impacts on those affected. They are caused by a combination of genetic, biological, psychological, social, and environmental factors. The most common types of eating disorders are anorexia nervosa, bulimia nervosa, and binge eating disorder. Treatment for eating disorders often requires a multidisciplinary approach that includes psychotherapy, nutritional counseling, and medication when necessary. With proper treatment and ongoing support, many people with eating disorders can recover and lead healthy, fulfilling lives.

References

1. Van Hoeken, Daphnea; Hoek, Hans W.a,b,c. Review of the burden of eating disorders: mortality, disability, costs, quality of life, and family burden. Current Opinion in Psychiatry 33(6): p 521-527, November 2020. | DOI: 10.1097/YCO.0000000000000641
2. Ágh, T., Kovács, G., Supina, D., et al. A systematic review of the health-related quality of life and economic burdens of anorexia nervosa, bulimia nervosa, and binge eating disorder. Eat Weight Disord 21, 353–364 (2016). https://doi.org/10.1007/s40519-016-0264-x
3. Le, L. K., Barendregt, J. J., Hay, P., & Mihalopoulos, C. (2017). Prevention of eating disorders: A systematic review and meta-analysis. Clinical psychology review, 53, 46–58. https://doi.org/10.1016/j.cpr.2017.02.001
4. Ágh, T., Kovács, G., Supina, D., et al. A systematic review of the health-related quality of life and economic burdens of anorexia nervosa, bulimia nervosa, and binge eating disorder. Eat Weight Disord 21, 353–364 (2016). https://doi.org/10.1007/s40519-016-0264-x
5. Tan, E.J., Raut, T., Le, L.KD. et al. The association between eating disorders and mental health: an umbrella review. J Eat Disord 11, 51 (2023). https://doi.org/10.1186/s40337-022-00725-4
6. Casey, B. J., Jones, R. M., & Hare, T. A. (2008). The adolescent brain. Annals of the New York Academy of Sciences, 1124, 111–126. https://doi.org/10.1196/annals.1440.010
7. Mastorci, F., Lazzeri, M.F.L., Piaggi, P. et al. Relationship between eating disorders perception and psychosocial profile in school-dropout adolescents. J Eat Disord 11, 59 (2023). https://doi.org/10.1186/s40337-023-00783-
8. Galmiche M, Déchelotte P, Lambert G, Tavolacci MP. Prevalence of eating disorders over the 2000–2018 period: a systematic literature review. Am J Clin Nutr. 2019; 109(5):1402–13. https://doi.org/10.1093/ajcn/nqy342.
9. Nolen, E., & Panisch, L. S. (2022). The Relationship between Body Appreciation and Health Behaviors among Women and Adolescent Girls: A Scoping Review. Health & social work, 47(2), 113–122. https://doi.org/10.1093/hsw/hlac006.
10. National eating disorders association. 2020, 'Risk factors of eating disorders, NEDA feeding hope, retrieved on 2 February 2021; https://www.nationaleatingdisorders.org/risk-factors.
11. Find Eating Disorder Treatment Help (eating disorderhope.com)