



IJRASET

International Journal For Research in
Applied Science and Engineering Technology



INTERNATIONAL JOURNAL FOR RESEARCH

IN APPLIED SCIENCE & ENGINEERING TECHNOLOGY

Volume: 8 Issue: XII Month of publication: December 2020

DOI: <https://doi.org/10.22214/ijraset.2020.32562>

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The Facts and Problems of Eating Disorders in our Society

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I. INTRODUCTION

An eating disorder is a mental disorder defined by abnormal eating habits that negatively affect a person's physical and/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 reduced or selective food intake due to some psychological reasons 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.

The causes of eating disorders are not clear, although both biological and environmental factors appear to play a role. Eating disorders affect about 12 percent of Cancers Cultural idealization of thinness is believed to contribute to some eating disorders. 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

Treatment can be effective for many eating disorders. Treatment varies by disorder and may involve counselling, dietary advice, reducing excessive exercise and the reduction of efforts to eliminate food. Medications may be used to help with some of the associated symptoms. Hospitalization may be needed in more serious cases. About 70% of people with anorexia and 50% of people with bulimia recover within five years. Recovery from binge eating disorder is less clear and estimated at 20% to 60%. Both anorexia and bulimia increase the risk of death.

A. Definition

Eating disorders are psychological illnesses defined by abnormal eating habits that may involve either insufficient or excessive food intake to the detriment of an individual's physical and mental health.

B. Why We Should Know About Eating Disorders

Eating disorders involves self-starvation and over eating. The body is denied the essential nutrients which needs to function normally, so it is forced to slow down all of its processes to consume energy and other nutrient. This slowing down can have serious medical consequences (Gupta, 2007).

The prevalence of eating disorders in India is lower than that of western countries but appears to be increasing significantly in the country.

Thus a study on eating disorders is felt needed realizing the increased current prevalence, incidence of eating disorder, its complications and increasing mortality in different age groups mainly in adolescent girls. The study also fulfils the need to improve knowledge and attitude regarding eating disorders to promote a disease free or healthy life.

C. Classification Of Eating Disorder

- 1) Currently recognised in medical condition.
 - a) Anorexia Nervosa (AN)
 - b) Bulimia Nervosa (BN)
 - c) Binge eating disorder (BED)
 - d) Other Specified Eating Disorder (OSD)

- 2) Currently not recognised in medical manual
 - a) Compulsive Overeating, (COE)
 - b) Diabulimia
 - c) Orthorexia nervosa
 - d) Drunkorexia
 - e) Pregorexia
- 3) *Other Prevalent Eating Disorder*
 - a) Food Craving
 - b) Pica

RARELY PREVALENT EATING DISORDERS



Pregorexia



Drunkorexia



Orthorexia nervosa



Diabulimia

D. *Anorexia Nervosa*



Anorexia is a syndrome characterized by three essential criteria.

The first is to self-induced starvation, to a significant degree.

The second is relentless drive for thinner or morbid fear of fatness.

The third is presence of medical signs and symptoms resulting from starvation.

Anorexia Nervosa is often associated with disturbance of body images, the perception that one is distressingly large despite obvious thinners.

II. DEFINITION

Anorexia Nervosa is an eating disorder occurs most often in adolescent girls. The problem is found as refusal of food to maintain normal body weight by reducing food intake, especially fats and carbohydrates.

A. Types

- 1) *Anorexia Nervosa Binge / Purge Type*: The individual suffering from anorexia nervosa binge/ purge type will purge when he or she eats. This is typically a result of the overwhelming feelings of guilt a sufferer would experience in relation to eating; they compensate by vomiting, abusing laxatives, or excessively exercising.
- 2) *Restrictive Anorexia Nervosa*: In this form of anorexia nervosa, the individual will fiercely limit the quantity of food consumed, characteristically ingestion a minimal amount that is well below their body's caloric needs, effectively slowly starving him or herself.

B. Anorexia Nervosa : Warning Signs

- 1) Dramatic weight loss
- 2) Refusal to eat certain foods or food categories.
- 3) Consistent excuses to avoid situations involving food
- 4) Excessive and rigid exercise routine
- 5) Withdrawal from usual friends/relatives

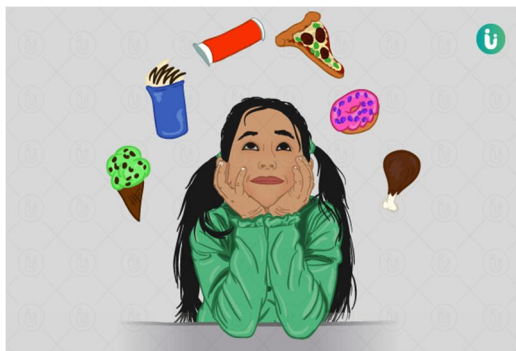


C. Health Risks With Anorexia

- 1) Heart failure
- 2) Kidney failure
- 3) Low protein stores
- 4) Digestive problems



D. *Bulimia Nervosa*



E. *Introduction*

- 1) Bulimia nervosa is an eating disorder in which a person creates a destructive pattern of eating in order to control their weight.
- 2) People with bulimia tend to go on eating binges, consuming large amounts of food in a short period of time.
- 3) Bulimia is an illness in which person binges on food or has regular episodes of significant over – eating and feels a loss of control.
- 4) The affected person then uses various methods such as vomiting or Laxative abuse to prevent Weight gain.
- 5) People with bulimia tend to show signs of depression, anxiety, or obsessive-compulsive disorders.
- 6) Bulimia may cause moodliness and irritability.
- 7) Feelings of embarrassment and shame.
- 8) They're also at risk for substance abuse problems and suicidal behaviour.

III. TYPES

A. *Bulimia Nervosa Purging Type*

This type of bulimia nervosa accounts for the majority of cases of those suffering from this eating disorder.

In this form, individual will regularly engage in self-induced vomiting or abuse of laxatives, diuretics, or enemas after a period of bingeing.

B. *Bulimia Nervosa Non-Purging Type*

In this form of bulimia nervosa, the individual will use other inappropriate method of compensation for binge episodes, such as excessive exercising or fasting.

IV. BULIMIA NERVOSA: WARNING SIGNS

- 1) Wrappers/containers indication consumption of large amounts of food
- 2) Frequent trips to bathroom after meals
- 3) Signs of vomiting e.g. staining of teeth, calluses on hands
- 4) Excessive and rigid exercise routine
- 5) Withdrawal from usual friends/relatives



V. HEALTH RISKS WITH BULIMIA

- A. Dental Problem
- B. Stomach rupture
- C. Menstruation irregularities

VI. HOW ANOREXIA AND BULIMIA DIAGNOSED?

- A. Anorexia and bulimia can be a difficult disorder to diagnose, since individual with anorexia or bulimia often attempt to hide the disorder.
- B. Denial and secrecy frequently accompany other symptoms.
- C. It is unusual for and individual with anorexia to seek professional help because the individual typically does not accept that she or he has a problem.
- D. In many cases, the actual diagnosis is not made until medical complications have developed.
- E. The individual is often brought to the attention of a professional by family members only after marked weight loss has occurred.
- F. They often lack insight into their problem despite being severely malnourished and may be unreliable in terms of providing accurate information.
- G. Therefore, it is often necessary to obtain information from parents, a spouse, or other family members in order to evaluate the degree of weight loss and extent of the disorder.

VII. WHAT CAUSES ANOREXIA AND BULIMIA?

- A. Media / social pressure
- B. Anxiety and / or stress
- C. Low self-esteem and unhappiness
- D. Controlling by family members
- E. Family emphasis on physical appearance
- F. Mother had an eating disorder
- G. Perfectionism

VIII. BINGE EATING DISORDER

Binge eating is disorder in which someone eats a lot amount of food at a time but they don't vomit.



IX. BINGE EATING DISORDER: WARNING SIGNS

- A. Wrappers/containers indicating consumption of large amounts of food
- B. MAY be overweight for age and height
- C. MAY have long history of repeated efforts to diet-feel desperate about their difficulty to control food intake
- D. MAY eat throughout the day with no planned mealtimes



X. HEALTH RISKS WITH BINGE EATING DISORDER

- 1) High blood pressure
- 2) High cholesterol
- 3) Gall bladder disease
- 4) Diabetes
- 5) Heart disease
- 6) Certain types of cancer

A. *Psychological Symptoms*

- 1) Anxiety
- 2) Depression
- 3) Poor body image
- 4) Mood swings
- 5) Can't control feelings
- 6) Constant thought of food
- 7) Avoiding others
- 8) Unable to eat with others around

XI. 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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