



A REVIEW OF THE EATING DISORDERS AFFECTING YOUNG PEOPLE

DR. SANGITA KUMARI ¹

¹ ASSISTANT PROFESSOR, DEPARTMENT OF PSYCHOLOGY, WORKERS' COLLEGE, MANGO JAMSHEDPUR, JHARKHAND.

ABSTRACT:

The psychological and physiological implications of eating disorders are significant, and young people are disproportionately affected by these conditions. Because of the effect it has on the person who is suffering and the people who care about them, it is simple to overlook. Eating disorders are among the most serious mental health issues that continue to plague people in today's society, both in terms of their prevalence and their mortality and morbidity rates. Anorexia, bulimia, and binge-eating disorder are the three forms of eating disorders that are most closely associated with one another. According to the Diagnostic and Statistical Manual of Mental Disorders, which is published by the American Psychiatric Association, the hallmarks of feeding and eating disorders are disturbances in eating or behaviour related to eating that cause changes in food consumption or absorption and significantly affect either physical health or psychosocial functioning. These disturbances can be caused by a variety of factors. Parents, guardians, and school personnel who want to assist children who are struggling with eating disorders need to have a thorough understanding of the warning signs and risk factors associated with the condition. A fundamental level of acquaintance with these diseases is present among the general population. This article covers a wide range of topics, including recent research on the origins and consequences of this disorder, screening and preventative initiatives, risk factors, diet, the responsibilities that primary care doctors play in patient treatment, the use of multidisciplinary teams, funding, and managed care.

KEYWORDS:

EATING, STRUGGLING, SERIOUS, POPULATION AND CONSEQUENCES.

PAPER ACCEPTED DATE:

26th January 2025

PAPER PUBLISHED DATE:

30th January 2025

PAPER DOI NO:

10.5281/zenodo.14993386

PAPER DOI LINK:

<https://zenodo.org/records/14993386>

INTRODUCTION

The term "eating disorder" describes a pattern of problematic eating that often begins in early infancy. Their prevalence in children is mostly unknown. Anorexia nervosa may affect any youngster, regardless of their gender or age. Anorexia nervosa, binge eating disorder, and other severe eating disorders are characterised by an unhealthy relationship with food and eating. An unhealthy preoccupation with one's body image—including one's size, shape, and weight—may result from this. Many eating disorders stem from bad coping mechanisms. A person with an eating disorder may find comfort and control in their struggles, therefore it's evident that these disorders do have a place in people's lives. It was not until lately that younger children had eating disorders. Sadly, that is no longer the case. The incidence of eating disorders in children less than twelve years old has been on the rise. Eating disorders are not caused by a single factor but rather by a myriad of interrelated factors. People with anorexia nervosa have significantly impaired mental and

physical health. People with anorexia nervosa often spend an unhealthy amount of time worrying about their weight, their appearance, and what they eat. Bulimia, anorexia, and binge eating disorder are among the many forms of disordered eating that humans may experience. There is effective treatment for eating disorders. The consequences of an eating problem, if left untreated, may be catastrophic and even deadly.

CONCEPT OF EATING DISORDERS

According to the American Psychiatric Association (2013), an eating disorder is characterised by a persistent disturbance of eating or behaviours related to eating, which causes changes in the amount of food consumed or absorbed, and severely affects one's physical or mental health. Even though they are aware of their weight and body type, people with eating disorders still experience an unsettling and irrational urge to limit their food consumption. Part of it is eating too much food or not enough food. Mental illnesses known as eating disorders

impact a large number of young people today and have a negative impact on their growth and development. Consequences of this disease include chronic complications affecting the heart, intestines, and bones, abnormally low body weight, stunted normal growth, and malnutrition. Genetics, family dynamics, traumatic experiences, and character traits are some of the many potential causes of eating disorders. It is reasonable to assume that other factors influence development in addition to the prevalence of nutritional issues during puberty. Poor self-esteem and body image issues are common among students who struggle to stick to healthy eating habits. A more erratic eating pattern might be a coping mechanism when things are generally out of hand. They often resort to food as a means of self-soothing and coping with overwhelming stress. This person can keep acting this way because their thinking is flawed. An examination is conducted into the various cognitive and behavioural aspects linked to food and one's own self-perception.

ROOTS OF EATING DISORDERS

Many factors, the exact nature of which is yet unknown, may contribute to dietary problems. A person's genetic makeup, their immediate surroundings, and their social dynamics all play a role in the onset of an eating problem. When other parts of their life become too much to handle, people who struggle to control their food intake or certain dietary categories may turn to extreme measures. An unhealthy fixation with food could develop when people are trying to cope with difficult emotional conditions or events. People who struggle with anorexia often look for healthy ways to cope with their feelings instead of fixating on food. An eating problem is more likely to occur in those who have certain characteristics. All of these dangers include a family history of mental illness, which includes things like depression, addiction, and eating disorders. Detailed documentation of traumatic events that include mental, emotional, or sexual components. Admit to having had anxiety, sadness, or obsessive-compulsive disorder in the past. A synopsis of the ways in which eating habits have changed over time.

THE SIGNS

Because a child's weight changes so much as they grow, it may be difficult to identify the obvious signs of an eating problem in youngsters. To a greater extent than changes in your child's eating habits or food preferences, you may notice changes in your child's emotional condition or behaviour. Particularly for prepubescent children, gaining weight is an inevitable aspect of maturation. When this occurs, it may cause anxiety in the kid, their family, or even their doctor, which in turn can cause them to engage in unhealthy eating habits or go on weight reduction programs. Children suffering from eating disorders often experience extreme anxiety due to their developing fears of food, which may manifest as an aversion to eating or an unwillingness to eat in general. In youngsters, these fears may lead to an ARFI, or Avoidant Restrictive Food Intake

Disorder. When bones don't get enough nutrients, a disease known as osteopenia, might develop. This risk is always present in children and adolescents with eating problems. Osteopenia is a reversible bone disorder that may lead to osteoporosis, an abnormal development of bones. Children with Avoidant Restrictive Food Intake Disorder often have choking fears and food aversions related to smell, taste, or texture. Another sign that a child may be dealing with an eating problem is a lack of body acceptance from a young age. If any of these things start occurring to your kid, it might be a sign that they are starting to feel self-conscious about their body image or that they are comparing themselves to their peers. Children already suffer from anxiety related to their bodies' inherent distribution of size, type, height, and form, and our fatphobic society only makes things worse. Because of a complex interplay of factors, children who suffer from eating disorders often develop an excessively negative self-image as they enter puberty, which may lead to restrictive eating habits and its associated neurobiological and psychological complications. If a youngster starts to show noticeable variations in weight, whether it's a loss or an increase, it might be a symptom of an eating issue. There may be a strong correlation between this and body image issues as puberty causes such significant changes in your child, including their self-concept. Children who exhibit symptoms of severe shyness, stiffness, or dread around food, as well as negative feelings about their physical appearance, may be suffering from an eating disorder. Both extremes are possible in children with eating disorders; some may be quite functional and their suffering and isolation go unnoticed; others may become very reclusive and lose interest in things they used to like.

TYPES

Bulimia and anorexia are the two most prevalent types of eating disorders. Obesity and other eating disorders, as well as the health issues linked to unhealthy diets and lack of exercise, have been on the increase in recent decades, and contemporary society would do well to reflect on this fact. Binge eating episodes are characteristic of bulimia nervosa, as are severe attempts to regulate weight, such as going without food, fasting, or misusing laxatives, diuretics, enemas, or engaging in excessive physical activity. Symptoms of bulimia can include an obsessive preoccupation with one's weight and physical fitness as well as an excessive dread of gaining weight. Not to add that the person's weight can be normal unless anorexia is also present. Anorexia nervosa is characterised by severely abnormally low body weight in relation to a person's height and age. Symptomatic throughout childhood and adolescence, anorexia is defined by an intense fear of gaining weight. They may believe they are "fat" when they are really very slender and suffer from an excessive preoccupation with eating. Adolescents and young adults who suffer from anorexia may follow dangerously low body mass index maintenance regimens that include eating very little, vomiting or using laxatives to flush their

systems, or engaging in excessive physical activity. Too often, people with unhealthy habits or an unrealistic view of their bodies deny the negative effects these habits have on their well-being. Anorexia could have causes unrelated to diet and weight. What it is is an unhealthy method of dealing with emotional troubles, perfectionism, and a desire for control. In anorexia, a person's perception of their own value is often associated with their weight.

PREVENTION

If we want to be prepared to help a loved one who is struggling with an eating problem, we must be familiar with the signs and symptoms of the disease. It is critical to get assistance right away if you are struggling with unhealthy eating habits. Reducing the likelihood of having an eating issue is one goal of substance addiction therapy for illnesses such as anxiety, depression, and obsessive-compulsive disorder (OCD). As parents and grandparents, we may set a positive example for our children and grandchildren by eating healthily without attaching any moral value to what we eat. In no circumstances should you ever diet, make disparaging remarks about other people's bodies, or broach the subject in casual discussion. Many people who have struggled with anorexia or bulimia have found relief via cognitive behavioural therapy. We can only hope that by undergoing this form of therapy, we will be able to uncover the faulty reasoning that drives our feelings and actions and make the necessary changes. Some people with eating problems have symptoms of depression and anorexia. Some people get relief from these symptoms when they take medication, such as antidepressants. You should seek the advice of a registered dietician who specialises in eating disorders if you want to make dietary changes and establish a healthy eating routine. Whether a patient is experiencing physiological, behavioural, or mental health issues, a multidisciplinary team approach is the most effective method for treating them.

TIPS FOR PARENTS

Concentrate: Listen attentively, process what you've heard, and refrain from passing judgement. Ask your kid how they are feeling and how you can help them the best if you are unsure. Instead of giving those solutions right away, validate how they feel. Find out all you can about eating disorders, how they are treated, and the facts and beliefs that surround them. Evaluations or discussions with other parents who have assisted their children in healing are common components of therapeutic programs.

Encouraging: Instead than focussing on behaviours connected to eating, emphasise good character characteristics and emotional well-being. Build a home environment that encourages and supports good eating, weight management, and physical activity choices. Be a role model for others to follow.

CONCLUSION

The last two decades have seen tremendous progress in India's study of eating disorders. Surprisingly few people

suffer from eating disorders, which may explain why there is so little study on the subject. Still, worries about people's eating habits are getting more and more attention as the effects of westernisation on society grow. There is an immediate need for a plethora of diagnostic tools that are responsive to many cultural settings and wealth of community- and hospital-based eating disorder epidemiological data. Obesity and other metabolic illnesses may be exacerbated by diets that are low in cereal and heavy in fatty and sugary meals.

SUGGESTION

Most eating disorders stem from an unhealthy preoccupation with one's body image, weight, and food. This could lead to unhealthy eating habits. Continuing these practices might make it harder for our bodies to absorb the nutrients they need. Anorexia, bulimia, and bulimia nervosa are all forms of eating disorders that have been shown to have serious negative effects on both mental and physical health. Because of them, you may have certain health issues. Furthermore, they have been linked to suicidal ideation, self-harm, anxiety, and despair. Through treatment, we may regain control of our eating habits and develop a healthier connection with food and our bodies. With our assistance, the eating disorder and its severe consequences may be controllable.

REFERENCES

1. American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders*. Fifth edition. American Psychiatric Association, Arlington V.
2. Arévalo, R., López Aguilar, X., Ocampo Tellez-Girón, M. T., & Mancilla-Diaz, J. M. (2015). El diagnóstico de los trastornos alimentarios del DSM-IV-TR al DSM-5. *Revista mexicana de trastornos alimentarios*, 6(2), 108-120.
3. Campbell, K. & Peebles, R. (2014). Eating Disorders in Children and Adolescents: State of the Art Review. *Pediatrics*; 134; 582-592.
4. Choudhary P, Roy P, & Kumar Kar S. (2017). Improvement of weight and attitude towards eating behaviour with high frequency RTMS augmentation in anorexia nervosa. *Asian J Psychiatry*;28:160.
5. Gander, Manuela, Sevecke, Kathrin & Buchheim, Anna. (2015). Eating Disorders in Adolescence: Attachment Issues from a Developmental Perspective. *Frontiers in Psychology*, 6, 1-12
6. Jones J, Bennett S, Olmsted M, (2001). Disordered eating attitudes and behaviours in teenaged girls: a school-based study. *Can Med Assoc J*; 165.

7. Parry, N. (2019). "Eating Disorders Are All but Unstudied in India." Health Issues India, www.healthissuesindia.com/2019/03/09/eating-disorders-are-all-but-unstudied-in-india/.
8. Phillipa J Hay (2010). Bulimia nervosa. *BMJ Clin Evid*. PMID: PMC3275326.
9. Rosen, D. (2010). Identification and Management of Eating Disorders in Children and Adolescents; *Pediatrics*; 126; 1240-1253
10. Sangha, S., Oliffe, J. L., Kelly, M. T., & McCuaig, F. (2019). Eating disorders in Males: How Primary Care Provide Can Improve Recognition, Diagnosis and Treatment. *American Journal of Men's Health*, 13(3) 152-168.
11. Silén, Yasmina; Keski-Rahkonen, Anna (2022) Worldwide prevalence of DSM-5 eating disorders among young people, *Current Opinion in Psychiatry*, 35(6):362-371.
12. Treasure, J, Duarte, T.A, & Schmidt, U. (2020). Eating disorders. *Lancet*; 395(10227):899-911.