



A STUDY OF THE EATING DISORDER AMONG YOUNG ADULTS

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Abstract

Eating disorders are severe and disabling mental disorders. The scientific study of eating disorders has expanded dramatically over the past few decades, and provided significant understanding of eating disorders and their treatments. Those significant advances notwithstanding, there is scant knowledge about key processes that are crucial to clinical improvement. The lack of understanding mechanisms that cause, maintain and change eating disorders, currently is the biggest problem facing the science of eating disorders. It hampers the development of really effective interventions that could be fine-tuned to target the mechanisms of change and, therefore, the development of more effective treatments. It is argued here that the science of eating disorders and eating disorder treatment could benefit tremendously from pure experimental studies into its mechanisms of change, that is, experimental psychopathology (EPP). To illustrate why eating disorders need more EPP research, some key symptoms - restriction of intake, binge eating and body overvaluation - will be discussed. EPP studies challenge some generally accepted views and offer a fresh new look at key symptoms. This will, consequently, better inform eating disorder treatments.

Introduction

Eating disorders are behavioral conditions characterized by severe and persistent disturbance in eating behaviors and associated distressing thoughts and emotions. They can be very serious conditions affecting physical, psychological and social function. Types of eating disorders include anorexia nervosa, bulimia nervosa, binge eating disorder, avoidant restrictive food intake disorder, other specified feeding and eating disorder, pica and rumination disorder.

Taken together, eating disorders affect up to 5% of the population, most often develop in adolescence and young adulthood. Several, especially anorexia nervosa and bulimia nervosa are more common in women, but they can all occur at any age and affect any gender. Eating disorders are often associated with preoccupations with food, weight or shape or with anxiety about eating or the consequences of eating certain foods. Behaviors associated with eating disorders including restrictive eating or avoidance of certain foods, binge eating, purging by vomiting or laxative misuse or compulsive exercise. These behaviors can become driven in ways that appear similar to an addiction.

Eating disorders affect several million people at any given time, most often **women between the ages of 12 and 35**. There are several types of eating disorders. The most common are anorexia nervosa, bulimia nervosa, binge eating disorder, avoidant restrictive food intake disorder (ARFID) and other specified feeding and eating disorder (OSFED).

Eating disorders often co-occur with other psychiatric disorders most commonly, mood and anxiety disorders, obsessive-compulsive disorder, and alcohol and substance use disorders. Evidence suggests that genes and heritability play a part in why some people are at higher risk for an eating disorder, but these disorders can also afflict those with no family history of the condition. Treatment should address psychological, behavioral, nutritional and other medical complications. The latter can include consequences of malnutrition or of purging behaviors including, heart and gastrointestinal problems as well as other potentially fatal conditions. Ambivalence towards treatment, denial of a problem with eating and weight, or anxiety about changing eating patterns is not uncommon. With proper medical care, however, those with eating disorders can resume healthy eating habits, and recover their emotional and psychological health.

Keywords: *Anorexia nervosa, bulimia nervosa, eating disorder, India Colleges; Evidence-Based; Implementation; Prevention; Sustainability.*

Objectives: The current study aimed to investigate the impact of oxytocin on emotion recognition, trust, body image, affect, and anxiety and whether eating disorder (ED) symptoms moderated any of these relationships.

Hypothesis:

1. Eating disorders and psychoses are entirely separate disorders that can, by chance, occur in the same person.
 2. Because of body image distortions, eating disorders are delusional-*e.g.*, psychotic disorders.
 3. An eating disorder is an early sign (prodrome) of an impending psychosis or, conversely, psychotic symptoms can herald the beginning of an eating disorder.
- If this were the case, one disorder would precede the other and fade into the background once the primary condition surfaced.
4. Psychotic symptoms are a marker of severity in eating disorders, while food refusal signals a severe and dangerous stage of psychotic illness.
 5. Antipsychotics used to treat psychosis lead to weight gain and, thus, induce eating disorder. Conversely, antidepressants used to treat eating disorder can trigger psychosis.

The prediction here is that the second disorder will disappear once the offending treatment is stopped.

Methodology:

Search strategy and study :

Electronic search using the MEDLINE, Google Scholar, and PsycINFO to identify relevant peer-reviewed English language articles was carried out to include articles between April 1967 to October 2018. We used random combinations of the following medical subject headings or free text terms: “eating disorders,” “anorexia nervosa,” “bulimia,” “treatment,” “epidemiology,” “co-morbidity,” “management,” “medications,” “behavioral intervention,” and “psychosocial intervention.”

This being a narrative review and because research on ED in India is relatively sparse, we included all types of research reports, including case reports, to gain a true picture of the research landscape. The initial search yielded 84 articles. From the initial search, 39 articles were relevant and therefore selected for inclusion in the review. The full text of these articles was retrieved electronically. Additionally, the reference section of all articles was manually

screened to identify potentially relevant articles. We only selected articles describing research from India. There was no restriction on the date of publication. Citation in dexing services and gray literature such as conference proceedings were not included in the present review.

Position:

1. The diagnosis of an eating disorder should be considered when an adolescent engages in potentially unhealthy weight-control practices, demonstrates obsessive thinking about food, weight, shape or exercise, or fails to attain or maintain a healthy weight, height, body composition stage of sexual maturation for gender and age. An eating disorder can still be present in the absence of established diagnostic criteria.

2. Because of the potentially irreversible effects of an eating disorder on physical, psychological and emotional growth and development in adolescents, the high mortality and the evidence suggesting improved outcome with early treatment, the threshold for intervention in adolescents should be lower than in adults.

3. The evaluation and ongoing management of nutritional disturbances in adolescents with eating disorders should take into account the nutritional requirements of adolescents in the context of their age, pubertal development, and physical activity level.

4. Mental health intervention for adolescents with eating disorders should address the psychopathologic characteristics of eating disorders, the specific psychosocial tasks that are central to adolescence, and possible comorbid psychiatric conditions. Family-based treatment should be considered an important part of treatment for most adolescents with eating disorders.

5. The assessment and treatment of adolescents with an eating disorder should be interdisciplinary and, under ideal circumstances, is best.

accomplished by a team consisting of medical, nursing, nutritional and mental health disciplines. Treatment should be provided by health care providers who have expertise in managing the complexities of adolescent eating disorders. In addition, treatment should be provided by health care providers who have expertise in managing adolescents with eating disorders and who are knowledgeable about normal adolescent physical and psychological growth and development. Hospitalization of an adolescent with an eating disorder is necessary in the presence of severe malnutrition, physiologic instability, severe mental health disturbance or failure of outpatient treatment. Ongoing treatment should be delivered with appropriate frequency, intensity and duration until complete resolution.

6. Adolescents with eating disorders should not be denied access to care because of absent or inadequate health care coverage. Coverage should provide reimbursement for inpatient, partial hospitalization and outpatient interdisciplinary treatment that is dictated by the severity of the clinical situation and takes into account the developmental needs of the patient, should encompass the comprehensive range of benefits and providers needed, and should provide reimbursement at adequate levels. Adolescent health care providers should work with insurance companies to define appropriate strategies for the management of adolescents with eating disorders.

7. The Society for Adolescent Medicine does not support the content of pro-anorexia and pro-bulimia websites and discourages the creation and dissemination of these controversial and potentially dangerous sites.

8. Further research is essential to address unanswered questions in the field of adolescent eating disorders. Research priorities include prevention and early intervention, further exploration of the pathogenesis of early onset eating disorders, improvement of the current diagnostic classification system to consider the unique spectrum of early-onset eating disorders and the development of effective treatments for adolescent eating disorders. We also call upon private and public agencies to provide necessary funding to allow for advancement of knowledge in the prevention, etiology, and treatment of eating disorders in adolescents.

Review Of Literature

Sharan, Pratap; (2015):

Eating disorders are associated with one of the highest rates of mortality among psychiatric disorders up to 19% within 20 years of onset among those initially requiring hospitalization.^[1] Eating disorder patients die from either the medical consequences of starvation (cardiac muscle loss and arrhythmia, sometimes related to hypokalemia) or suicide. In a meta-analysis conducted in 1995 of 42 published studies,^[44] the crude mortality rate was 5.9%, translating into 0.56%/year or 5.6% per decade. In the studies specifying the cause of death, 54% of the patients died as a result of eating disorder complications, 27% committed suicide, and the remaining 19% died of unknown or other causes.^[45] In a meta-analysis of standardized mortality rates (SMR) in 2001, the overall aggregate SMR of anorexia nervosa in studies with 6–12 years of follow-up was 9.6 and in studies with 20–40 years of follow-up 3.7.^[46] Anorexia nervosa comorbid with alcohol dependence is associated with up to 50 times higher, and anorexia nervosa comorbid with insulin-dependent diabetes mellitus with up to 10 times higher mortality than each of these illnesses alone.

Gupta, B. M:(2020)

The paper examines quantitative and qualitative dimensions of India's research output on Eating Disorders. Scopus database was searched for the publications on eating Disorder from India during the years 2000 to 2019, and then the articles were screened to select the relevant articles. The study included 132 publications. India's cumulative research in this area registered 328% absolute growth and averaged 6.87 citations per paper. The distribution of output by type of research revealed that anorexia nervosa and pica (31.82% and 28.79% share) contributed the largest shares of publications on eating disorders during 2000–2019. All India Institute of Medical Sciences, New Delhi; National Institute of Mental Health and Neurosciences, Bengaluru; and Postgraduate Institute of Medical Education and Research, Chandigarh, lead the country as the most productive organizations (with 14, 11, and 7 papers each). Indian Journal of Psychological Medicine and Indian Journal of Pediatrics formed the most common journals publishing research on eating disorder, with largest contribution of 9 papers each. There is meager research on eating disorders from India.

Findings:

Eating disorders frequently appear during the teen years or young adulthood but may also develop during childhood or later in life. Researchers are finding that eating disorders are caused by a complex interaction of genetic, biological, behavioral, psychological, and social factors etc.

Suggestion:

Early detection and treatment are important for a full recovery. People with eating disorders are at higher risk for suicide and medical complications. A person's family can play a crucial role in treatment. Family members can encourage the person with eating or body image issues to seek help.

Conclusion:

The current findings contribute to the growing literature on oxytocin, emotion recognition and positive affect and suggest that ED pathology does not moderate these relationships. Future research would benefit from examining the

efficacy of an oxytocin intervention using a within-subjects, cross-over design, in those with sub-clinical and clinical EDs, as well as healthy controls.

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