

Understanding the Effect and Managing Eating Disorders among Youth

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Abstract

This paper looked at understanding the effect and managing eating disorders among the youth. It x-rayed the definition, the types, causes, signs and symptoms of eating disorders. The effect of an eating disorder was equally looked at. Also examined in this paper are variety of therapeutic methods of managing eating disorders such as cognitive behavioural therapy (CBT), cognitive remediation therapy (CRT), behavioural therapy (BT), family therapy, music therapy e.t.c. Recommendations and Conclusion was also drawn.

Keywords: *Eating disorder, Binge eating disorder, Bulimia nervosa.*

Introduction

The psychological meaning of food extends far beyond its nutritive powers. It is common for people to devote many hours and much effort to choosing, preparing and serving food. In addition to physical dependence on food, humans have strong emotional associations with food. Hungry people feel irritable and unhappy; by contrast, a good meal can cause people to feel contented and nurtured. For some people, food takes on inordinate significance, and they find themselves enslaved to bizarre and unhealthy rituals that revolve around the process of eating. People with eating disorders struggle to control their disturbed attitudes and behaviours regarding food and to the distress of those who are close to them, many put their lives at risk.

Eating disorder is a mental disorder defined by abnormal eating habits that negatively affect a person's physical or mental health (American Psychological Association, 2013). Eating disorders are a group of conditions marked by an unhealthy relationship with food. Eating disorders tends to develop during the teenage and young adult years, no one knows the precise cause of eating disorders, but they seem to co-exist with psychological and medical issues such as low self-esteem, depression, anxiety, trouble coping with emotions and substance abuse. Eating disorder is a serious medical problem that can have long term health consequences if left untreated. It is common for people with eating disorders to hide their unhealthy behaviours, so it can be difficult to recognize the signs of an eating disorder, especially early on. Many different eating disorders have

been identified and classified such as anorexia nervosa, bulimia nervosa, binge eating disorder, pica, rumination disorder and avoidant/restrictive food intake disorder e.t.c.

Anorexia Nervosa

This is characterized by weight loss often due to excessive dieting and exercise, unrealistic perception on non-recognition of the seriousness of current low body weight. Anorexia can cause menstruation to stop, and often leads to bone loss, loss of skin integrity e.t.c. (Neumaker, 2000).

Furthermore, the following symptoms and behaviours are common in people with anorexia:

- Dramatic weight loss
- Wearing bulky cloths to hide weight loss
- Refusal to eat certain foods, such as fats.
- Exercising excessively
- Making comments about being “Fat”
- Avoiding meal times or eating in front of others
- Stopping menstruating
- Complaining about constipation or stomach pain.

Bulimia Nervosa

This is characterized by recurrent binge eating followed by compensatory behaviors such as purging (self-induced vomiting, eating to the point of vomiting, excessive use of laxatives or excessive exercising) fasting and over exercising may also be used as a method of purging following a binge.

Common Signs of Bulimia

- Evidence of binge eating, including disappearance of large amounts of food in a short time, or finding lots of empty food containers.
- Constantly dieting
- Complaining about being “Fat”
- Wearing baggy clothes to hide the body
- Exercising excessively

Binge Eating Disorder

This is characterized by regular episodes of extreme over-eating and feelings of loss of control about eating and guilt after overeating.

Some physical signs and symptoms of eating disorders according to Treasure, Claudino & Zucker (2010) are:-Weakness, fatigue, sensitivity to cold, reduced beard growth in men, reduction in waking erections, reduced libido, weight loss, un-explained hoarseness, dry lips, constipation, diarrhea, cardiac arrest and death.

Signs of Binge Eating Disorders

- Constantly dieting, but rarely losing weight
- Hoarding food, or hiding large quantities of food in strange places
- Evidence of binge eating, including disappearance of large amount of food in a short time.

Causes of eating disorders according to DeAngelis (2002), includes disorders that are primarily genetics, psychological, personality traits, celiac disease and environmental influences.

Genetics

Numerous studies show a possible genetic predisposition toward eating disorders as a result of Mendelian inheritance (Klump, Kaye & Strober, 2001). Research has shown that at least a portion of the vulnerability to develop eating disorders can be inherited and there is evidence to show that there is a genetic locus that shows susceptibility for developing anorexia nervosa (Patal, Wheat Croft, Park & Stein, 2002). About 60% of eating disorder cases are attributable to biological and genetic components, other cases are due to external reasons or developmental problems (Kadison, 2004).

Psychological

There are various psychological issues that may factor into eating disorders, some fulfill the criteria for a separate Axis I diagnosis or a personality disorder which is coded Axis II and thus are considered comorbid to the diagnosed eating disorder. Eating disorders are classified as Axis (Westan, Harnden-Fischer, 2001).

Personality Traits

There are various childhood personality traits associated with the development of eating disorders. During adolescence these traits may become intensified due to a variety of psychological and cultural influences such as the hormonal changes associated with puberty, stress related to the approaching demands of maturity and socio-cultural influences and

Ezeobi, Et Al, *Understanding the Effect and Managing Eating Disorders among Youth*
perceived expectations, especially in areas that concern body image (Podar, Hannu & Allik, 1999).

Celiac Disease

Some people with celiac disease, who are not conscious about the importance of strictly following their diet, choose to consume their trigger foods to promote weight loss. On the other hand, individuals with good dietary management may develop anxiety, food aversion and eating disorders because of concerns around cross contamination of their foods. (Satherly, Howard, & Higgs, 2015).

Environmental Influences

There are various environmental issues that may factor eating disorders such as:

Child Maltreatment

Child abuse which involves physical, psychological and sexual abuse as well as neglect has been shown to approximately triple the risk of eating disorders (Caslini, Bartoli, Crocamo, Dakanalis, Clerici & Carra, 2016)

Social Isolation

Social isolation has been shown to have a deleterious effect on an individual's physical and emotional well-being. Social isolation can be inherently stressful, depressing and anxiety-provoking. In an attempt to ameliorate these distressful feelings an individual may engage in emotional eating in which food serves as a source of comfort.

Peer Pressure

Peer pressure was shown to be a significant contributor to body image concerns and attitudes toward eating among subjects in their teens and early twenties. According to Schoriber, Robins etal (1996) 40% of 9 to 10 year old girls are already trying to lose weight. Such dieting is reported to be influenced by peer behavior, with many of those individuals on a diet reporting that their friends also were dieting.

Socio-economic Status

It has been viewed as a risk factor for eating disorders, presuming that possessing more resources allows for an individual to actively choose to diet and reduce body weight (Nevonen & Norring, 2004).

Effect of Eating Disorders

The effects of eating disorder are stated as follows;

- Impairment of working memory.
- Lack of concentration.
- Inability to retain new information learned.
- Decreased ability to listen and process information.
- Difficulty with comprehension.
- Socially isolates from peers and friends.
- Absenteeism increases.

Managing Eating Disorders among Youths

Eating disorder is a complex issue, and successful treatment often incorporates multiple types of therapy. There is no well established treatment for eating disorders, meaning that current views about treatment are based mainly on clinical experience. Thus, the paper proposes the application of a variety of therapeutic method for the purpose of managing eating disorders. Specifically, the paper opts for cognitive behavioural therapy, cognitive remediation therapy, behavioural therapy, medication, which will be briefly explained below.

- **Cognitive Behavioural Therapy (CBT):** It postulates that an individual's feelings and behaviours are caused by their own thoughts instead of external stimuli such as other people, situations or events; the idea is to change how a person thinks and reacts to a situation even if the situation itself does not change.
- **Cognitive Remediation Therapy (CRT):** It is a set of cognitive drills or compensatory interventions designed to enhance cognitive functioning.
- **Behavioural Therapy (BT):** It focuses on gaining control and changing unwanted behaviours.
- **Medication:** Orlistat is used in obesity treatment; Olanzapine seems to promote weight gain and zinc supplements have been shown to be helpful.

Other therapeutic methods of managing eating disorders are: Family therapy, interpersonal psychotherapy (IPT), cognitive emotional behavioural therapy (CEBT), music therapy, recreation therapy, art therapy, nutrition counseling and medical nutrition therapy e.t.c.

Recommendations

The following recommendations are made to reduce cases of eating disorders among youth:

1. There is dare need for practicing psychologists that are competent in handling the cases of eating disorders, thus, counselors and psychologist should strive to go for necessary capacity building in order to fill the gap.
2. There is need for sensitizing the general public to facilitate attitudinal change to rid them of stress evoking behaviours that causes eating disorders.
3. There is need for behavioural weight reduction programmes that can be helpful both with weight loss and with controlling the urge to binge eat.
4. In order to reduce the rate of eating disorders among the populace in general, eating disorder should be given a prime position in the curriculum at all levels of education.

Conclusion

Eating disorders are conditions in which there is a complex interaction of biological, psychological and socio-cultural factors. Eating disorders seems more likely to arise as a result of interpersonal and intra personal conflict. Interpersonal influences, most notably within the family system and the peer network, evoke intense concerns about body image and attractiveness. Biopsychosocial intervention approaches bring together the techniques for managing the eating disorders among the youths.

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