

The Current Approach Related to Eating Disorders by Improved Health Psychology in Adolescents

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ABSTRACT

Background: This study is based on the eating disorder in adolescence. The most common physiological illness suffered by adolescents is Bulimia Nervosa, Anorexia nervosa which is linked with psychological, behavioral, and socio-environmental domains and their main effects on purging, binge eating, and being overweight.

Objective: To examine eating disorders in children and adolescents regarding their characteristics, risk factors and cognitive behavioral therapy treatment.

Methods: Articles were searched in the PubMed and Scopus databases. Inclusive criteria: age group, Clinical diagnoses of (AN, BN, or BED), measure weight related behaviors, psychological comorbidities Exclusive criteria: age group above 25 and older, population with no ED. Over 13,796 people with eating disorders were studied on the bases of the review articles with the exposure of psychological, behavioral and socio-environmental.

Conclusions: Among the risk factors for eating disorders, social and family environment and the media were the most important ones. As to family environment, mealtimes appeared to be underlying in shaping eating behavior and the development of disorders. Furthermore, cognitive behavioral therapy consists of, healing in a self-help bibliotherapy, or by means of phone, for the individuals, successfully supported intervention for children with eating problems with help of their family.

Key words: children, adolescents, eating behavior, bulimia nervosa, anorexia, binge eating, CBT.

INTRODUCTION

Eating behavior is defined as “sequential or behavioral answers” related to the act of consuming, way or mode of consuming, rhythmic patterns to feed. Such conduct is prompted by social, demographic and cultural conditions, by using the person's belief, the meals, preceding reports and the nutritional reputation.^[8]

Among these elements, the socio-cultural effect on dietary intake and the development of ingesting problems (ED) has been more often studied; assessing the family customs and the data is conveyed by using the mass media. They have an effect on of the media,

magnified through globalization and society, and described by Anschutz et al and Oliveira and Hutz, who emphasize the contradiction between the enchantment for healthful life-style at the identical time that its miles praised the cult of thinness and its miles encouraged the consumption of high-calorie meals.^[8]

The end result of those contradictions is the development of ED, characterized by using an exaggerated situation with weight and form. In pursuit of this stereotype, weight reduction is caused by insufficient methods, like fasting and intense bodily workout, and advantageous muscular tissues are inspired

with the aid of excessive exercises, incorrect food regimen and using anabolic steroids.^[8] Eating issues are related to scientific complications that modify according to the traits of the sickness, taking place in stunted growth, cheilosis, dental erosion, periodontitis, salivary gland hypertrophy, hypovolemia, electrolyte imbalance and weight advantage.^[8,9,10]

There are several scientific and mental health effects that may arise when children or teenagers begin accomplishing disordered consuming behaviors. Medical concerns encompass fast weight trade, low coronary heart charge, hormone modifications, electrolyte transferring, and fatigue, breathing problems, hair loss, blood stress adjustments, heart rhythm abnormalities, fainting or even death. Mental fitness worries that often arise in individuals with ingesting issues consist of social isolation, loneliness, sizable tension, withdrawal, depression and suicidal ideation.^[9,10]

When the start of ED happens in the course of adolescence, such problems affect social and circle of relative's relationships, and suicidal thoughts and its comorbidities turns into greater commonplace. The onset of sexual interest before 16 years- is also more common in youth with consuming eating disorders. Moreover, younger women with a history of ED have better chances of abortion or being pregnant^[8]

Thus, this observation is aimed to speak about the characteristics, the therapy and the danger factors associated with eating issues in children and young people.

Anorexia Nervosa

Anorexia Nervosa (AN) is an extreme psychiatric disorder with good sized morbidity and the very best mortality of all intellectual issues. The standardized mortality rate for AN is approximately 6, that is higher than that for asthma and diabetes mellitus type 1. About one-5th of folks that commit suicide.^[7]

Extreme dissatisfaction with the scale or shape of one's body or somebody components result in weight phobia and

meals a version. Whereas some patients understand their bodies as being fat despite extreme starvation, others are able to recognize their emaciated figures however they discover it appealing. Low frame weight is the end result of a strict weight loss program and/or excessive hyperactivity. It is pursued past the boundaries of cause and to the exclusion of age-appropriate activities. In very young sufferers, particularly in those with pre-pubescent age onset, low body weight may be done by means of growing on top without corresponding weight benefit. Most patients enjoy their symptoms as ego syntonic, and despite feeling susceptible and excluded from age-suitable existence, they are distinguished by having AN.^[7]

Bulimia Nervosa

Similarly, to AN, fear of fatness and attempts to shed pounds are core signs and symptoms of BN. In many sufferers, a frame-image disturbance is a gift and may be characterized via a profound dissatisfaction with one's own body shape and weight. While completely restricting energy, fasting is interrupted with the aid of binge-ingesting episodes followed by using a sense of losing manipulation. Binges are accompanied by worry of weight gain and the preference to purge and, hence, atone for the energy consumed. Patients with BN typically weigh inside an everyday range, despite the fact that a few falls within the top or lower normal ranges. A lower body mass index (BMI; calculated as weight in kilograms divided by top in meters [kg/m²]) is frequently related to a history of AN. However, the percent- age of overweight and adiposity in BN has multiplied throughout recent years, rendering its remedy greater demand. Overweight sufferers with BN seek help for bingeing and purging further to weight reduction, which in turn may promote bingeing.^[7]

Bulimia nervosa commonly called bulimia. This is a serious, potentially life-threatening eating disorder. Bulimia is a disorder not a disease. When you are suffering from

bulimia, you have episodes of binge eating and purging that involve feeling a lack of control over your eating. It tends to start in late childhood or early adulthood. You usually tend to binge and purge in secret. There is the feeling of loathing and shame when you binge eat, and relieved once you get rid of it. People who suffer from bulimia usually weigh within the normal range for their age and height. But there are many who are afraid of gaining weight, want to lose weight, and feel very dissatisfied with their bodies, or body image.^[11]

Binge-eating disorder and Loss of Control of Eating

BED is characterized through episodes of binge eating related to the feelings of loss of manipulation, for example, consuming a large quantity of food in a discrete time frame but now not observed by purging behavior. BED commonly starts in childhood but may also already be standard in kids. In contrast to people with similar excessive BMI, people with BED often have excessive psychiatric comorbidities, especially temper and tension issues. In kids and teens, BED or any other form of disinhibited consumption often proceeds through loss of control of ingesting (LOC). LOC is described as eating with the related experience of being unable to govern the number of meals, no matter the size of the meal.^[7]

For the psychological Interventions Commonly Used in Treating Patients with Eating Disorder.

CBT: Focuses on figuring out relationships amongst mind, emotions, and behaviors; pursuits to reduce bad emotions and unwanted conduct patterns by converting negative mind about oneself and the sector. CBT may be added in various bureaucracy according to the extent of therapist involvement—e.g., from therapist engaged in all components of treatment (therapist-led CBT) to no therapist engagement (self-help CBT). In self-assist CBT, the patient follows a remedy guide or e-book, either with the help of a facilitator (e.g., Guided or

based self-assist) or alone. CBT can be tailored to the affected person through that specialize in tricky ingesting-related cognitions and behaviors.^[12]

D-CBT: CBT has historically been a face-to-face speaking therapy, bringing in a direct one-to-one courting among affected persons and therapists. It also has been validated that D-CBT may be furnished effectively as a set therapy, in big workshops, as a self-help bibliotherapy, or by means of phone.

Enhanced -CBT: CBT-E is known to enhance cognitive behavior therapy, and is one of the simplest treatments for ingesting problems. It is a “neuropsychological” cure for all forms of eating disease which includes anorexia nervosa, bulimia nervosa and binge eating. It evolved as an outpatient treatment for adults but is to be had as an in-depth model for day sufferers and in patients. When working with those who are not significantly underweight, CBT-E commonly entails an initial assessment appointment followed by 20 treatment classes over 20 weeks, per hour. CBT-E isn’t a “one-length-suits-all” treatment. CBT-E is a relatively individualized remedy. The therapist creates a specific version of CBT-E to heal the exact eating trouble for the adolescent who is receiving the remedy.^[13]

Family Based Treatment- CBT: FBT is the conceptualization of consuming problems, the nature of involvement of parents and the child/adolescent, the wide variety of medication team contributors involved and indicate the success. FBT is the leading endorsed empirically-supported intervention for children with eating problems. Data from randomized controlled trials imply that FBT works nicely with less than half of the mothers and fathers and children who are given the treatment.^[1]

METHODS

Articles were searched in the PubMed and Scopus databases, combining the terms 'children', 'adolescents', 'eating behavior', 'eating disorder', 'bulimia', 'anorexia', 'binge

eating disorder', 'CBT' in filtering with free full text only. Studies published till 2022 were retrieved and 6 articles that assessed eating disorders, comorbidities regarding ED and cognitive behavioral therapy were selected.

We used a population, interventions, and approach to identify studies that met our inclusion and exclusion criteria.

Inclusive criteria

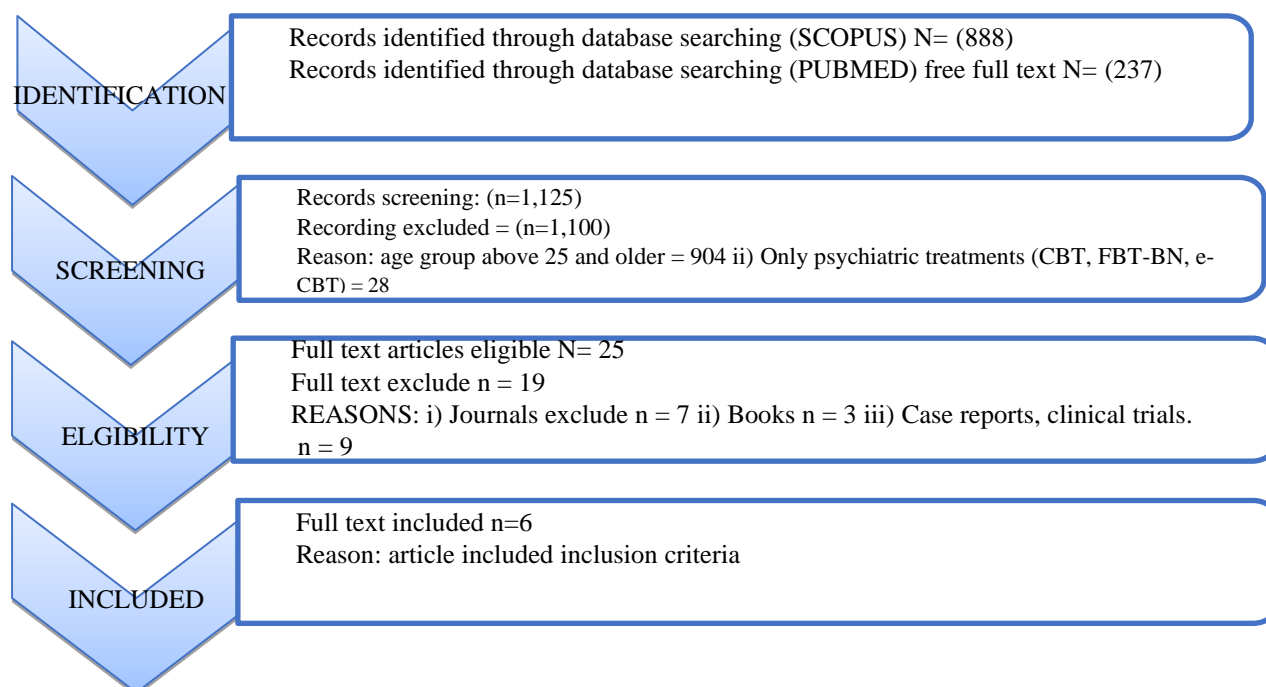
- i. age group (12-25 years old)
- ii. Clinical diagnoses of AN, BN, or BED according to Diagnostic and Statistical

Manual of Mental Disorders (DSM) versions IV

- iii. We measure weight-related behaviors (BMI, diet, physical activity, eating behaviors (binge eating), psychiatric treatments (CBT, d-CBT, e-CBT, FBT-BN
- iv. psychological comorbidities associated with ED (depression, anxiety, self-esteem, body image)

Exclusive criteria

- i. age group above 25 and older
- ii. population/sample with no ED.



RESULT

Apart from 1125 review articles, 6 articles were identified as potential references on the basis of inclusion criteria. From the total articles (6). Review article studies (2) were based on the examination and the risk factors of overweight and their modification in the ED. Review article study (1) paper was based on the risk factors associated with binge eating disorder. Remaining review article studies (3) were based on effectiveness of cognitive behavioral therapy and comorbid depressive symptoms

and self-estimate improvement after suffering from CBT, bulimia and anorexia in adolescents.

Out of 6 researched articles, Bulimia nervosa (BN) shows its presence in at least 4 of those articles. Hence, BN is the most common eating disorder among people.

Psychological therapy like CBT, D-CBT, FBT-BN, and E-CBT showed positive results on the eating disorder. Hence, it's a valid therapy for the range of eating behavior and its comorbidities.

FBT is considered to be an effective treatment for adolescent AN& BN.^[7] CBT and other individual psychotherapies for adults with BN have shown significant improvements in both depression symptoms and self-esteem with individual therapy^[1] We found that weight subject become the most shared threat element for purging, binge ingesting and obese among each male and lady teenagers. Among ladies, weight-reduction plan turned into a shared risk factor for purging, binge consuming, and obese. Two socio-environmental factors, weight-associated teasing by means of dad and mom and family meal frequency, had a shared effect on weight-associated issues.^[2] The digital CBT intervention become effective in lowering ED psychopathology, compensatory behaviors, depression, and medical impairment thru lengthy-time

period comply with-up, in addition to realizing remedy get admission to.^[5]

DEB changed into related to non-fitness-associated motives to exercise, consisting of aggressive sports, weight reduction, and frame popularity. Thus, early identity of younger men with DEB may additionally advantage from evaluating reasons to exercising in addition to evaluation of sedentary conduct and self-perceptions of perceived weight and health.^[6]

According to the knowledge of the neurobiology and psychological mechanisms underlying the development of these eating disorders, clinicians should intensify efforts to generate more effective treatment interventions for this age group, keeping in mind that outcomes may be influenced by early diagnosis and support.

Table no:1 Key findings of the analyzed studies

AUTHOR NAME	TITLE	SOURCE	SAMPLES	METHODOLOGY OF STUDY	ANALYZED VARIABLE	KEY FINDING
Fabiola Valenzuela, James Lock1, Daniel Le Grange and Cara Bohon1	Comorbid Depressive Symptoms and Self-Esteem Improve After Either Cognitive-Behavioral Therapy (CBT) or Family-Based Treatment for Adolescent Bulimia Nervosa (FBT-BN)	PubMed	n= 110 n=52 CBT-A n=58 FBT-BN	Randomized controlled study	Depressive symptoms and self-esteem in adolescents with BN	FBT-BN does not differ from CBT-A in improving depressive symptoms and self-esteem, and both treatments result in symptom Improvement. These findings can help clinicians guide families to choose a treatment that Addresses BN and depressive symptoms and low self-esteem. [1]
Jess Haines, Ken P. Kleinman, Sheryl L. Rifas-Shiman, Alison E. Field, and S. Bryn Austin,	Examination of shared risk and protective factors for overweight and disordered eating among adolescents	PubMed	n=6022 females n=4518 males	Prospective cohort study	Vomiting (purging), binge eating, and overweight.	Factors related to psychological, behavioral, and socio-environmental domains are the main effects on purging, binge eating, and being overweight. [2]
Michael Omiwole, Candice Richardson, Paulina Huniewicz Elizabeth Dettmer and Georgios Paslakis	Related Interventions to Modify Eating Behaviors in Adolescents	PubMed	n=236 articles	Cohort study	Healthy eating/the prevention of disordered eating, targeted prevention among high risk adolescents, targeted prevention among high risk adolescents, (BMI), (EAH),	Incorporating mindfulness to modify eating behaviors in adolescent non-clinical and clinical samples is still in the early stages, with a lack of data showing clear evidence of acceptability and efficacy. [3]

Table No 1 To Be Continued...						
Christopher G. Fairburn, Helen A. Doll, Sarah L. Welch, DPhil, Phillipa J. Hay, DPhil, Beverley A. Davies, Marianne E. O'Connor,	Risk Factors for Binge Eating Disorder	PubMed	n=360	Community-Based, Case-Control Study	Parental depression, vulnerability to obesity, and repeated exposure to negative comments about shape, weight, and eating.	BED is associated with exposure to risk factors for psychiatric disorder and for obesity. Pre-morbid perfectionism, negative self-evaluation, and vulnerability to obesity is characterized in those whom bulimia nervosa subsequently develops. [4]
Ellen E. Fitzsimmons-Craft, C. Barr Taylor, MD; Andrea K. Graham, PhD; Shiri Sadeh-Sharvit, Katherine N. Balantekin, Dawn M. Eichen, Grace E. Monterubio, Neha J. Goel, Rachael E. Flatt, MA; Anna M. Karam, Marie-Laure Firebaugh, Corinna Jacobi, Booil Jo, Mickey T. Trockel, Denise E. Wilfley,	Effectiveness of a Digital Cognitive Behavior Therapy– Guided Self-Help Intervention for Eating Disorders in College Women	PubMed	n=690 women	Randomized Clinical Trial	ED behavior frequencies, depression, anxiety, clinical impairment, academic impairment, and realized treatment access.	The digital CBT intervention was superior to usual care in decreasing ED psychopathology, compensatory behaviors, depression, and clinical impairment through long term follow-up, as well as in realized treatment access. [5]
Marjukka Nurkkala1,2,3*, Anna-Maria Keränen1,3,4, Heli Koivumaa-Honkanen5,6,7, Tiina M. Ikäheimo3,8, Riikka Ahola3,9, Riitta Pyky1,2,3,9, Matti Mäntysaari2 and Raija Korpelainen1,2,3	Disordered eating behavior, health and motives to exercise in young men	Scopus	n=(2,096) men DT- thinness (n = 114) BB -bulimic behavior (n = 77). No DEB (n = 1,951) the men had symptoms of disordered eating D-ED (n = 145)	Cross-sectional study	Thinness is associated with a perception of being overweight, poor self-related health, more leisure sitting time and body related exercise motives.	DEB was associated with non-health-related motives to exercise, such as competitive sports, weight loss, and body acceptance. The early identification of young men with DEB may benefit from evaluating motives to exercise in addition to evaluation of sedentary behavior and self-perceptions of perceived weight and health. [6]

Abbreviations

ED- eating disorder
 AN- Anorexia nervosa
 BED- Binge-eating disorder
 BMI- Body mass index
 BN- Bulimia nervosa
 DSM-5- Diagnostic and Statistical Manual of Mental Disorders, 5th edition
 CBT- Cognitive behavioral therapy
 FBT-BN - Family based therapy - bulimia nervosa
 DEB - Disordered eating behavior
 CBT-A - Cognitive behavioral therapy in adolescents

D-CBT - digital cognitive behavioral therapy
 E-CBT - enhanced cognitive behavioral therapy

DISCUSSION

We performed a review study focusing on the secondary clinical symptoms, i.e., depression and self-esteem, in adolescents related with the eating behaviors and psychological interventions such as cognitive behavioral therapy and its types. We discovered that weight challenge turned into the strongest shared danger factor for

overweight and disordered consuming amongst adolescents. Among females, we found that dieting, weight-related teasing, and family meal frequency had a shared effect on these weight-associated problems. Interventions that aim to prevent more than one weight-associated troubles need to test techniques that cope with those elements to determine if such efforts can reduce the high prevalence of overweight and disordered eating behaviors amongst adolescents with the help of family-based treatment.

CONCLUSIONS

Among the risk factors for eating disorders, social and family environment, health complications and the media were the most important ones. The influence of the media and social environment has been related to the worship of body image. As to family environment, mealtimes appeared to be underlying in shaping eating behavior and the development of disorders. Eating disorders were associated with nutritional problems, i.e., growing impairment and weight gain, oral health consisting of cheilitis, dental erosion, periodontitis, and hypertrophy of salivary glands, and social influence. Furthermore, cognitive behavioral therapy consists of enhanced-cbt, where it was quite helpful and heals the exact eating trouble for the adolescent who are receiving the treatment. Whereas the digital-cbt was effective as a set therapy, in big workshops, as a self-help bibliotherapy, or by means of phone, for the individuals. Family-based treatment- CBT successfully supported intervention for children with eating problems with the help of their family. When compared with the wide range of risk factors for bulimia nervosa, the risk factors for binge eating disorder are weaker and more circumscribed. Pre-morbid perfectionism, negative self-evaluation, and vulnerability to obesity appear specially to characterize those in whom bulimia nervosa subsequently develops. Apart from this, emerging research demonstrates that males with eating disorders have unique concerns with regards to disordered eating and body

image. So that in future research study should develop male-specific screening, treatment guidance, and interventions to improve health outcomes in this underserved population.

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