

EATING DISORDER

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WHAT IS AN EATING DISORDER

- Eating disorders are mental illnesses that cause serious disturbances in a person's everyday diet.
- It can manifest as eating extremely small amounts of food or severely overeating.
- The condition may begin as just eating too little or too much but obsession with eating and food over takes over the life of a person leading to severe changes.

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- Eating is a normal social activity but sometime may individual following eating habits and food pattern by abnormal way which might be caused some complications in their future life.

INCIDENCE: • The incidence and prevalence of eating disorders depends as always on the definition used and the population being considered.

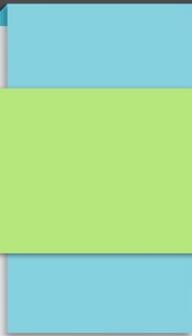
- The peak incidence of Anorexia Nervosa is around the age of 18. For the bulimia nervosa is slightly higher.
- Eating disorder affects all the socioeconomic levels.
- Anorexia nervosa has the highest mortality rate of any psychiatric disorder.
- The mortality rate for anorexia nervosa is 4% and bulimia nervosa is 3.9%.

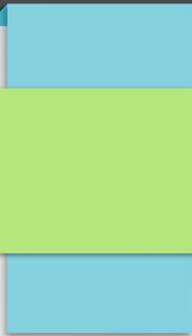
TYPES OF EATING DISORDERS :

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- Anorexia Nervosa
- Bulimia Nervosa
- Binge Eating Disorder
- Not Otherwise Specified (NOS)

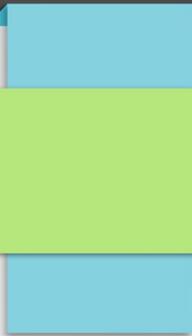
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- Causes
 - The exact cause of eating disorders is unknown. As with other mental illnesses, there may be many causes, such as:
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 - Genetics and biology. Certain people may have genes that increase their risk of developing eating disorders. Biological factors, such as changes in brain chemicals, may play a role in eating disorders.
 - Psychological and emotional health. People with eating disorders may have psychological and emotional problems that contribute to the disorder. They may have low self-esteem, perfectionism, impulsive behavior and troubled relationships.

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- Risk factors
 - Teenage girls and young women are more likely than teenage boys and young men to have anorexia or bulimia, but males can have eating disorders, too. Although eating disorders can occur across a broad age range, they often develop in the teens and early 20s.
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 - Certain factors may increase the risk of developing an eating disorder, including:
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 - Family history. Eating disorders are significantly more likely to occur in people who have parents or siblings who've had an eating disorder.
 - Other mental health disorders. People with an eating disorder often have a history of an anxiety disorder, depression or obsessive-compulsive disorder.

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- **Dieting and starvation.** Dieting is a risk factor for developing an eating disorder. Starvation affects the brain and influences mood changes, rigidity in thinking, anxiety and reduction in appetite. There is strong evidence that many of the symptoms of an eating disorder are actually symptoms of starvation. Starvation and weight loss may change the way the brain works in vulnerable individuals, which may perpetuate restrictive eating behaviors and make it difficult to return to normal eating habits.
 - **Stress.** Whether it's heading off to college, moving, landing a new job, or a family or relationship issue, change can bring stress, which may increase your risk of an eating disorder.

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- Complications
 - Eating disorders cause a wide variety of complications, some of them life-threatening. The more severe or long lasting the eating disorder, the more likely you are to experience serious complications, such as:
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 - Serious health problems
 - Depression and anxiety
 - Suicidal thoughts or behavior
 - Problems with growth and development
 - Social and relationship problems
 - Substance use disorders
 - Work and school issues
 - Death

- Prevention
- Although there's no sure way to prevent eating disorders, here are some strategies to help your child develop healthy-eating behaviors:
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 - Avoid dieting around your child. Family dining habits may influence the relationships children develop with food. Eating meals together gives you an opportunity to teach your child about the pitfalls of dieting and encourages eating a balanced diet in reasonable portions.
 - Talk to your child. For example, there are numerous websites that promote dangerous ideas, such as viewing anorexia as a lifestyle choice rather than an eating disorder. It's crucial to correct any misperceptions like this and to talk to your child about the risks of unhealthy eating choices.

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- Cultivate and reinforce a healthy body image in your child, whatever his or her shape or size. Talk to your child about self-image and offer reassurance that body shapes can vary. Avoid criticizing your own body in front of your child. Messages of acceptance and respect can help build healthy self-esteem and resilience that will carry children through the rocky periods of the teen years.
 - Enlist the help of your child's doctor. At well-child visits, doctors may be able to identify early indicators of an eating disorder. They can ask children questions about their eating habits and satisfaction with their appearance during routine medical appointments, for instance. These visits should include checks of height and weight percentiles and body mass index, which can alert you and your child's doctor to any significant changes.

- **ANOREXIA NERVOSA** • Anorexia is 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.

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- 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.

- Types of
- 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 ingesting a minimal amount that is well below their body's caloric needs, effectively slowly starving him or herself.

- ETIOLOGY:- • The main etiological factors are, • Biological, • Social and • Psychological factors are complicated in the cause of anorexia nervosa.
- RISK FACTORS:-
 - Accepting society's attitudes about thinness.
 - Being perfectionist.
 - Experiencing childhood anxiety.
 - Feeling increased concern or attention to weight and shape. • Having family history of addictions or eating disorder.
 - Having negative self-image.

- COMPLICATION
- • CVS – Bradycardia, hypotension, ECG abnormalities, myocarditis.
- • SKIN - dry skin, hair loss, etc.
- • ENDOCRINE – Amenorrhea, hypoglycemia, irregular menses, imbalance of LH.
- • FLUID AND ELECTROLYTE – dehydration, vomiting, alkalosis.
- • GI – constipation, esophagitis, hypertrophy.
- • HEMATOLOGICAL – anemia, leucopenia.

- EXAMINATION AND TESTS:- • 1. Complete physical examination including laboratory tests to rule out the endocrine, metabolic and central nerves system abnormality or other disorders.
- Complete blood testing, • - Hb level • - Platelet count • - Cholesterol level • - Calcium, etc
- ECG reading irregular. • 4. Thyroid function Tests. • 5. Urinalysis
- TREATMENT:- • The goats of treatment are to first restore normal body Weight and eating habits and then to address psychological issue. • A Hospital stay may be needed if ;
- • The person has lost a lot of Weight (Below 30% of ideal body Wright). • Weight loss continues despite treatment.
 - . • Medical complications such as heart rate problems, changes mental status and low potassium levels. • The person has severe depression or thinks about committing suicide.
- • Short term management aimed to ensure weight gain and correct nutritional deficiencies. • Long term treatment aimed to maintaining a normal weight achieved through a short term management
- –Other treatments may include. • Antidepressant drug therapy. • Behavioral therapy. • Psychotherapy. • Supportive care. • Cognitive behavioral therapy (CBT)

- NURSING MANAGEMENT: • Monitor the weight of client. • Correction of nutritional deficiency by providing nutritious diet.
- Eating must be supervised by the nurse and provide balanced, • In the early stage of Anorexia Nervosa the treatment is for patient to remain in bed in single room while the Nurse maintains close observation.
- • Eating must be supervised by the nurse and provide balanced diet of at least 3000 calories should be provided in 24 hrs. • The goal should to be achieving weight gain of 0.5 to 1 Kg. per week.
- • Monitor the serum electrolysis levels. • Control vomiting by making bathroom inaccessible for at least 2 hrs. After food.