

EFFECT OF ANOREXIA NERVOSA AMONG YOUTH

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ABSTRACT

Anorexia (an-o-REK-see-uh) nervosa-often simply called anorexia-is an eating disorder characterized by an abnormally low body weight, an intense fear of gaining weight and a distorted perception of weight. The suffering from anorexia nervosa pathologically thin, synonyms: anorectic lean, thin, lacking excess flesh a person suffering from anorexia nervosa. Anorexia nervosa a disorder characterized by fear of becoming fat and refusal of food, leading to debility and even death. Eating disorders can lead to serious illness and even death. Along with the lower body weight, girls with anorexia nervosa can lose their menstrual periods (amenorrhea). The loss of periods is associated with osteopenia early bone loss that can lead to painful fractures. It is an unhealthy way to cope with emotional problems, perfectionism and a desire for control. People with anorexia often equate their self-worth with how thin they are the condition usually develops during adolescence and is diagnosed with anorexia commonly have other mental health problems such as mood disorders or anxiety disorders symptoms include a bluish discoloration of the fingers due to a lack of oxygen. Eating disorders such as anorexia nervosa and bulimia nervosa are serious chronic conditions that are often underdiagnosed and not properly treated. The adolescent population is at an increased risk of developing eating disorders because of developmental changes affecting their perception. Youth need to be considered separately and differentiated from adult patients with eating disorders; the majority of physical complications in youth with an anorexia nervosa appear to improve with nutritional rehabilitation and recovery from the eating disorders.

Keywords: Anorexia nervosa, Youth, Psychological factors, Social factors, Behavioral factors, Counselling and therapy.

INTRODUCTION

Anorexia nervosa is an eating disorder in which a person intentionally limits the intake of food or beverage because of a strong drive for thinness and an intense fear of gaining weight, the perception of body weight and shape is distorted and has an unduly strong influence on a person's self-concept. It is not uncommon for people with anorexia nervosa to collect recipes and prepare food for family and friends, obsessions and anxiety about food and weight may cause monotonous eating rituals. These factors are sometimes divided into predisposing, precipitating and perpetuating factors. The diagnosis of anorexia nervosa has become more common over the past 20 years; anorexia nervosa not only affects individuals who have the diagnosis. The typical profile of a person with anorexia nervosa is an adolescent to young adult female who is perfectionistic, hard-working,

introverted, resistant to change and highly self-critical. Stress and negative mood by giving the person a sense of control in at least one area of her/his life. The sense of mastery and accomplishment is achieved as weight is lost and the different type of anorexia nervosa – Restrictive type: severely limits the intake of food and usually compulsively over-exercises. Binge/Purge subtype-eat large amounts of food in a brief period of time and then compensates by intentionally vomiting, taking laxatives exercising or fasting. Lack of sleep- There are two issues at work with sleep and weight gain, the odds are greater than you're doing some late-night snacking, changes in hormone levels increase hunger and appetite and also make you feel not as full after eating. Stress-life's demands get too intense, our bodies go into survival mode, control, the" Stress hormone, "is secreted, which causes an increase in appetite. This combination is a perfect breeding ground for weight gain, food becomes an obsession in anorexia, eat very small amounts of restricted foods, count calories, or weigh food before eating it. Anorexia nervosa may consist of nutritional rehabilitation and psychotherapy, including individual therapy (adolescent-focused therapy), family therapy (systemic family therapy) and residential treatment.

SYMPTOMS OF ANOREXIA NERVOSA

Physical signs and symptoms of anorexia nervosa are related to starvation, anorexia also includes emotional and behavioral issues involving an unrealistic perception of body weight and an extremely strong fear of gaining weight or becoming fat. Physical Symptoms-Extreme weight loss or not making expected developmental weight gains, fatigue, insomnia, dizziness or fainting, soft, downy hair covering the body, constipation and abdominal pain, low blood pressure, swelling of arms or legs and dehydration. Emotional and Behavioral Symptoms- Behavioral symptoms of anorexia may include attempts to lose weight, severely restricting food intake through dieting or fasting, frequently skipping meals or refusing to eat, fear of gaining weight that may include repeated weighing or measuring the body, lack of emotions, social withdrawal, irritability and denial of hunger or making excuses for not eating.

CAUSES OF ANOREXIA NERVOSA

It's probably a combination and environmental factors- Biological- There may be genetic changes that make some people at higher risk of developing anorexia. Psychological- Some people with anorexia may have obsessive-compulsive personality traits that make it easier to stick to strict diets and forgo food despite being hungry; they may have high levels of anxiety and engage in restrictive eating to reduce it. Environmental- Modern western culture emphasizes thinness; peer pressure may help fuel the desire to be thin, particularly among young girls. Complications- Anorexia can have numerous complications, hearts problem such as mitral valve prolapse, abnormal heart rhythms or heart failure, loss of muscle, depression, anxiety and other mood disorders, personality disorders, alcohol and substance misuse. The causes of anorexia nervosa are not fully understood, they may be genetic risk factors and a combination of environmental, social and cultural factors.

ANOREXIA NERVOSA EFFECT OF YOUTH

Disorders related to stress, poor nutritional habits, food fads and relatively common problems for youth, increase among teenager's girls and young woman and often run in families. A youth with anorexia nervosa is typically female and a perfectionist and a higher achiever in school, the point of serious damage to the body and in a small number of cases may lead to death. Young people of different genders may experiences different social pressures about how they should look, primary school-aged children are not immune to these pressures and their attitudes and behaviors reflect adult concerns. Accept and celebrates the diversity of peoples bodies-different body shapes and sizes including your own, role model appreciation and acceptance of your body, demonstrate healthy eating and a positive relationship with food and engage a physical activity for health. Body insecurity- youth can be a little self-conscious at one time or another, serious body image issues can be a

more serious problem. Skip meals- your teen frequently makes excuses like saying he already ate a friend's house- he may be skipping meals, crash dieting and fasting can be a precursor to an eating disorder. Excessive exercise- teens try to compensate for their food intake with excessive exercise, spending hours each day engaging in a cardiovascular activity or weight lifting. Picky eating- Disordered eating often starts with picky eating habits, tackling the fear foods level is called an exposure the same things for every meal may be on the path to a serious eating disorder. Restore weight and nutrition that has been lost to severe dieting and purging, treat any psychological disturbances such as distortion of body image, low-esteem and interpersonal or emotional conflicts, achieve long-term remission and rehabilitation or full recovery. Physical signs of an anorexia nervosa are sudden weight loss, gain or fluctuation in short time, complaints of abdominal pain, calluses on the knuckles from self-induced vomiting and frequent fatigue.

PSYCHOLOGICAL FACTORS OF YOUTH

Anorexia is a mental disorder characterized by fear of weight gain in which the individual limits food intake to the point of near starvation in order to remain thin, several psychological effects of anorexia and common comorbidities associated with it. Mental illness, anorexia has various psychological effects on the individual suffering from this disorder, anorexia may be responsible for the development of these psychological reactions, Common psychological effects associated with anorexia are anxiety, depression, substance abuse, body dysmorphia and obsessive-compulsive disorder. Self-worth is important to help children and young people cope with life pressures. Emotional and mental effect of anorexia nervosa among youth an intense fear of gaining weight, being very self-critical, fear of certain foods or food groups, feeling a strong desire to be in control. Adolescence is a crucial period for developing social and emotional habits important for mental well-being. These including adopting healthy sleep patterns, exercise regularly, developing coping, problem solving and interpersonal skills and learning to manage emotions. WHO works on strategies, programmes and tools to assist governments in responding to the health needs of adolescents. Many people use food as a coping mechanism to deal with such feelings as stress, boredom or anxiety or even to prolong feelings of joy, psychological triggers for anorexia nervosa- low self-esteem, feeling of inadequacy or lack of control in life and loneliness. Interpersonal factors- Troubled family and personal relationships, difficulty expressing emotions and feelings and being teased or ridiculed based on size or weight.

SOCIAL FACTORS OF YOUTH

A person's struggle with anorexia nervosa can come with a broad set of challenges, these may include difficulties with self-esteem, debilitating physical symptoms and social isolation, the impact of anorexia on a person's social life can be devastating. Social influences are cultural pressures that glorify thinness and place value on obtaining the perfect body, magazines, television and other media have created an unrealistic image of the perfect and successful person. Anorexia as compulsive avoidance of giving or receiving social and emotional nourishment. Perfectionism an intolerance for imperfections in academics, eating social life and may overvalue self-sufficiency, creating a reluctance to ask for help. Social life can be difficult for people with an eating disorder, develop eating disorders to spend more time alone, harmful thoughts or low self-esteem worse, socializing often involves eating with others, social situations and events become less important to the person as their weight loss efforts take priority, substantial amount of their effort focused on losing weight. Emotional disorders are common among adolescents commonly emerge during adolescence and young adulthood, behavior and preoccupation with food. Social or environment risk factors in the development of an anorexia nervosa being teased or bullied, including appearance or weight-related bullying, high expectations from family and others must be met and frustration nothing they do seems to make things better.

BEHAVIORAL FACTORS OF YOUTH

Behavioral symptoms of anorexia nervosa may include attempts to lose weight severely restricting food intake through dieting or fasting, exercising excessively, bingeing and self-induced vomiting to get rid of food. Mealtime rules or rituals observe rigid dietary rules or chaotic food intake, hoarding food or refusing to eat food, avoidance the lunch cafeteria, work through lunch or eat alone, compulsivity behavior like compulsive handwashing, hoarding repetitive movements/speech and for long periods with an obsessional attitude or exercising excessively every day. Negative or distorted self-image, fear of eating in public or with others, unusual food rituals and social withdrawal. Extreme need to control eating is the central features of the disorder and western societies a tendency to judge self-worth in terms of shape and weight is superimposed on this need for self-control.

COUNSELLING TECHNIQUES

Nutritional counselling is referred to as nutritional or food counselling is a form of eating disorder treatment that is part of comprehensive, interventions, talking therapies, family therapy and other treatment methods. Counselling to achieve positive outcomes in patients by improving relationships with attitudes towards food and eating. Nutritional therapists or counsellor are essential members of a multidisciplinary clinical team treating people with anorexia nervosa. Psychological, physiological and neurobiological aspects of eating disorders, nutrition counselling for anorexia nervosa will focus on the person as a whole, as well as emotional dysregulation, weight restoration, body-weight maintenance and developing of neutrality towards. Nutritional counselling is a strategy to help treat anorexia that involves the teaching healthy approach to food and weight, normal eating patterns, teaching the importance of nutrition and a balanced diet and restoring a healthy relationship with food and eating These several benefits of nutrition counselling are: Improved digestion and gut health: Nutrition counselling can improved digestion and nutrient absorption in patients with anorexia nervosa by promoting healthier eating habits. Reduced fatigue and increased energy levels: Adopting a balanced diet allows the body to stabilize blood sugar levels and which can increase energy levels. Mental health counselling can include individual group and family therapy is a really important element in the recovery process and emotional or behavior is support from a navigate this process and this is powerful form of support this counselling techniques.

THERAPY

Psychological and physical problems treatment team should include a mental health professional and a primary care doctor and successful treatment usually includes regular therapy, nutritional counselling. Various type of therapy can be used in the treatment of anorexia nervosa are: **Psychotherapy**- Psychotherapy is a type of individual counselling that focuses on changing the thinking (cognitive therapy) and behavior (behavior therapy) of a person with an eating disorder. **Cognitive behavior therapy**- **CBT** is talking therapy that can help you manage your problems by changing the way you think and behave. CBT-E to identify the thought patterns and beliefs that contribute to your anorexia nervosa, CBT is used for a variety of mental health conditions and receiving CBT for anorexia nervosa experience improvements in other related symptoms like depression and anxiety, re-establish regular healthy eating, restore their weight and address any emotions and behaviors that are keeping the anorexia nervosa, drawing shapes or performing motions with your dominant and nondominant hand and reading and summarizing increasingly difficult messages. **Family based therapy (FBT)** - FBT approach is rooted in aspects of behavioral therapy, narrative therapy and structural family therapy. FBT session usually involve the entire family and include at least one family meal in the therapist, opportunities to observe the behaviors of different family members during a meal and to coach the parents to help their child eat. Maintaining healthy eating patterns, restoring and maintaining a healthy weight and

interrupting unhealthy behaviors such as binge eating or purging. **Dialectal behavior therapy (DBT)** - DBT focuses on managing difficult emotions with DBT skills to change the behaviors associated with anorexia nervosa to build interpersonal skills, emotional expression, flexibility and openness, coping with feelings of distress and encouraging mindfulness. Treatment of anorexia nervosa involves nutritional rehabilitation to normalize weight and eating behavior, with particular emphasis on emotional awareness and assertive communication skills. **Art therapy**- This type of psychotherapy utilizes art media as the creative outlet and main instrument for communication as well as therapeutic healing of patients struggling with anorexia nervosa and various art forms such as drawing, sculpting and clay masking. **Dance/movement therapy**- Dance is also used as a form of therapy by serving as a unique channel for self-expression dance therapy for eating disorder like anorexia nervosa usually includes guided movements. **Interpersonal psychotherapy (IPT)**- IPT is a popular and evidence based therapy originally designed to help patients with depression, it has been included in the treatment plan of anorexia nervosa like it enables patients to deal with symptoms related to their social relationships. **Acceptance and Commitment therapy (ACT)** - ACT was developed to improve the mental flexibility of youth with anorexia nervosa through acceptance and mindfulness as well as commitment and behavior- changing techniques. Improve the quality of life experienced by persons with anorexia nervosa, decreasing emphasis on weight and focusing on the balance between energy input and output can be useful having healthy adult role models, body shape or size, dieting, fat or losing weight is helpful.

CONCLUSION

Anorexia nervosa are among the common illness that effect adolescents across the world. Anorexia nervosa are caused by a combination of biological, psychological and environmental factors, anorexia nervosa is a complex psychological condition that is accompanied with a high morbidity and mortality risk. Psychological mechanisms that contribute to and maintain anorexia nervosa, predisposing factors include genetic susceptibility and stressful early childhood experiences. Psychological and social factors usually play a triggering role in the onset of symptoms. Treatment of anorexia nervosa is a long and challenging process for youth and health professionals. A multidimensional treatment provided by a multidisciplinary team in a specialized unit is fundamental for efficient treatment outcomes, impatient treatment can be required in severe cases, nutritional therapy is an important part of anorexia nervosa, psychotherapy is the leading factor in treatment , adults with anorexia nervosa have a good chance of achieving recovery or at least a substantial improvement in symptoms. CBT is an alternative to family-based interventions, a range of other anorexia nervosa specific psychotherapy approaches is presented and biopsychosocial factors in order to improve treatment and prevention.

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