

What is anorexia nervosa?

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Generally speaking, Anorexia nervosa, which is oftentimes called Anorexia, is classified by possessing a significantly low body weight with an extreme phobia of gaining weight. Correspondingly there are two forms of anorexia nervosa that an adolescent can come face to face with within their lifetime.

One is the restricting diet, which is when food is consistently removed from a person's normal eating habits additionally there is binge eating which is when the person indulging in the disorder chooses to make themselves eat excessively to feel full then throw it all up hours later. Typical symptoms of the disorder are restrictive behaviors, purging, excessive exercise, constant weigh-ins, eating alone and frequent trips to the restroom after eating.

When the person who chooses to be anorexic starves themselves, they can end up in a starving critically ill state due to muscle loss around the heart, low protein, and blood pressure abnormalities. Given these points, “ anorexia nervosa can be a life-threatening eating disorder, killing 5. 6% of patients for every decade they remain ill, after three years, the risk of the disorder maturing into a chronic illness increases and treatment will become less effective” (HarvardMentalHealthLetter, 2011).

“ Most retrospective age-of-onset research infers that eating disorder typically commence early in adolescence or young adulthood” (Nagl, M., Jacobi, C., Paul, M., Beesdo-Baum, K., Höfler, M., Lieb, R., & Wittchen, H.-U., 2016). “ Anorexia nervosa was interjected into the nineteenth-century medical literature as an overwhelmingly female disease” (Hepworth, J., 1999).

" As such, an important analysis of nineteenth-century medical literature includes examining the social condition of women, and particularly middle-class caucasian women, who matched the most universal social group to be diagnosed with anorexia nervosa during this point" (Hepworth, J., 1999).

" Throughout the latter half of the nineteenth-century, women's lives were largely determined by societal expectations that they would take up their 'native' domestic positions as wives and housemothers" (Hepworth, J., 1999).

" Women, as depositories of the feminine, were not assumed to possess 'rational' knowledge and were thereby constructed through concepts that related to the explanation of 'irrationality'" (Hepworth, J., 1999). "

Anorexia nervosa provides one example of such an interpretation, the construction of anorexia nervosa and diagnostic practices are also an example of social processes that had serious implications for limiting the representation of women and became functional in maintaining women's subordination" (Hepworth, J., 1999). " The advancement of anorexia nervosa and diagnostic applications are also an illustration of social processes that had severe indications for narrowing the representation of women and became functional in maintaining women's subordination" (Hepworth, J., 1999).

In America at least 30 million Americans will suffer from an eating disorder in their lifetime (Eating Disorder Coalition, 2016). Majority of the people suffering from an eating disorder are women due to the high demand of being perfect by the other sex. " Woman who suffer from anorexia nervosa start out at ages as early as 13 years old before they start their menstruation, in some cases these teens won't even experience their first

menstruation due to amenorrhea which stops bleeding due to low body weight" (Nagl, M., Jacobi, C., Paul, M., Beesdo-Baum, K., Höfler, M., Lieb, R., & Wittchen, H.-U., 2016).

Although women have taken the lead in the disorder men have become familiar with the disorder. Men and women in the overall population fight with low self-esteem year-round which can cause the onset symptoms of anorexia nervosa, " baseline lifetime prevalence for any threshold eating disorder were 2.9 % among females and 0.1 % among males" (Nagl, M., Jacobi, C., Paul, M., Beesdo-Baum, K., Höfler, M., Lieb, R., & Wittchen, H.-U., 2016). " In the past, an increasing body of studies have examined the prevalence and incidence of eating disorders in the overall population" (Nagl, M., Jacobi, C., Paul, M., Beesdo-Baum, K., Höfler, M., Lieb, R., & Wittchen, H.-U., 2016).

" The diagnosis for anorexia was based on the DSM-IV. The DSM-IV is how we determine mental disorders, stress, anxiety and other abnormal disorders in psychology. "(Hooley, J. M., Butcher, J. N., Nock, M., & Mineka, S., 2017). Inquiries about the consistency of binge-eating, vomiting, and laxative application are taken into account (Gross, J., & Rosen, J. C., 1988). For most teenagers and developing adults, the emotional discomfort of low self-esteem is only brief but for some, low self-esteem can develop into lifelong problems. Low self-esteem has been linked with depression, anxiety, obesity, delinquency, suicide and anorexia nervosa.

In our adolescent years, we are more likely to come face to face with an eating disorder because our bodies are undergoing puberty, during puberty you will notice internal and external changes. Internally adolescents may feel

conflicted in ways they cannot explain. during these years we are learning what is acceptable in the world and what is not acceptable, as our body image. Magazine covers, television shows, commercials, and our social life can affect the way we love our bodies when we see being thin is always highlighted as being beautiful. Externally our body shape is either elongating and becoming thin or becoming short and wide, being thin is what we long for because this is what we deem beautiful although drastic measures are taken to become thin.

The manifestation of anorexia nervosa will start with a sudden interest in certain food groups, adolescents will begin removing food from their everyday routines or will consider becoming vegan or vegetarian. Parents may grow concerned when they see that their adolescent is having an unexpected interest in dieting. This concern will rise because dieting in adolescent years is rather rare, adolescents seem to eat more because of their growing bodies and high metabolisms so an unexpected yearn for a diet will be disturbing Another change that parents may notice is the adolescent will become quite irritable, a simple comment can make the adolescent upset causing friction amongst the parent and adolescent.

When the adolescent starves, the body is low on food which provides energy and sensible thinking the brain becomes agitated. Lastly, another sign of anorexia nervosa manifesting is the way the adolescent begins to dress. As the body is slipping into a thin appearance, the adolescent will start to see the drastic change but will still be blind to the fact that they are killing themselves slowly. To keep the process going without others intervening, the adolescent will start to wear baggy clothes to hide their thin appearance

from those who knew of their appearance before. Anorexia nervosa is not only a psychiatric disorder, but it can hold a metabolic component.

“ Over the past decade, considerable advances have been made in understanding genetic influences on eating pathology, eating disorders aggregate in families, and twin studies reveal that additive genetic factors account for approximately 40% to 60% of the liability to anorexia nervosa, bulimia nervosa, and binge eating disorder" (Trace, S. E., Baker, J. H., Peñas-Lledó, E., & Bulik, C. M., 2013). "" Molecular genetics studies have been undertaken to identify alterations in deoxyribonucleic acid sequence and/or gene expression that may be involved in the pathogenesis of disordered eating behaviors, symptoms, and related disorders and to uncover potential genetic variants that may contribute to the variability of treatment response" (Trace, S. E., Baker, J. H., Peñas-Lledó, E., & Bulik, C. M., 2013) .

An individual's family is always said to be the blame in their adolescent's disorder but this is not always the case unless it is genetic, families do not always affect a teen's body image but families are always affected by the adolescent's body image when they are struggling with anorexia nervosa. If anything, " an individual's family commitment in their recovery process can go a long way, family-based therapy includes principles of the Maudsley method, a technique developed in England that emphasizes family involvement" (Harvard Mental Health Letter, 2011).

In the final analysis, " therapists reassure parents they are not to blame for the eating disorder, the therapist encourages parents to assist their child to eat and encourage them to gradually give the child more autonomy over

meals" (Harvard Mental Health Letter, 2011). In any event, " therapists will work with the adolescent to build autonomy, self-reliance, and assertiveness, although they also encourage parents to participate periodically in family therapy" (Harvard Mental Health Letter, 2011). In conclusion to my research, I learned more about anorexia nervosa than I thought that I would. Before my research, I knew about the symptoms, progression and therapeutical procedures of Anorexia nervosa but the research project was still informal and interesting to learn.