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Introduction

Eating disorders are among many medical conditions that affect human beings and greatly interfere with their health. They are described as disturbances in eating behavior and are usually marked by two extremes such that a person may be taking extremely small or large quantities of food (National Institute of Mental Health, 2009). They are usually accompanied by feelings of distress or great concern of body weight and shape. Studies of National Institute of Mental Health indicate that though at times a person may be eating normally, sometimes one may experience an uncontrollable urge to eat more or less food (2009). The disorder may affect people of all ages but high prevalence is recorded during adolescence and early adulthood. As much as they are treatable, effective treatment has not been identified for the chronic types. Moreover, the underlying behavioral, biological, psychological and social causes have not been identified. With that background in mind, this paper shall discuss more about eating disorders since they are on the increase and focus on the growing trend.

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Examples of Eating Disorders

It is important to get an overview of some eating disorders and their characteristics to be able to understand their growing trend. According to the National Institute of Mental Health (2009), anorexia nervosa and bulimia nervosa are the main types of eating disorders. However, there is a third group of eating disorders usually referred as eating disorders not otherwise specified (EDNOS). The category of EDNOS contains disorders that are almost similar to anorexia nervosa or bulimia though they present different characteristics. For instance, binge eating is usually classified under the third category and is almost similar to bulimia nervosa. There are usually gender variations in eating disorders since women are affected more than men.

People suffering from anorexia nervosa are usually emaciated and thin. They are mostly reluctant to maintain the normal healthy body weight and have a distorted body image. Due to low body weight, women and girls suffer from lack of menstrual periods. Anorexia nervosa patients usually practice weight control measures such as excessive exercise, dieting, induced vomiting, use of diuretics and laxatives. Individuals suffering from bulimia nervosa are characterized by eating extremely large amount of food at different episodes. However, to compensate for the high amounts of food eaten, they usually engage in behaviors such as fasting, exercise, vomiting and use of laxatives.

In most cases they co-exist with other disorders such as anxiety, despair or drug abuse (Nagle 84). People suffering from eating disorders are more likely to suffer from complicated diseases such as heart or kidney failure which could be fatal.

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Anorexia

Anorexia is a both eating and psychological disorder that is initiated as a person begins to diet in order to lose weight.

The desire to become thinner drives the individual to continue with the restrictive eating which is most often accompanied by other behaviors that would enhance weight loss. Too much exercising and overuse of drugs are the most used ways of losing weight. Individuals may even go to the point of starving themselves just to feel the power of control over their bodies.

Anorexia is characterized by low levels of body fats which lead to alteration of body shape.

Both girls and women may experience loss of their menstrual periods due to the drastic change in diet and/or amount of food taken. Affected individuals also have a strong fear to put on weight and this makes them have an uneasy eating habit. People with anorexia seem to pay more attention to food and weight control and they usually weigh themselves more often than those who are not. Though anorexia has no definite causes, genetic composition may determine the vulnerability of a person to develop this disorder. Another possible contribution is a dysfunction of the hypothalamus in one's brain. Other factors that are risky to anorexia development are poor feeding habits and general under eating as infants as well as maternal depression. Individual negativity and the desire to be perfect can result to the development of anorexia (Poppink 1).

A person with anorexia disorder may be treated as an outpatient or may be hospitalized in case of organ dysfunction resulting from severe weight loss.

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In such cases the treatment should begin in correcting the malnutrition and this should include feeding the patient by tubes that go through the mouth. Increased eating schedules and social activities accompanied by a decrease in physical exercise can contribute largely to weight gain. The treatment of anorexia may require more focus on psychological and medical attention than on weight gain. It is therefore necessary to get medical provision and diet advice. Psychological therapy is also very important either as an individual or as a group or family. Weight management by a nutritionist is recommended as a healthy alternative to weight loss. Any suitable treatment should deal with self control and most importantly, self esteem to help the individual to accept how he/she is in order to live a healthy life both emotionally and physically.

Bulimia

Bulimia is an eating disorder that is different from anorexia in that a person develops frequent “ eating habits and at large amounts than usual” (Derenne 27). The person also feels that he/she lacks the power to control the over eating. Surprisingly, this over eating is accompanied by certain behaviors for compensation, such as exercising excessively, induced vomiting and fasting.

Just like anorexia, people with bulimia have a constant fear to gain weight and are so desperate to lose it. Because of this, they are very much unhappy about their body form and size. Bulimia disorder is often accompanied by mental illnesses such as anxiety, depression or abuse of drugs. There are physical complications that result from the frequent vomits in people with bulimia, including gastrointestinal problems and oral-related problems. In <https://assignbuster.com/introduction-patients-usually-practice-weight-control-measures-such-introduction-such-as-heart-or-kidney-failure/>

some cases, bulimia development is related to gene composition hence can be inherited. Another very important factor determining the development of bulimia is culture (Jennifer 2). For example, in the modern society, there is the pressure to become thin and this can influence people greatly especially those that want to be accepted in a certain society.

Bulimia has some long time complications occurring as a result of the habits that an individual develops in order to compensate eating. They include chronic inflammation of the throat and swelling of neck and jaw glands as a result of frequent vomiting. Wearing out of tooth enamel and teeth decay may also occur due to contact with stomach acids during vomiting.

Another severe effect of vomiting in people with bulimia is dehydration due to clearing of fluids (Dryden 1). The treatment for bulimia depends on an individual and requires a combination of therapies which include nutritional advice, psychological counseling to establish healthy eating habits as well as medical treatment especially in patients who have developed serious health complications. Antidepressants are recommended to help bulimia patients who have been depressed and/or anxious. Treatment of bulimia in many people is done in steps and should therefore be started early enough to increase the chances of the patient to recover.

Compulsive overeating

Compulsive overeating is an eating disorder where a person becomes literally addicted to food and uses food as a tool to control his/her emotions. Whenever they have problems or are stressed, people with compulsive overeating turn to food to console and control themselves.

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They use food to make them feel safe and in some kind of control. Unlike bulimia, people suffering from compulsive overeating do not try to get rid of the extra food they eat. They end up eating large amounts of food repeatedly without purging and with time they gain a lot of weight and become obese. They feel shame for being overweight with general lack of self-esteem and this causes them to turn to food in order to deal with such emotions.

They end up repeating this cycle over and over again. Unlike anorexia, compulsive overeating is common in both men and women. The psychological problems that may result to food addiction include misery and pressure, tiredness due to overworking, anxiety and sadness. These problems make people develop behaviors such as eating even when they are not hungry, hiding themselves when they are eating, eating faster than usual, inability to stop eating no matter how full they are, embarrassment over eating in the presence of other people. Some may even go to the extreme of eating uncooked food. Just like any other eating disorder, “ compulsive overeating may cause other health problems” (McDonald 31).

The complication of these problems is determined by the duration during which a person has had an eating disorder and how severe the disorder has been. Compulsive overeaters are at high risks of suffering from heart problems, kidney failure, high blood pressure and even stroke. The stomach may rupture and bones weaken in extreme cases of compulsive overeating. Compulsive overeating treatment should aim at psychological and emotional therapy since this disorder is a result of mental problems and depression.

Counseling programs are also important to help compulsive eaters learn <https://assignbuster.com/introduction-patients-usually-practice-weight-control-measures-such-introduction-such-as-heart-or-kidney-failure/>

better and healthy ways of dealing with stress and other problems in life. Dealing with depression alone cannot completely end this disorder; clinical signs of depression should be treated medically as well. An effective program on weight loss, therefore, should consist of a good diet, change in lifestyle, nutritional advice, medication if necessary and support.

Primarily, compulsive overeaters are treated with antidepressants which are as effective as psychological treatment in behavioral therapy. Conclusion Eating disorders are very serious mental situations. The affected individuals are obsessed with eating and are more concerned about their physical appearance to the extent of allowing themselves to suffer and risk their health in the long run due to poor diet. Eating disorders take decades to treat; treatment should therefore start as early as the disorder is diagnosed. Recovering from eating disorders involves long-term changes and professional assistance as well as support from family and friends is necessary.

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