

# Research based on the literature review

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This study sought to explore the causes of binge eating disorder, its signs and symptoms, consequences and the possible treatment interventions. The findings are outlined below: Causes of Binge Eating Disorder According to existing literature, more than half of the victims of binge eating disorder suffer from depression.

Therefore depression, added to stress exposes one to great risk of becoming a victim of binge eating disorder. Poor dieting like meal skipping contributes greatly to binge eating disorder. Binge eating disorder is also caused by biological factors. Such factors include body metabolic processes and chemicals. The neuro-receptors that cause arousal and motivation for food can result into over-eating leading to the development of binge eating. Genetic inheritance is also a contributing factor in this eating disorder.

Signs and Symptoms of Binge Eating Disorder Eating of large quantity of food in a short span of time is one of the indicators of binge eating disorder. In some rare occasions, the victims of binge eating disorder may develop sudden like or dislike for particular foods or meals. The onset of such uncommon eating patterns point out to the possibility that one is suffering from binge eating disorder. Such uncommon eating disorders quickly translate into fluctuations in body size and weight. This is yet another indicator of binge eating disorder.

Risk Implications of Binge Disorder The consequences of binge eating disorder include high blood pressure, risky cholesterol levels, coronary diseases resulting from elevated triglyceride levels, diabetes and gallbladder disease. This can easily result into obsessive compulsive disorder. Research

**Methodology** The research will apply both qualitative and quantitative procedures of data collection, analysis and presentation. **Participants** The participants in this study will include parents with adolescents suffering from binge eating disorder. Specifically the research will target adolescents and young adults aged between 13 and 26 years.

Therefore the data will be collected from the victims of the disorder as well as the parents and caregivers. Therapists will also be involved in this study. This will help to establish health implications of the disorder and the therapeutic approaches applied in the treatment of this disorder.

**Instruments** The study will involve use of questionnaires in data collection. The questionnaires will be delivered in-person during the study.

Diaries kept by therapists on the number of reported cases of binge eating disorder that are dealt with in the research area will also be reliably used as a source of information. Interviews and interview schedules will also be relevant in the collection of the data in this study. This will help in the verification of the data collected through other collection tools. **Research Design and Procedure** Since the study will be quantitative and qualitative in nature, the research design will be inclusive of both the quantitative and qualitative procedures. After the review of the relevant literature, this study will proceed to another stage of collecting data to establish the accuracy of the current literature and to build on the already existing information about this disorder. The study will involve observation of the eating habits of the binge disordered teenagers and young adults.

Qualitative techniques such focus group discussions with adolescents and parents will be used in data collection. All the participants in the study will be required to give their consent before being involved in this study by signing the consent form. Data analysis process will be done along the key thematic areas of the study. These include the causes, signs and consequences of binge eating disorder. The findings of the study will be presented through the use of graphs showing the variance in vulnerability according to age. This will help in establishing the correlation between age, eating habits and health complications associated with binge eating disorder.