

Good essay about secondary prevention and behavior change

[Health & Medicine](#), [Nursing](#)



For as long as, I can remember I have a problem with binge eating. The whole of my family is plus sized and, as a result, more than a fair share of them have had problems with the weight related diseases. To avoid the same path that they have been on, knowing that I was genetically predisposed to suffering the same fate, I have been watching, perhaps excessively, what I have been eating. By being excessive in this practice, it means that I might have done more harm than good to my body. I have been hitting the gym at every little opportunity that comes my way. I have spent countless hours counting calories that I intake and sometimes it goes to the extent that I avoid food altogether. Avoiding food for days on end has led to uncontrollable, unhealthy binging habits that have put me on the very path that I have been trying to avoid in the first place. The reason for the weight gain makes much more sense now than it did in the past. I avoid food at the recommended times; breakfast, lunch and dinner whenever I can, this causes me to feel some level of hunger. Then I go work out at the gym whenever and as much as I can, the energy that I use at the gym consumes whatever little energy that I have and increase the hunger levels that I had before going to the gym. After several repetitions of this routine, my body cannot handle the hunger; this is characterized by extremely low energy levels, dizzy spells and in some extreme cases lack of consciousness. After the hunger is more than I can handle, I eat whatever is within grasp in unhealthy amounts. This is often fast foods that are infamous for their unhealthy characteristics. Consumption of fast foods that are high in sugars and fats leads to weight addition, and the vicious cycle is repeated.

This problem of binge eating and its repercussions could be avoided with

modification in lifestyle. One of the methods in which the problem can be avoided all together is to change dietary patterns. This could be done by eating several small meals a day. This could ensure I am never hungry enough to binge, therefore, having control of what I eat. This method sounds feasible, but it is not an option for me. With my busy schedule in school, and meals that are provided at opportune times during the day, it becomes more difficult to control my meal intervals and therefore my hunger pangs.

Scheduling several small meals a day has demonstrated to be more difficult than formerly anticipated and therefore futile in its entirety.

Another solution to my problem of bingeing could be stress control. As is often the case, sudden changes mood from positive to negative has led to me craving sugary and fatty foods. Moods such as depression, anger and anxiety have been demonstrated to lead to uncontrolled bingeing. It, therefore, makes sense that being able to control my moods could effectively lead me to controlling my eating habits.

One of the methods that one can manage bingeing caused by changes in moods is therapy. Research shows that there are several therapeutic methods that can be used to treat or in the very least manage binge eating disorders (Hilbert, 2013). These therapeutic methods are Cognitive Behavior Therapy (CBT) and Interpersonal Therapy (IPT) therapeutic methods are they remain to be by far the best methods of managing therapeutic eating disorders for those patients that overvalue body shapes and weight (Hilbert, 2013). The reason that these two methods are so prevalent is because they show the highest levels of remission for patients with psychopathic tendencies concerning binge eating.

CBT is an evidence based treatment for adults who have eating disorders. This method uses an individual's personality i. e. thoughts emotions and behaviors to developing a healthier way of life. This method is uniquely suited to treat eating disorders since it provides platforms for individual and group therapies for any stage that the eating disorder is at.

The study showed the efficacy of CBT on binge and other eating disorders on both the short term and long term. The study consisted of three measurements for accuracy. These measurements were a baseline measurement and two follow-up measurements. This follow-up measure was taken after five years after the initial CBT treatment so as to show the long term effects of the therapy.

In this specific study, 60 adults of age 12 to 20 years of age and meeting the criteria for binge eating disorders were used. They were subjected to four months of CBT using an observer-blind design. Three treatments were used, and they include; baseline treatment, mid treatment and post treatment. Follow ups for the participants would be after four months and six months after the treatment. The primary endpoint expected are reduced episodes of binge eating. Secondary endpoints include participants' psychopathology, quality of life and self-esteem.

The trial will help determine the long term and short term effects of CBT on binge eating on adolescents. The patients have to be 12 to 20. They have to be diagnosed with binge eating disorders. The participant has to have participated episodes of binge eating for at least two days in a week for the last six months or one episode of binge eating per week for the last three months. The patient has to have passed all the criteria for binge eating

disorder. Since the participants are adolescents, they must have parental consent.

The study was approved by the Ethical Committee of the university of Leipzig Medical Center.

The participants are screened via phone. Upon passing the patients, are invited to the facility with a parent or guardian for consent. After everything is approved, the patients will proceed with testing mechanisms. The treatment then continues for four months after a waiting list of four months. The treatment was invented to target psychopathology and maintain Binge Eating Disorder factors. Recovery and improvement by the participants is based upon other trials that determine the efficacy of CBT for treating binge eating. This treatment was different from the treatment of adults on several aspects. These include; less complexity, less cognitive functions, more age-specific monitors and more autonomous motivation. This parameter would ensure that the participant have a higher chance of staying throughout the process.

The participants will undergo three phases. The first one is initial treatment phase which involves motivating the patient. The second phase is more intense which include modifying eating behavior, evaluating body image and managing stress. The third phase is the management phase in which the participants are followed up to ensure that they do not regress after the treatment.

The primary outcome will measure the number of binge eating episodes that occur in a period of 28 days after the four-month treatment. This is different from the adult version where the number of binge eating episodes after the

treatment is subtracted from the number from post treatment. This method does not work with the adolescent participants since there is a large variance in binge eating episodes between adults and adolescents. The secondary outcomes measure the number of binge eating disorder after two months of treatment.

Therapy to treat eating disorders will not interfere with my schedule since its timing can be managed, and it will give me the desired discipline necessary to get through the problem. This treatment is also specifically designed for my age group, and the expected results are what I have been trying to achieve all along. It is something that I am willing to incorporate.

References

Hilbert, A. (n. d.). Cognitive-behavioral therapy for binge eating disorder in adolescents: Study protocol for a randomized controlled trial. *Trials*, 312-312.