



Overview on Anorexia Nervosa: An eating disorder

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ABSTRACT

Anorexia nervosa is a serious mental disorder with a characteristic appearance. It can affect people of all ages, genders, sexual orientations, races, and ethnicities, but it is especially dangerous for adolescent girls and young adult women. Anorexia is caused by a combination of psychological, societal, and biological variables, and there is no single cause. Anorexia nervosa affects about 0.5–1.0 percent of women over the world. Previous research suggested that anorexia nervosa is a condition that exclusively affects women in Western countries; however, recent research has showed that it is more common in boys than previously assumed. The higher rate of anorexia nervosa in western countries compared to non-western countries was explained by cultural differences, as western culture places a high priority on thinness in young women. Being skinny, on the other hand, is socially unacceptable in most non-western cultures. Although anorexia nervosa is primarily a problem in Western countries, current data suggests that it is spreading to non-Western countries in both genders. This phenomenon was explained by a number of factors, including Western media attention, social and parental pressure, genetic and biochemical variables, and other psychological problems including such sexual abuse and poor self are also contributors.

KEYWORDS: eating disorder, Western media attention, social and parental pressure, genetic and biochemical variables, Depression, anxiety

1. INTRODUCTION

Eating disorder is a psychological condition characterised by food avoidance, excessive consumption, or purging. It's also been stated that eating disorders are a form of dependency. Eating becomes a source of reliance, disrupting everyday life's equilibrium (Arcelus et al., 2011). Others define eating disorders as a disease that leads to the adoption of unhealthy eating behaviours. Teenage girls and young women are more likely to suffer from these diseases.

Psychologists define an eating disorder as a psychiatric condition that interferes with normal eating behaviour (Smith, 2012).

Characteristics of Eating Disorder

Extremes characterise this illness. It appears when a person's eating behaviour is severely disrupted, such as intense distress or concern over body weight or shape. Unlike hysteria, an eating disorder involves manipulating one's food intake and being obsessive about one's own body's shape and weight (Attia,

2010). Eating disorders have also been discovered to be a personality condition. When a patient suffers from both a personality issue and an eating disorder, the therapist should focus on the eating disorder first. Personality problems are complex and difficult to treat. They are almost never treatable (though certain aspects, like obsessive-compulsive behaviours, or depression can be ameliorated with medication or modified). The treatment of personality disorders necessitates a massive, sustained, and ongoing expenditure of all kinds of resources from all parties concerned. From the patient's perspective, treating her personality problem is an inefficient use of limited mental resources (Smink *et al.*, 2012). Personality issues aren't the main danger. An eating disorder is both an indication of anguish ("I want to die, I'm so miserable, please help me") and a way to cope with it. We can and should start helping the patient here by allowing her to reclaim control of her life. The patient's family or other supporters must consider what they can do to help her feel in charge, that she is managing things her own way, that she is contributing, that she has her own timetables, her own agenda, and that she, her wants, preferences, and choices are important (Widiger & Samuel, 2005).

Furthermore, accepting a psychological explanation for the eating disorder is complicated by the fact that many women have been found to have a normal personality after extensive testing, and that the personality scores of normal people and those who suffer from eating disorders overlap significantly. Some psychologists have proposed psychological theories, one of which being the idea that some obese women use food as a substitute for love (Want, 2009). A person who feels lonely, empty, and unwanted unless she is surrounded by people may eat to make up for it. As a result, psychological factors may play a role in understanding why people with eating disorders continue to struggle with their condition (Mustelin *et al.*, 2016).

2. ANOREXIA NERVOSA

Since 1700, this phrase has been used to describe a condition in which a person refuses to maintain a healthy body weight. Much later, anorexia nervosa was thought to be the result of an endocrine imbalance, which is still a possibility today, and it is stated that this condition is caused by a hypothalamic issue. The word

anorexia nervosa literally means "nervous loss of appetite," and persons with anorexia struggle with hunger on a daily basis (Kaye *et al.*, 2013).

An anorectic's incorrect image of her body causes her to be afraid of becoming overweight. In actuality, anorectics' self-esteem is inextricably linked to her skewed body image. Anorectics regard continued weight loss as a sign of accomplishment and self-control, whereas any weight increase, even if it takes them closer to a healthy body weight, is viewed as a sign of weakness and a lack of self-control. It can interrupt menstruation and cause bone loss, skin deterioration, and other problems. When a person has this disease, their chances of dying are considerably raised (Gonsalves *et al.*, 2014).

Stress, worry, sadness, and emotions of life being out of control are examples of external and internal conflicts. Anorexia, or the inability to eat, is a terrible approach to cope with emotions, as well as a way to feel joyful and pleased. Infections are common, and general health is poor, as well as life-threatening illnesses. Anorexia nervosa has the greatest death rate of any psychiatric condition, according to research (Makino *et al.*, 2014).

In general, patients with this illness have an unreasonable fear of growing overweight, as well as a compulsive desire to lose weight. Despite the fact that they are not eating and are starving, they appear to have an abundance of energy to continue working as usual. These people not only keep a dangerously low body weight, but they also go about their jobs as if nothing is wrong with them (Tewari *et al.*, 2019).

It also tries to deal with perfectionism and the drive to control things by imposing stringent dietary and weight restrictions. This illness appears to affect mostly young women, especially in industrialised countries, where cultural norms drive women to be slender.

The key symptoms are:

- Osteoporosis
- Intense and overwhelming fear of gaining weight
- Dry skin
- Intense fear of gaining weight
- Severe starvation
- Obsession in regard to Food and weight
- Thinning of hair
- Refusal to sustain a minimal normal body weight

- Low blood pressure
- Fatigue and exhaustion
- Loss of memory to an extent.
- Obsessive Compulsive behaviour
- Depression
- Fast heart rhythms
- Anxiety
- Low self esteem
- Distorted view of one's body or weight

Causes of anorexia nervosa

1) **Biological causes:** Psychologists believe that genetic predisposition to anorexia plays a significant influence. If a young girl has an anorexic sister, she is 10 to 20 times more likely to acquire anorexia than the general population. Anorexia patients have high amounts of cortisol, the stress hormone, and low levels of neurotransmitters like serotonin and norepinephrine, which are linked to emotions of happiness (Khaluaet al., 2019).

2) **Psychological causes:** Anorexics are emotionally driven not only in terms of weight loss, but also in terms of their employment, schoolwork, and fitness.

It encompasses psychological issues such as:

- Low self esteem
- Depression
- Anxiety
- Irritability
- Mood swings

On the outside, people look to have it all together, but on the inside, they feel helpless, inadequate, and unworthy. Anorexics are often highly critical of themselves and lack confidence, therefore some of their characteristics may be a result rather than a cause of the disease (Tewari, 2019); (Khaluaet al., 2019).

3) **Family and social pressure:** Anorexia emerges as a quest for autonomy and uniqueness. When new needs for independence arise in adolescence, it is likely to surface. Family and other members of the family can sometimes be held accountable for a member's anorexia by displaying the following attitudes towards the person (Tozziet al., 2001):

- i) Overprotection
- ii) Rigid
- iii) Extreme closeness
- iv) Criticizing the child's weight

v) Sexually abusive

vi) Overvaluing appearance

All these negative stressful life events trigger anorexia and the disorder

develops as a struggle for independence and individuality.

4) **Cultural pressure:** Women are pushed to diet in order to achieve society's expectations of beauty, and they are assaulted with messages from the media. Most women will be unable to reach this idealised ultra-thin body form since it does not correspond to the biological and hereditary elements that govern natural body weight. Modeling, athletics, and jogging, for example, put a lot of pressure on people to maintain a certain body weight (Woerwag-Mehta & Treasure, 2008).

Pathophysiology of Anorexia Nervosa:

Anorexia nervosa has been recognised as the obsessive desire of putting off body weight by refusing or reducing food intakes in day-to-day life. There is a complex metabolic change is being observed in the patients of Anorexia nervosa. Pathophysiology of eating disorder not only involves changing metabolic pattern but also psychological and endocrinological imbalances play a crucial role (Abraham, & Beumont, 1982).

Hypothalamus, located below the thalamus of brain, and above Pituitary gland, affected initially in the prepathogenesis phase of anorexia, along with the Pituitary gland itself. The hypothalamic-pituitary-gonadal system is usually involved the at the beginning of this disease.

Anorexia nervosa predominantly observed in female subjects. About a third of the female suffering from anorexia reported, a sudden cessation of menstrual blood flow followed by gradual unnatural loss of body mass and weight. Previously it was believed that, amenorrhea caused by a stoppage of menstruation, signals this hypothalamic defect, which disturbs hypothalamic-pituitary-gonadal (H-P-G) system, resulting in refusal of food intake, loss of appetite and weight loss (Agraset al., 1974).

Another study shows that, H-P-G axis is being disrupted by psychological stress level with the combination of dietary alteration. This combination not only affects the normal balance of H-P-G axis of human brain but also creates its impact over endocrine system.

It is evident that luteinizing hormone (LH) secretion pattern slows down which ultimately leads to reduced ovarian stimulation, cessation of menstruation and amenorrhea(Steinhausen, 2002).

Thus, patients having anorexia nervosa exhibits a wide range of symptoms, associated with hypothyroidism, cold intolerance, hypothermia, constipation, reduced basal metabolic rate (BMR), bradycardia, and hypercholesterolemia(Mitchell & Crow, 2006).

3. CONCLUSIONS:

Although, anorexia nervosa is the issue of Western-countries; however recent evidence suggests its spread in both genders among non-Western countries. Many factors explained this phenomenon, of which Western media exposure, peer and family pressure, genetic and molecular factors and other psychological factors as sexual abuse and low self-esteem.

Conflict of interest statement

Authors declare that they do not have any conflict of interest.

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