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EATING DISORDERS (ANOREXİA, BULİMİA, AND BİNGE EATİNG)

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ABSTRACT

Eating disorders encompass a range of psychological conditions that contribute to the development of unhealthy eating habits. Individuals with eating disorders, due to dissatisfaction with their body shape and weight and the distress caused by this situation, exhibit many unhealthy attitudes and behaviors. The occurrence of eating disorders is not attributed to a single factor. These diseases are generally associated with genetic and biological predispositions. It is assumed that they emerge through the interaction of environmental, sociocultural, and spiritual factors. In the DSM-5 classification, the three best characterized typical eating disorders are anorexia nervosa, bulimia nervosa, and binge eating disorder.

Key words: eating disorders, anorexia, bulimia, binge eating

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INTRODUCTION

One of the most basic factors of a healthy life is nutrition. Although eating habits are important for a healthy life, serious physical and psychological problems may arise if they become an obsession.

Eating disorders are eating behavior disorders that cause medical, social, and psychological problems and negatively affect the quality of life. Eating disorders refer to a set of psychological conditions that lead to the development of unhealthy eating habits. People with eating disorders have a mismatch between their body's internal signals and their eating habits.

Eating Disorders (ED) are among the rapidly increasing diseases of the Modern Age. The change in attractiveness, thinness, and aesthetic concerns with thinness has increased eating disorders. The fashion and understanding that overweight people look older and that thinness and elegance are more attractive has led to the desire to remain thin and thin, especially among young girls. (Ertaş, 2006)

In the American Psychiatric Association's classification system, the latest version of the Diagnostic and Statistical Manual of Mental Disorders (DSM), known as DSM-5, includes the following disorders under the category of "Feeding and Eating Disorders": Pica, Rumination Disorder, Avoidant/Restrictive Food Intake Disorder, Anorexia Nervosa, Bulimia Nervosa, Binge-Eating Disorder, Other Specified Feeding or Eating Disorder, and Unspecified Feeding or Eating Disorder (APA 2013)[1]. Within the DSM-5 classification, the three most well-characterized types of eating disorders are anorexia nervosa, bulimia nervosa, and binge-eating disorder. (Galmiche, Dechelotte, Lambert, & Tavolacci, 2019)

Pica and Rumination Disorder often occur in childhood; Anorexia Nervosa (AN), Bulimia Nervosa (BN), and Binge Eating Disorder (BED) are complex eating disorders that typically begin in adolescence. If left untreated, these disorders have a low likelihood of spontaneous improvement. Generally speaking, these problems focus on people's excessive emphasis on weight and body appearance and compensatory

[1] APA- American Psychiatric Association (2013) Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). American Psychiatric Association, Washington D.C

behaviors resulting from extreme concerns about gaining weight. (Okumuş, Berk, & Yücel, 2016).

Anorexia Nervosa, Bulimia Nervosa, and Binge-Eating Disorder are eating disorders that encompass persistent disruptions in eating behaviors, accompanied by significant distress related to weight and body shape. These disorders lead to impairments in physical, psychological, and social functioning. (APA,2013)

People with eating disorders exhibit many unhealthy attitudes and behaviors in order to change their body shape and weight due to dissatisfaction with their body shape and weight and the distress this causes. Insufficient or excessive food intake, obsessive thoughts about food-diet-body shape-weight, and applying weight control methods (e.g., excessive exercise, using laxatives, etc.) are the most common behaviors and attitudes in people with eating disorders.(Fairburn, Cooper ve Shafran, 2003; Holland, Brown, &Keel,2014)

High-level body dissatisfaction—being dissatisfied with weight, body shape, and appearance—puts people at risk of eating disorders (Lynch et al., 2008). In people with eating disorders, body dissatisfaction is not related to their bodies but to their perception of their bodies as imperfect. People with anorexia, who are perceived by others to be severely underweight, often look in the mirror and perceive themselves as overweight. (Şahin, 2015)

The occurrence of eating disorders is not attributed to a single factor. These diseases are generally associated with genetic and neurobiological predispositions. It is assumed that they emerge through the interaction of environmental, sociocultural, and spiritual factors.

In addition to multiple factors that can cause this disorder, the way modern societies define beauty and success through a thin body can lead to illusions in body perception and an increase in eating disorders day by day. (Kadıoğlu , 2009)

Individuals with this disorder generally appear to be emotionally hungry. However, the need for approval from others, low self-esteem, frequent depressive feelings, and anxiety are prominent features of eating disorders. (Nolen-Hoeksema, 2004) Eating is a sensitive indicator of the parent-child relationship and emotional state.

Family relationships are often among the causes of eating disorders. Characteristics and dynamics of the family features such as excessive control and interference, unclear boundaries between family members, and the person's personality characteristics also play an important role in the development of eating disorders. It is twice as common in children with a seriously stressful life as in normal children. Eating disorders are also more common in cases where the love bond between mother and child is insufficient.

Although eating disorders are considered psychological disorders specific to women, they are also seen in men. However, the increasing emphasis on men's appearance being leaner and more muscular is also noteworthy in recent years. (Nolen-Hoeksema, 2004)

Research on the causes of eating disorders has also confirmed the importance of genetic factors. Recent studies show that incorrect nutritional behaviors in infancy and childhood may be associated with eating disorders that occur in later periods.

Eating disorder symptoms indicating the presence of the condition include;

- Excessive attention and concern about weight
- Intense preoccupation with foods, calories, weight, fat content, and diet
- Denial of hunger
- Excessive exercise
- Frequent weighing and measuring of body proportions
- Excessive self-criticism regarding physical appearance
- Hoarding or discarding food
- Withdrawal from social situations
- Fluctuations in weight and frequent weight loss
- Weakness
- Hair loss
- Mood fluctuations
- Episodes of binge eating.[2]

[2] Sevgül Canova,Odtü-Kuzey Kıbrıs Kampüsü, Öğrenci Gelişim Ve PsikolojikDanışmanlık Merkezi

EATING AND FEEDING DISORDERS DEFINED IN DSM-5

ANOREXIA NERVOSA (AN)

Anorexia nervosa is diagnosed when an individual weighs 85% less than their normal weight but still fears getting fat. (DSM-IV-TR, 2000) (Gerrig & Zimbardo, 2012). Anorexia nervosa is a compulsive disorder that culminates in self-starvation, in which individual diets and exercise are performed to the point that body weight falls drastically below optimal levels, threatening health and potentially leading to death.

Anorexia nervosa is characterized by individuals eating much less food and energy than they should consume within the framework of their physical and vital characteristics, their efforts to keep their weight well below normal, and an intense fear of gaining weight. (Rienecke, 2017)**.**

Its main feature is that the individual refuses to maintain the minimum body weight considered normal and exhibits a marked impairment in the perception of body shape or size. Low self-esteem, a rigid 'all or nothing' style of thinking, insomnia, fluctuations in emotional state, irritability, withdrawal, and inability to communicate with the opposite sex may be observed.

The onset of anorexia nervosa is generally seen in adolescence, between the ages of 13 and 20. However, studies conducted in recent years have reported that the age of onset is gradually decreasing. (Smink, Hoeken, & Hoek, 2012)

It typically occurs when an adolescent of normal or slightly overweight decides to start a diet. A life event may trigger this decision. In patients with AN, avoiding food and losing weight are used as a method to regain self-confidence, while weight gain is considered a sign of failure or weakness. Physical activities are often added after diet and weight loss. (Sönmez, 2017)

They think that the only things they can control about themselves and their lives are food and weight. If they cannot control what is happening around them, they control their eating and feel stronger as they lose weight. What they see on the scale needle every morning is whether they succeeded. (Engin & Karancı)

The main pathology of the disease is body image disorder.

In anorexia nervosa, patients are dangerously underweight, posing a threat to their health. However, their concern about being overweight and gaining weight persists. Anorexic patients may engage in binge-eating episodes and use various methods (such as vomiting, using laxatives, etc.) to eliminate what they have eaten (binge-eating/purging type), or they may restrict their food intake (restrictive type). (Baştuğ, 2020).

Anorexic women are often diagnosed with depression, obsessive-compulsive disorder, phobia, panic disorder, substance use disorders, and various personality disorders. (Baker et al., 2010; Godart et al., 2000; Ivarsson et al.,. 2000; Kök et al., 2010). Anorexic men also have a risk of being diagnosed with mood disorders, schizophrenia, or substance use disorders. (Striegel-Moore et al., 1999). (Kring, Johnson, Davison, & Neale, 2012)

This disorder is especially common in young women who are under pressure to keep their weight down. It is a diagnostic group with significant differences in terms of gender distribution and is more common in women. However, today, its incidence in young men is increasing. In young male AN cases, the desire for a weak body is replaced by the effort to have a muscular body structure. In these cases, compulsive exercise may be the first symptom, followed by restricted food intake.

Causes of Occurrence:

It cannot be said that there is a definitive cause. However, there is a varying degree of involvement of various factors such as family interactions, genetics, psychodynamics, and sociocultural factors. (Yücel, 2009)

Weight problems and eating disorders are more common in the families of anorexic cases. Overprotective, meddling, family structure that does not allow individualization, and perfectionist personality traits are among the factors that contribute to the emergence and continuation of eating disorders.

Anorexia Nervosa Diagnostic Criteria According to **DSM-5**

A. Having a significantly low body weight in terms of age, gender, developmental level, and health due to restriction of food intake.
B. Fear of gaining excessive weight, persistent behaviors to prevent weight gain despite being underweight.
C. Body image distortion involves involves excessive emphasis on body shape and weight in self-evaluation. (Tuna & Demir, 2020)

Subtypes of AN

Restrictive type: characterized by restriction of energy intake;

Binge eating/purging type is the behavior of purging food after repeated binge eating attacks.

There are also studies reporting that there are some differences between the two subtypes of An. For example, it has been found that cases with the binge eating/purging type show a higher rate of impulsive behavior, additional diagnosis of personality disorder, social withdrawal, and self-destructive behavior. In contrast, those with the restrictive type have a higher level of perfectionism. (Peat,Mitchell, Hoek ve Wonderlich, 2009) While extreme controllingness and perfectionism characteristics are dominant in individuals diagnosed with anorexia nervosa, The diagnosis of bulimia nervosa is often accompanied by difficulty in impulse control. (Kanel, 2014)

Prognosis (Course of the Disease)

Between 50% and 70% of anorexic people recover over time. (Keel ve Brown, 2010) However, the recovery process often takes 6 or 7 years, and relapses are common before a stable eating pattern and a stable weight can be achieved. (Strober, Freeman ve Morrell,1997) (Şahin, 2015) Suicide rates are quite high in anorexic people. So much so that 20% of these people attempt suicide, while 5% commit suicide. (Franko & Keel, 2006).

Anorexia nervosa is a life-threatening illness. Deaths usually occur due to physical problems such as congestive heart failure or suicide. (Herzog ve diğerleri, 2000; Sullivan, 1995) (Şahin, 2015)

Treatment

Anorexia nervosa treatment has two main goals. Firstly, it corrects the patient's eating disorder; secondly, it corrects impaired eating and purging behaviors. Cognitive-behavioral psychotherapy, family therapy, and, if necessary, drug treatment and individual psychotherapy are carried out together. (Öztürk & Uluşahin, 2011)

BULIMIA NERVOSA

Bulimia Nervosa (BN), like AN, started to be seen in very old times and derives its origin from the words 'bous' (ox) and 'limos' (hunger) and corresponds to the meaning of 'being as hungry as an ox' or 'being hungry enough to eat an ox.' (Yücel, 2009)

It is a disorder characterized by periodic overeating, gaining weight, and efforts to stop gaining weight. The behavior of people diagnosed with bulimia nervosa is characterized by binge eating (eating too much and out of control) followed by measures to get rid of excess calories (spontaneous vomiting, misuse of laxatives, fasting, etc.).

This disorder consists of sudden consumption of large amounts of food, followed by compensatory behavior such as vomiting, fasting, and excessive exercise to prevent weight gain. The DSM says that "bingeing" has two characteristics. The first is eating excessive amounts of food, more than most people can eat, in a short period (for example, in 2 hours). The second is losing control while eating, that is, the feeling that the person cannot stop. (Şahin, 2015)

In bulimia, binges typically occur in secret; they may be triggered by stress and negative emotions, and they continue until the person is uncomfortably full. (Grilo, Shiffman, & Carter-Campbell, 1994)

The basic pathology in anorexia nervosa is in the direction of cutting down and cutting down on food. In bulimia nervosa, the basic pathology is more in the direction of not being able to stop eating.

In bulimia nervosa, people lose control over their eating behavior and eat excessive amounts of food. To compensate for eating excessive amounts of food, they resort to methods such as starvation, vomiting, excessive physical exercise, or using various medications, especially laxatives. The severity of the disease may vary depending on the frequency of these compensatory behaviors and the degree of impairment in the person's functionality. For example, 1-3 compensatory behaviors per week are considered mild, 4-7 are moderate, 8-13 are severe, and over 14 are considered extreme bulimia nervosa. (Baştuğ, 2020)

The excessive desire of bulimic patients to be thin and slender leads to restrictive eating behaviors. Restricted eating behavior for a long time makes the individual constantly think about food. As a result of this pattern, binge-eating episodes emerge as a consequence of restricted eating and rigid dieting, leading to a cyclical process where individuals engage in self-induced vomiting, excessive exercise, or laxative use. Generally, people with bulimia describe a feeling of spiritual emptiness and claim that they feel empty and distressed. While the feeling of emptiness leads to food and bulimic behavior as a means of filling, it is observed that the individual cannot cope with the feeling he experiences in this process. (Işık, 2009).Cited in. (Farajı & Fırat, 2022)

Causes of occurrence:

Biological, genetic, social, and psychological factors are among the factors that cause bulimia nervosa. It carries the triggering elements of anorexia nervosa, and the disorder often begins with dieting. People with bulimia nervosa have a history of concern about their weight; approximately 10% of these people receive messages that they are significantly overweight. There is also a family history of eating disorders. (Avşaroğlu Selahattin, 2015)

DSM-5 Diagnostic Criteria

A. Recurrent episodes of binge eating. These attacks include the following features:

1. Eating more food in a certain period (for example, in 2 hours) than others would eat in similar situations and a similar period.

2. During this attack, the feeling of losing control over eating, being unable to control how much one eats, and feeling like one cannot stop eating.

B. Engaging in repetitive compensatory behaviors to prevent weight gain. For example, self-induced vomiting, use of laxatives/diuretics, excessive dieting/exercising.

C. Binge eating attacks and compensatory behaviors occur at least once a week for an average of three months.

D. The person attaches excessive importance to body shape and weight in self-evaluation.

E. This disorder does not occur only during anorexia nervosa. (Tuna & Demir, 2020)

Treatment

Treatment of patients with bulimia nervosa is mostly done on an outpatient basis. Although the symptoms can be successfully stopped in these patients with medication and psychotherapy, long-term recovery is not that satisfactory. Most patients experience relapses. Thorough physical and laboratory examinations should be conducted for patients, and electrolytes and cardiac status must be closely monitored. Appropriate foods and exercise should be recommended for the intestines accustomed to laxatives, and laxatives should be avoided. Medication alone is not sufficient for treating bulimia nervosa. Cognitive-behavioral psychotherapy should also be recommended and implemented. (Öztürk & Uluşahin, 2011)

Purposes in Treatment of Bulimia Nervosa:

- Building patients' self-confidence,
- Reducing purging behaviors and preventing misuse of certain medications,
- Re-establishing normal eating behaviors,
- Attaining a healthy body weight. (Ersoy, 1991)

BINGE EATING DISORDER

Binge eating disorder is an eating disorder in which the individual consumes more food than he or she can eat in a short period, cannot stop the eating behavior, and continues to eat excessive amounts. (Faraji & Fırat, 2022)

This disorder involves recurrent episodes of binge eating (at least once a week for three months), loss of control during these periods, and stress caused by the binge, as well as other features such as fast eating and solitary eating. (Şahin, 2015)

The main feature of BED is that in order to eliminate the effects of binge eating attacks, which are the distinctive feature of bulimia nervosa (BN), people whose eating habits meet this definition, the patient forces themselves to vomit, use drugs that cause diarrhea or diuretics, and changes his eating habits for a long time. It is not taking precautions such as limiting time or accelerating the metabolism with strenuous body movements. (Turan, Poyraz, & Özdemir, 2015)

The BED in question is different from binge eating and requires the presence of distinctive features not normally associated with binge eating, such as "loss of control and strong feelings of shame and guilt."

Binge Eating Disorder (BED) patients find pleasure in eating excessively, but afterward, they face intense feelings of guilt and physical discomfort due to overeating. They are typically overweight. (APA, 2013; Özyurt et al.,2017).Cited in (Eltan, Yıldız, Kumpasoğlu, & Erden, 2021).

People with BED tend to eat when they are alone because they are ashamed of how much they eat. Due to BED, the individual experiencing this disorder feels a distinct sense of distress. The feeling of distress experienced by these patients depends on the unpleasant emotions experienced during and after the binge eating episode, as well as the changes in body weight and shape that develop as a result of binge eating. These individuals may experience self-hatred due to their eating behavior or weight, dislike or disgust for their body appearance, physical anxiety, and difficulties in personal relationships. On the other hand, eating behaviors or weight negatively affect a person's relationships with others and his working life. (Herzog ve Eddy 2007) Cited in (Turan, Poyraz, & Özdemir, 2015).

People with binge eating disorder have a high rate of psychiatric and physical comorbidities. 80% of those with lifelong binge eating disorder have another DSM disorder, such as substance use mood disorders or eating disorders (Kessler et al., 2013). In addition to psychiatric comorbidities, physical comorbidities such as BED, diabetes, hypertension, chronic headaches, and metabolic syndrome also carry an increased risk. (Kessler et al, 2013).

Causes of occurrence

Binge eating is essentially a self-regulation disorder that occurs due to emotional or physiological distress. A person may develop binge eating behavior to escape from an emotional disturbance and use this behavior as a means of emotional regulation. (Combs, Pearson, & Smith, 2011)

Risk factors that predispose to the development of binge eating disorder include childhood obesity, critical comments about being overweight, childhood weight loss attempts, low self-perception, depression, and childhood physical or sexual abuse. (Şahin, 2015)

Binge eating can also occur as a result of restricting food intake. When the individual who restricts the amount of food he eats exceeds his desired daily energy intake, his motivation to continue the diet decreases. He begins to eat whatever food he desires, in whatever quantity he desires, and at this point, the individual has already lost the feeling of satiety. (Shulte, Grilo, & Gearhardt, 2016) (Vartanian, Herman, & Polivy, 2020)

The presence of an eating disorder in parents and concern about overweight and thinness in the family cause body dissatisfaction and low self-esteem in children, and all of these are associated with binge eating disorder in children. (Hosseini & Padhy, 2021)Cited in (Altınsoy & Yavuz, 2021)

DSM-5 Diagnostic Criteria

A. Recurrent episodes of binge eating include the following features:

1. Eating a larger amount of food in a certain period (for example, in 2 hours) than others could eat in similar situations and a similar period,
2. During this attack, the feeling of losing control over eating, being unable to control how much one eats, and feeling like one cannot stop eating.

B. Binge eating episodes are accompanied by at least three of the following:

1. Eating more rapidly than normal,
2. Eating until feeling uncomfortably full,
3. Eating large amounts of food when not physically hungry
4. Eating alone because of embarrassed about the quantity being consumed,
5. Feeling disgusted with oneself, depressed, or guilty after overeating.

C. Binge eating causes significant distress.

D. Binge eating at least once a week for three months.

E. Lack of compensatory behaviors after binge eating. (Tuna & Demir, 2020)

Treatment

The main goals in the treatment of Binge Eating Disorder are; It is the elimination of binge eating attacks and gaining healthy eating habits, maintaining a stable body weight, and treating obesity-related disorders as well as mental disorders. (Devlin et al. 2007).

The most commonly proven effective psychotherapy methods in the treatment of Binge Eating Disorder (BED) are Cognitive-Behavioral Therapy (CBT), Self-Help Therapy (SHT), Behavioral Weight Loss Therapy (BWLT), Motivational Therapy (MT), and Interpersonal Relationship Psychotherapy (IRPT) (Turan, Poyraz, & Özdemir, 2015)

CONCLUSION AND RECOMMENDATIONS

Eating disorders constitute a group of psychiatric illnesses characterized by biological, psychological, and sociocultural dimensions. Recognizing and intervening early in these disorders can often be lifesaving.

Anorexia nervosa is defined by three key features: the restriction of behaviors to achieve and maintain a healthy body weight, an intense fear of weight gain, and a distorted body image.

Bulimia nervosa involves episodes of binge eating followed by compensatory behaviors. While individuals with anorexia experience significant weight loss, those with bulimia may not necessarily lose weight.

Binge Eating Disorder, more prevalent than anorexia or bulimia, introduces changes in the body, although not all can be attributed to accompanying obesity. Approximately 60% of individuals with this disorder recover, with the recovery process often being lengthier than that of anorexia or bulimia.

Effective treatment for eating disorders requires a collaborative approach involving a team comprising a psychiatrist, gastroenterologist, psychologist, dietitian, and family therapist. Comprehensive evaluations, encompassing medical, nutritional, psychological, and social aspects, are crucial for a holistic understanding.

Given the complex and challenging recovery process, effective treatment is paramount. Prevention programs for eating pathology should encompass family interactions, characteristics, and parental personality traits.

Family communication, structure, and relationship dynamics significantly influence family functions. Parents' feeding styles are closely linked to children's eating behaviors, representing a key determinant.

Family eating preferences, the types of food available at home, and eating habits impact the likelihood of obesity. Furthermore, there exists a reported strong relationship between the child's duration of breastfeeding, physical activity, television/media use, and obesity. (Inal & Şahiner, 2012)

"In the context of school health services, it is imperative to intensify awareness studies specifically addressing eating disorders. Furthermore, fostering collaborations between schools and families is crucial to ensure a comprehensive approach to addressing and supporting individuals dealing with eating disorders. By strengthening these partnerships, we can create a more informed and supportive environment within the educational system."

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