



OVERVIEW RELATED TO KNOWLEDGE AND ATTITUDE OF ADOLESCENT GIRLS ABOUT ANOREXIA NERVOSA

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ABSTRACT

Adolescence, the time of life when people are changing and maturing between childhood and maturity. Adolescents are defined by the World Health Organization as those between the ages of 10 and 19. However, adolescence is sometimes incorrectly and narrowly associated with puberty and the physical changes that lead to reproductive maturity in many civilizations. Adolescence is not only associated with physical changes but also with developmental shifts in the individual's mind, social life, and moral code in certain cultures. The term "adolescence" is essentially equal to "teens" in these cultures, referring to the time between the ages of 12 and 20. Anorexia nervosa is a psychological disorder characterized by self-starvation and medically low body weight. Research indicates that anorexia nervosa develops through complex interaction among social, psychological and biological risk factors. Anorexia nervosa is most common in adolescent girls and young women but affects other age groups and genders. Maximum girls fearing of gaining weight and distorted perception of weight.

Keywords: knowledge, attitude, adolescents, girls, nervosa.

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Girls in their adolescent years are those aged 15 to 19. The stringent version of caloric restriction significantly restricts food intake and often engages in excessive activity to achieve weight loss. People who engage in binge eating episodes followed by purges of some kind (such as vomiting, using laxatives, vigorous exercise, or fasting) are said to be of the "binge purge" kind.

Anorexia nervosa is a mental health disorder characterized by an extreme fear of gaining weight and a warped self-perception of one's actual body fat percentage. A person with anorexia will go to tremendous efforts, including starvation and exercise, to keep their body at a certain size. In order to prevent weight gain or speed up weight reduction attempts, people with anorexia sometimes severely restrict their food consumption. They could try to restrict their calorie intake by purging themselves after eating or by abusing weight loss aids like laxatives, diet pills, diuretics, or enemas. They might also make it a goal to lose weight by working out often. Despite the individual's weight reduction accomplishments, the fear of gaining weight remains.

Anorexia nervosa has unknown origins. Some hereditary factors seem to be at play, with identical twins more often afflicted than fraternal ones. Societies that place a premium on thinness tend to have worse health outcomes. It also happens more often among those who pursue careers that place a premium on slimness, such as professional athletes, models, and dancers. The onset of anorexia often follows a stressful life event or significant transition. For this diagnosis, a very low weight is required.

It is predicted that between 0.3 and 4.3 percent of women and 0.2 and 1 percent of males in Western nations will experience it at some time in their lives. It is thought that women are impacted 10 times more often than males, with around 0.4% of young women being diagnosed each year. It usually starts while people are in their twenties or early thirties. It is debatable whether the increased prevalence of anorexia diagnoses in the 20th century is due to improved screening or better detection. Direct fatalities caused by it increased from 400 in 1990 to nearly 600 in 2013. Suicide is only one of several causes of mortality that is amplified among those with eating disorders. Over a ten-year period, around 5% of persons with anorexia will die away as a result of their illness.

Anorexia Nervosa is a multifactorial eating disorder involving a combination of predisposing and precipitating factors. Predisposing factors can be biological, psychological, or environmental and include genetics, pregnancy-related factors, childhood life-events and eating behaviors, teasing and criticism or bullying from peers, personality traits, and psychiatric co-morbidities. Although there is no proven involvement of genesis anorexia, but some people have strong evidence that individuals with first-degree relatives with anorexia nervosa are at increased risk of developing this condition. Precipitating factors include dieting, weight loss, as well as stressors from life events. Dieting and weight loss are major factors that predispose to anorexia nervosa by directly influencing mood changes, brain function, and the further decrease in appetite. Stressors from life events including new school, job, or home; death of a loved one; or any sudden transitions increase emotional stress significantly and put individuals at increased risk for developing anorexia nervosa. The risk is reported to be higher in females.

Your primary care doctor will take your blood pressure and heart rate during the exam. They will conduct a mental health evaluation and ask you questions about your eating and emotional patterns, or recommend you to someone who can. They will check for any factors that show: you are reducing food intake; you have anxiety of gaining weight and you have difficulties with body image. Your primary care physician may also recommend that you undergo certain laboratory testing. Electrolyte and liver/kidney function blood tests may be recommended. Your primary care doctor may also do tests to evaluate your bone density and heart for any abnormalities.

Diagnostic criteria for anorexia nervosa (World Health Organization, 1992 – Clinical Descriptions and Diagnostic Guidelines) when the actual body weight is at least 15% below expected weight, or body mass index 17.5 or less (in adults). The weight loss is caused by the avoidance of high calorie foods and at least one of them cause is present like Self-induced vomiting or Self-induced purging, Excessive exercise and use of appetite suppressants and/or diuretics. Intense fear of gaining weight or becoming fat or persistent behavior that interferes with weight gain even though at a significant low weight is key diagnosed for anorexia nervosa. Endocrine disorder, manifest in the female as amenorrhea and in the male as a loss of libido also help to diagnose anorexia nervosa. If onset is pre-pubertal, the puberty in boys and girls may be delayed (growth ceases; in girls the breasts do not develop).

Those who suffer from anorexia have a pathological fear of gaining even a little amount of weight. They could



starve themselves via rigorous physical activity and nutrition. Because of their warped sense of body image, people with anorexia may mistakenly believe they are overweight while being underweight. They might obsessively watch calories and eat only extremely little portions of certain foods. People with anorexia often exhibit the following behaviours and symptoms: dramatic weight loss, loose clothing, refusal to eat certain foods like carbohydrates or fats, avoidance of mealtimes or eating in front of others, excessive exercise, comments about being "fat", cessation of menstruation, constipation or stomach pain, and denial that extreme thinness is a problem.

Sign and symptoms of Anorexia nervosa may be mild, transient or severe and persistent. Most patients are concerned that they weigh too much or that specific body areas (eg thighs, buttocks) are too fat, even though they are underweight. Patients often exaggerate their food intake and conceal behavior, such as induced vomiting. Binge eating/purging occurs in 30 to 50% of patients. The others simply restrict their food intake. Many patients with anorexia nervosa also exercise excessively to control weight. Reports of bloating, abdominal distress, and constipation are common. Most women with anorexia nervosa stop having menstrual periods. Patients usually lose interest in sex. Depression occurs frequently. Common physical findings include bradycardia, low blood pressure, hypothermia, lanugo hair (soft, fine hair usually found only on neonates) or slight hirsutism, and edema. Body fat is greatly reduced. Patients who vomit frequently may have eroded dental enamel, painless salivary gland enlargement, and/or an inflamed esophagus.

Patients with anorexia nervosa often try to keep their illness a secret at first, but loved ones, friends, and teachers may be able to see the warning symptoms. Those who see their loved one exhibiting signs of anorexia nervosa should encourage them to be evaluated and start treatment as soon as possible. Because of the widespread damage caused by anorexia, getting help as soon as possible is crucial.

It might be difficult for people with anorexia to recognize that they have a mental illness. Anorexics' inability to fast recuperate is hampered by the habitual actions they have learned to depend on. If treatment for anorexia is started quickly, the patient has a better chance of making a complete recovery. Cognitive behavioural therapy (CBT) is often used to treat anorexia, with the goal of altering the patient's outlook on food and their subsequent actions. They are also provided with nutritional assistance to help them acquire weight healthily.

Disrupted systems of self-evaluation and self-worth, in which an individual's value is based on their own estimation of their own physical appearance and the degree to which they believe they can influence that appearance, are fostered by persistent body image distortion and an intrusive dread of becoming obese. Food constraint is inspired by the desire to maintain a certain body shape and weight, which in turn alters numerous behavioural methods and food guidelines. Overvaluing one's weight and physique has been linked to poor self-esteem, according to research.

Adequate psychotherapeutic treatments are still lacking due to complex treatment outcome variables. Fluoxetine can reduce vomiting and bingeing in 19% of bulimics, and the testosterone receptor antagonist, flutamide might also be effective. Frequently used treatment include cognitive behavioral therapy (CBT), cognitive emotional behavioral therapy (CEBT), nutritional counseling, and medical nutritional counseling. Orlistat is used in obesity treatment, and Olanzapine seems to promote weight gain. People hospitalized with anorexia nervosa may be discharged while still underweight, resulting in relapse and re-hospitalization. Prevention also helps to promote a healthy development before the occurrence of eating disorders. It also intends early identification of an eating disorder before it is too late to treat. Internet and modern technologies provide new opportunities for prevention.

Although several factors may set off the onset of bulimia or binge eating disorder, there is currently no known way to prevent the onset of anorexia nervosa. But the chances of recovery are increased if the condition is diagnosed and treated quickly. Prevention strategies targeting risk factors for eating disorders have been advocated by the National Eating Disorders Association. Common components of such initiatives include rethinking dietary recommendations and media portrayals, fostering an atmosphere of body positivity, and teaching individuals how to eat without counting calories or points.

CONCLUSION: anorexia nervosa can be considered a mental illness as much as an eating disorder. Through research and accounts of clinicians, anorexia has been found to alter both the body and mind of those impacted by it.



REFERENCES

1. Elizabeth Fitzgerald, Pamela Keel. 2023
2. Csikzentmihalyi M. adolescence. The editors of encyclopaedia Britannica. June 28, 2023. <http://www.britannica.com/science/adolescence>
3. Ensminger A. A study of first grade cohort from an urban community. Policy research issue for youth. 2013; 112(2). Available from <http://www.psu.edu>
4. Mayo clinic. Anorexia nervosa - Symptoms and causes A Book: Mayo Clinic Family Health Book, 5th Edition. Feb 2018 <https://www.mayoclinic.org/diseasesconditions/anorexia-nervosa/symptoms-causes/syc-20353591>
5. Arcelus J, Witcomb GL, Mitchell A. "Prevalence of eating disorders amongst dancers: a systemic review and meta-analysis". European Eating Disorders Review. March 2014; 22 (2): 92–101.
6. Wikipedia. Anorexia nervosa. https://en.wikipedia.org/wiki/Anorexia_nervosa
7. Nagy H, Paul T, Jain E, Loh H, Kazmi SH et al. A Clinical Overview of Anorexia Nervosa and Overcoming Treatment Resistance Avicenna J Med. 2023; 13(3)3–14.
8. Wint C. Anorexia Nervosa: Symptoms, Causes, and Treatments. August 4, 2017. <https://www.healthline.com/health/anorexia-nervosa>
9. Kakhi S, McCann J. Anorexia nervosa: diagnosis, risk factors and evidence-based treatments. Progress in Neurology and Psychiatry. 2016; 12(8):24-29.
10. Bhandari S. Signs of an Eating Disorder. Jan 2022 <https://www.webmd.com/mentalhealth/eating-disorders/signs-of-eating-disorders>
11. Attia E and Walsh T. Anorexia Nervosa. MSD Manual Professional Version. July 2022; 13(2): 187-196.
12. Herpertz DB. Family, peer and media predictors of becoming eating disorders. Arch Pediatr Adolesc Med. 2013; 147(12). <http://www.archpedi.jamanetwork.com>.
13. Inform NHS. Anorexia Nervosa. Feb 2023. <https://www.nhsinform.scot/mentalhealth/anorexia>
14. Fairburn CG, Bailey, Straebl S, Basden S, Doll HA, Jones R, et al. A transdiagnostic comparison of enhanced cognitive behavior therapy (CBT-E) and interpersonal psychotherapy in the treatment of eating disorders. J Behavior Research and Therapy. 2015; 70:64-71.
15. Mustafa M, Hashmi MI, Illzam EM, Sharifa AM, Nang MK, Win T. Current concepts on Eating Disorders, Etiology and Treatment. IOSR Journal of Dental and Medical Sciences (IOSR-JDMS). Oct 2015; 14(10):77-83.
16. Marney A. Anorexia nervosa: what you need to know. April 2023. <https://www.medicalnewstoday.com/articles/267432#causes>