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EATING DISORDER

Nitish Kumar Singh¹, Dr. Hriom Sharma², Dr. Gaurav Kumar Sharma³, Dr.Kaushal Kiashore Chandrul⁴

¹STUDENT OF B. PHARMA(4TH YEAR),
²PROFESSOR (SUPERVISOR),
³H.O.D,
⁴PRINCIPLE
DEPAETMENT OF PHARMACY, MEWAR UNIVERSITY CHITTORGRH(RJ),INDIA

ABSTRACT

Serious mental health illnesses include eating disorders. They entail serious issues with your eating habits and food-related thoughts. You might consume far less or far more food than you require.

Eating disorders are not a choice of lifestyle; they are medical diseases. They interfere with your body's capacity to absorb healthy nutrients. Health complications, such as heart and renal problems, or occasionally even death, can result from this. However, there are remedies that can be helpful.

INTRODUCTION

Eating disorders are significant conditions caused by persistent eating patterns that have an adverse effect on your health, your emotions, and your capacity to carry out essential life functions. Anorexia nervosa, bulimia nervosa, and binge-eating disorder are the three most prevalent eating disorders.

The majority of eating disorders are characterised by an unhealthy obsession with food, body image, and weight. These actions can have a serious negative effect on your body's capacity to absorb the proper nutrients. Eating disorders can cause various ailments and affect the heart, gastrointestinal tract, bones, teeth, and mouth.

- Anorexia nervosa
- Bulimia nervosa
- Binge-eating disorder
- Rumination disorder
- Avoidant/restrictive food intake disorder

A psychological eating condition called bulimia causes episodes of binge eating (consuming a large quantity of food in one sitting). You don't feel like you have any control over your food during these binges. After that, you experiment with improper weight-loss methods like:

- Vomiting \sFasting \sEnemas
- excessive bowel movements and use of diuretics
- Obsessive exercise

Bulimia, which is also known as bulimia nervosa, typically begins in late adolescence or early adulthood. Typically, you binge and purge covertly. When you binge, you feel humiliated and ashamed, and when you purge, you feel relieved.

Bulimics typically weigh within the range for their height and age. But they could be quite unhappy with their bodies, fear gaining weight, and wish to lose it.

Anorexia nervosa

A potentially fatal eating disorder known as anorexia nervosa (an-o-REK-see-uh) is characterised by an unusually low body weight, a strong fear of gaining weight, and a skewed sense of weight or shape. Anorexics make tremendous efforts to maintain their weight and shape, which frequently adversely affects their health and daily activities.

When you have anorexia, you severely restrict your calorie intake or employ alternative weight-loss strategies, such as excessive exercise, the use of laxatives or other diet supplements, or vomiting right after eating. Possibly when you are overweight, dieting can have a serious negative impact on your health and even result in fatal self-starvation.

Bulimia nervosa

Bulimia nervosa, often known as bulimia, is a serious eating disorder that may be life-threatening. Bulimia causes binge-and-purge episodes where the person feels like they have no control over their food. The daytime eating restrictions that are common among bulimics frequently result in increased binge eating and purging.

During these episodes, you frequently consume a lot of food quickly and then try to burn off the excess calories in undesirable ways. You might force yourself to vomit, overexert yourself when working out, or use other techniques, like laxatives, to get rid of the calories out of fear of feeling guilty, ashamed, and gaining weight as a result of overeating.

If you have bulimia, you are likely obsessed with your weight and body image and may harshly and critically evaluate yourself for your perceived defects. You can be slightly overweight or at a typical weight.

Binge-eating disorder

With binge-eating disorder, you frequently overeat (binge) and experience a loss of control over your eating. Even when you are not hungry, you may eat rapidly or consume more food than you wanted to, and you may keep eating even after you feel uncomfortable.

Following a binge, you could feel bad about how much food you ate and how you acted. But unlike someone with bulimia or anorexia, you don't try to make up for this behaviour with excessive exercise or purging. Eating by yourself to disguise your bingeing can result from embarrassment.

The average person binges at least once every week. You can be of average weight, an overeater, or obese.

Rationing disorder

Repeatedly and persistently regurgitating food after eating is a symptom of rumination disorder, which is not related to a medical illness or another eating disorder such anorexia, bulimia, or binge-eating disorder. Without feeling queasy or gagging, food is brought back up into the mouth, and regurgitation may not be deliberate. Regurgitated food may occasionally be rechewed, reabsorbed, or spit out.

If the food is spit out or if the person eats much less to stop the behaviour, the problem may cause malnutrition. Rumination disorder may be more prevalent in young children or those who have an intellectual handicap.

Disorder of avoidant/restrictive eating

Due to lack of interest in food, avoidance of food with particular sensory qualities, such as colour, texture, smell, or taste, or worry about the results of eating, such as choking fear, you fail to achieve your basic daily nutritional requirements. Food is not eschewed out of concern for putting on weight. In addition to substantial weight loss or failure to gain weight in childhood, the disease can lead to dietary deficiencies that may have negative health effects.

NEW RESEARCHES

New research shows that exercise addiction is nearly four times more common amongst people with an eating disorder.

These results demonstrate that atypical anorexia nervosa is a true illness and not merely a milder version of "pre-anorexia nervosa," continued Garber. "Even if patients were bigger to begin with and now seem "normal," paediatricians and other primary care providers need to keep a close check on patients who have lost a lot of weight quickly. These patients are just as sick as those who have the conventional anorexia nervosa diagnosis.

Adolescents and young adults with anorexia nervosa whose weight is in the healthy, overweight or obese ranges face similar cardiovascular and other health complications as their counterparts with low body mass index (BMI), according to a new study led by researchers at UCSF.

Causes and Risk Factors

We don't know the exact cause of bulimia. But research suggests that a mixture of certain personality traits, emotions, and thinking patterns, as well as biological and environmental factors, might be responsible.

Researchers believe this eating disorder may begin with dissatisfaction with your body and extreme concern with your size and shape. Usually, you have low self-esteem and fear becoming overweight. The fact that bulimia tends to run in families also suggests that you might inherit a risk for the disorder.

Other danger signs consist of:

- being a woman
- diseases of anxiety and depression
- diseases caused by drug usage
- traumatic experiences
- Regular dieting under stress

Symptoms

The signs of bulimia can change from person to person. Both your physical appearance and your behaviour could alter. It can be more difficult to diagnose bulimia since, unlike the eating disorder anorexia, a person with bulimia might not lose a significant amount of weight.

Bulimia's physical symptoms can include:

- dental issues
- unwell throat
- enlarged glands in your face and neck
- bloating, indigestion, and heartburn
- irregular cycles
- Weakness, fatigue, and red eyes
- · Having calluses on your hands' backs or knuckles as a result of making yourself sick

- frequently gaining and loosing weight. Although your weight is often within the acceptable range, you can be overweight.
- fainting or vertigo
- experiencing constant cold
- issues with sleep
- Dry skin and fragile, dry nails.

Complications

- tooth enamel erosion brought on by frequent contact to stomach acid
- cavities in the teeth and stained teeth
- sensitivity to hot or cold foods in the mouth
- gum diseases
- Your salivary glands are swollen and hurting (from repeated vomiting)
- throat pain and inflammation
- peptic ulcers
- stomach or oesophagus rupturing
- Changing your bowel routine
- Dehydration. Electrolyte imbalances, including those in particular minerals like calcium and potassium, might result from this. Low potassium or sodium levels can result in potentially fatal heart or renal issues. Seizures can also be brought on by abnormal blood sugar levels and abnormal electrolyte levels.
- abnormal heartbeat
- chest pain (in severe cases)
- Reduced sex drive
- heightened danger of committing suicide
- Self-harm, such as self-cutting
- abuse of drugs or alcohol
- Having gastroparesis, where your stomach absorbs

What kinds of eating problems are there?

Eating disorders frequently seen include:

Binge eating is uncontrollable eating. Even after they are full, many who suffer from binge eating disorder continue to eat. They frequently eat past the point of extreme discomfort. They typically experience remorse, shame, and distress afterward. Obesity and weight increase can result from overeating. The most prevalent eating disorder in the United States is binge-eating disorder.

Anorexia nervosa Periods of binge eating are also common in those who have bulimia nervosa. However, they then purge by forcing themselves to vomit or by using laxatives. They could also overwork themselves or fast. People who have bulimia nervosa could be overweight, average weight, or slightly underweight.

Nervosa anorexia. People who have anorexia nervosa skip food, restrict food excessively, or consume small quantities of only certain foods. They may see themselves as overweight, even when they are dangerously underweight. Anorexia nervosa is the least common of the three eating disorders, but it is often the most serious. It has the highest death rate of any mental disorder.

How are eating problems identified?

In light of how serious eating disorders may be, it is crucial to get assistance if you or a loved one suspects that there may be a problem. Your doctor may use a variety of instruments to make a diagnosis, including:

A medical history that asks about your symptoms is included. It's critical to be open with your provider about your food and activity habits so they can support you.

a medical checkup

To rule out additional potential reasons of your symptoms, get a blood or urine test.

other examinations to determine if your eating disorder is causing any more health issues. An electrocardiogram and tests for renal function are examples of these (EKG or ECG).

Treatment

Plans for treating eating disorders are personalised for each patient. A group of healthcare professionals, including doctors, nutritionists, nurses, and therapists, will probably be working with you. The therapies could consist of:

Psychotherapy for individuals, groups, or families. Cognitive behavioural techniques in individual therapy may be used to help you recognise and alter unfavourable ideas. You can also develop coping mechanisms and alter ing behavioural habits with its aid.

medical attention and supervision, including attention for potential side effects of eating disorders

counselling on nutrition. You can achieve and keep a healthy weight with the aid of doctors, nurses, and counsellors by eating a healthy diet.

Some eating disorders may be treated with drugs such mood stabilisers, antipsychotics, or antidepressants. The medications can also assist with the symptoms of despair and anxiety that frequently coexist with with eating disorders.

CONCLUSION

It's critical to address the patients' emotional and psychological demands in addition to their bodily ones when treating eating disorders. Pharmacists are in a perfect position to serve patients who need encouragement to seek and continue therapy. Common disorders like purging and binge eating indicate a variety of negative results. These diseases, which might be underrepresented in eating disorder clinic samples, should be made known to primary care practitioners. The focus of eating disorder prevention initiatives should be on subthreshold severity cases.

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