Knowing and Facing Eating Disorders

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In recent years, eating disorders have been increasingly heard, studied, and occurred in an increasing proportion of the population (mainly women). This article attempts to get to know (or be reminded) about the symptoms, the reason, and how to deal with them so that we can stay alert and know what kind of help it is good for us or for ourselves to seek.

Initially, the main eating disorders are characterized by psychogenic anorexia and psychogenic bulimia. Individuals are overworked with body weight, using restrictive and/or overeating/laxative behaviors.

Mental Anorexia is characterized by: refusing to maintain body weight at/above the minimum normal weight according to age/sex/developmental stage/Intense fear of weight gain or becoming obese, even if it is light weight/loss of control when weight gain and discipline when losing weight/hunger/food starvation/disruption to the way in which a person experiences his or her body weight or body shape affecting note self-assessment of the individual or lack of recognition of the severity of low body weight (excessive physical exercise, skin discoloration-hypercarotenemia- (orange skin), lanugo- whole-body hair growth, hypersensitivity to cold, cardiac hypersensitivity, problems, amenorrhea).

Two types of psychogenic anorexia can alternate: Restrictive type (in the last 3 months, weight loss is achieved through diet and excessive exercise) and type with overeating/laxative behavior (in the last 3 months, the person is involved in hyperphagic or lethargic behaviors).

Psychogenic anorexia can lead to death (mortality rates: 3 - 10%, due to suicide or medical complications), while «starvation» affects important systems of the body’s organs. With respect to prevalence, there is an increase in anorexia in developed countries, in young girls (Men: Women 1: 12), which may be explained by the increased awareness and awareness of eating disorders, the availability of therapies and the social benefits for a slim body.

The causal factors are numerous and can interact at the same time: biological, developmental, cognitive distortions, family-social-cultural context. Comorbidity with depression, substance use and anxiety disorders is also worthy of attention.

Psychogenic Bulimia is characterized by: Repeated episodes of overeating which include: intake of food which is greater than most would consume during a similar period and under the same conditions/Feeling of lack of control over food, during episode/Repeated inappropriate compensatory behaviors to prevent weight gain (vomiting, abuse of laxatives or diuretics, excessive exercise, fasting)/Overweight and inappropriate compensatory behavior occur on average at least once a week for 3 months/Self-esteem is overly influenced by body shape and weight.

Two types of bulimia: Type of purulent (during bulimia episode, the person is regularly involved in self-induced vomiting or abuse of laxatives/diuretics) and Non-purulent type (during bulimia episode, the person uses other substances compensatory behaviors-robbery, excessive physical activity).

Psychogenic bulimia has a later onset of anorexia (around 16 - 18 years) and co-morbidity with substance use, anxiety disorders, affective disorders, and conductive disorders is observed. Although there are similarities to psychogenic anorexia (especially in the causative agents), in the 2nd individuals maintain excessively low body weight (thus, the disorder is more easily perceived by psychogenic bulimia).

The main interventions to deal with these disorders are mainly cognitive-behavioral. Specifically, there is an attempt to change cognitive distortions and over-generalizations (e.g. only if I am fine will I be perfect), cognitive restructuring and modifying the behavior of the sufferer. In addition, family therapy is considered necessary as eating disorders are a major issue for the whole family. Finally, in the context of ‘better to prevent rather than cure’, information and prevention programs aimed at children and adolescents may be helpful.

The optimistic message is that good family functioning and early intensive intervention are protective factors, as well as positive indicators of the outcome of eating disorders. With open communication, information and a willingness to change, recovery and treatment rates can increase significantly. It’s up to you ... starting today!