# An Update on Children's and Teenagers' Eating Problems

Dr. Meenakshi Kujur\*

\*HOD, University Department of Psychology, Dr. Shyama Prasad Mukherjee University, Ranchi, Jharkhand.

### **ABSTRACT**

Adolescents and young adults face significant emotional and physical challenges due to the impact of eating disorders. Due to its effects on the patient and their family members, it is often overlooked. Among the many serious mental health issues that affect people today, eating disorders are among the most common, deadly, and morbid. Anorexia, bulimia, and binge-eating disorder are the three most prevalent forms of eating disorders. According to the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association, feeding and eating disorders are characterized by persistent disturbances in eating or eating-related behavior that result in alterations in food consumption or absorption and have a substantial impact on physical health or psychosocial functioning. In order to provide the best possible outcome for the young person affected, it is crucial for parents, family members and school personnel to be aware of the signs and risk factors of eating disorders. The general populace has a fundamental understanding of these disorders. The most recent research on the causes and effects of this condition, as well as its preventive and screening efforts, key players in the risk equation, dietary concerns, the role of primary care physicians in patient treatment, the proper utilization of interdisciplinary teams, and payment and managed care are all covered in this article.

**Key Words:** Eating Disorder, Behavior, Anorexia, Bulimia and Fundamental.

### 1. Introduction

Problematic eating habits that start in childhood are known as eating disorders. Most people don't realize how frequent they are in kids. Any child, regardless of age or gender, can suffer from an eating disorder. Problems with one's connection with food and eating are hallmarks of eating disorders, a group of severe mental diseases. This may even go as far as an unhealthy fixation on one's physical appearance, including one's weight, size, and form. An unhealthy way of dealing with stress is at the root of many eating problems. An eating disorder may provide a sense of security or control to a person going through tough circumstances, thus it's clear that they serve a purpose for people. Eating problems in younger children were uncommon until recently. Regrettably, that has changed. There has been a rise in the prevalence of eating disorders in sub-12-year-olds. There is no one reason for eating disorders; rather, they arise as a result of a complex interplay of circumstances. The emotional and physical healths of those who suffer from anorexia nervosa are severely compromised. Those who battle anorexia nervosa tend to fixate abnormal amounts of time and energy on food, their weight, and how attractive they seem. A variety of eating disorders exist, including bulimia, anorexia, and binge eating disorder. Eating problems can be effectively treated. Neglecting to get help for an eating disorder can lead to devastating and even fatal outcomes.

### **Objectives of the Study**

- **♣** To comprehending abnormalities of eating.
- ♣ To study what causes eating problems and what characteristics they have.
- ♣ To investigate methods that can be used to avoid the occurrence of eating problems.

### **Eating Disorders**

A sustained disruption of eating or eating-related behavior that leads to altered consumption or absorption of food and that significantly compromises physical health or psychosocial functioning is what the American Psychiatric Association (APA) (2013) called an eating disorder. A person with an eating problem has a disturbing and uncontrollable need to restrict their food intake even when they are self-aware of their weight and body type. Inadequate and excessive food consumption is both part of it. A lot of kids these days struggle with eating disorders, which are mental diseases that stunt their development. Malnutrition, retardation of typical growth, abnormally low body weight, and chronic complications including cardiac, gastrointestinal, and bone problems are all possible outcomes of this illness. Problems with eating can arise for several reasons, including a person's genetic makeup, their family relationships, past trauma, and personality qualities. Considering how common nutritional problems are during puberty, it's safe to infer that other variables impact development as well. Students who have trouble sticking to healthy eating habits often struggle with poor self-esteem and body image issues. When things are generally out of hand, adopting a more erratic eating habit might be a coping mechanism. In order to satisfy their wants and cope with extreme stress, these people frequently turn to their eating habits. The person's defective thought processes allow them to continue acting in this way. The many behavioral and cognitive components associated with food and self-perception is investigated in this assessment.

### **Causes of Eating Disorders**

Dietary issues may have several causes, the nature of which is not yet completely known. The development of eating disorders is influenced by genetics, environmental factors, and social dynamics. Individuals who find it challenging to manage their food consumption or specific dietary categories may resort to drastic actions when they feel overwhelmed by other aspects of their lives. In challenging emotional situations or experiences, an unhealthy preoccupation with eating may emerge as a means of coping. As a result, individuals with eating disorders frequently pursue constructive methods to manage their emotions rather than concentrating solely on food. A variety of factors may elevate the risk of experiencing an eating disorder. Historical backgrounds of mental health challenges such as depression, addiction, or eating disorders are included in these risks. A comprehensive account that documents distressing experiences, encompassing physical, emotional, or sexual dimensions. Possess a history of anxiety, depression, or OCD. An overview of the evolution of dietary practices across different historical periods.

### **Symptoms**

A child's weight fluctuates during their development, making it difficult to detect outward symptoms of disordered eating in children who suffer from this condition. Changes in your child's emotional state or behavior, in addition to shifts in their eating habits or food choices, may be more noticeable to you. Gaining weight is a natural part of growing up, especially for prepubescent kids. When this happens, it can make the child (or their family, or even their doctor) anxious, which can lead to unhealthy eating habits and weight loss plans. Fear of food

### Journal of Cardiovascular Disease Research

ISSN: 0975-3583, 0976-2833 VOL11, ISSUE10, 2020

(either eating it or being seen eating it) and generalized discomfort with eating can develop in children with eating disorders, which cause them a great deal of anxiety.

An Avoidant Restrictive Food Intake Disorder (ARFI) can develop in children as a result of these anxieties. Anxieties about choking and aversions to particular meals based on aroma, flavor, or texture are symptoms of Avoidant Restrictive Food Intake Disorder in children. A lack of body positivity from an early age is another indicator that a youngster could be suffering from an eating disorder. A youngster may start to compare themselves to their classmates or get self-conscious about their body image if you observe any of these things happening to your child. Our fat phobic culture reinforces the anxieties that children already have about their bodies' natural distribution of size, type, height, and shape. Restriction and all the complicated neurobiological and psychological repercussions may follow from a constellation of characteristics that causes children with eating disorders to feel abnormally unhappy with their bodies and shapes as they grow older. A child may be suffering from an eating problem if he or she begins to exhibit significant changes in weight, either an increase or a decrease. Because puberty brings about such profound changes in your kid, including their self-image, this may be strongly related to body image difficulties. Disordered eating may be present in children if they show signs of self-isolation, extreme fear or rigidity around food, or negative emotions regarding their appearance. On the one hand, children with eating disorders may exhibit high levels of functioning and go unrecognized for their anguish and isolation; on the other, they may grow profoundly reclusive and lose interest in what they once enjoyed. Mood swings, including heightened irritation and emotional outbursts, are common symptoms of eating disorders in children. Additionally, they can start acting in ways that are out of character for them. We can usually tell anything is wrong just by looking at our child's skin. Because their bodies aren't obtaining enough nutrition, children who suffer from eating disorders could have extremely dry, flaking, or scaly skin. Tooth erosion and cavities are possible outcomes of severe malnutrition in children who suffer from eating disorders. The teeth may erode, become yellow, or fall out at an early age if the animal is engaging in purging behaviors. Chronic exhaustion, low energy, and trouble concentrating are symptoms experienced by many youngsters who struggle with eating disorders. Because of this, kids often feel too tired to do anything, including their homework, regular chores, or even enjoy the things that other kids their age like doing. Both of these symptoms are permanent indicators of an eating problem, which can affect both children and teenagers. Children and adolescents who struggle with eating disorders are constantly at risk of developing osteopenia, a condition that happens when the bones do not receive enough nutrients. Improper bone development, caused by osteoporosis, an irreversible bone disease, can develop from osteopenia.

## **Types of Eating Disorders**

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

I will be examining just two forms of eating disorders—bulimia and anorexia—because they are the most common. It is important for modern society to reflect on the reality that many eating disorders, including obesity, have been on the rise, along with other health problems associated with poor food and lack of physical activity. The hallmarks of bulimia nervosa are binge eating episodes, which are then followed by extreme efforts to control the weight, such

### Journal of Cardiovascular Disease Research

ISSN: 0975-3583, 0976-2833 VOL11, ISSUE10, 2020

as cutting out food altogether, fasting, or abusing laxatives, diuretics, enemas, or excessive exercise. An extreme fear of gaining weight and an unhealthy fixation on one's weight and physical fitness are further symptoms of bulimia. It should be mentioned that unless anorexia is also present, the person's weight might be within the normal range. When persons with anorexia nervosa (also spelled "anorexia") keep their weight well below the normal range for their height and age, it's considered an eating disorder.

Anorexia is characterized by a severe aversion to gaining weight, which manifests in children and teenagers. They could have an unhealthy obsession with food and an inaccurate view of their physique, seeing themselves as "fat" even when they're actually rather slim. Anorexic children and teenagers may severely restrict their caloric intake, eat very little, flush their systems through vomiting or laxative use, or engage in excessive physical activity in order to maintain a dangerously low body mass index. Frequently, individuals may fail to acknowledge that these behaviors are detrimental to their health or that their body image is skewed. Things beyond food and body weight may be at the root of anorexia. To deal with emotional issues, perfectionism, and a need for control in an unhealthy way is what it is. A person's sense of self-worth is frequently linked to their weight in anorexia.

### **Features of Diseases Related to Eating**

There is a wealth of information on the complex and varied causes of eating and feeding problems thanks to the studies that have already been conducted. Traditional beauty standards, however, nevertheless have a considerable influence. According to Arévalo et al. (2015), they have a significant influence on skewed body image, which in turn contributes to several disorders.

### **Significance of the Study**

There appears to be a direct link between the alarming rise in the incidence of mental health issues and the societal stress levels of the present day. There has been a consistent rise in the incidence of obesity and eating disorders over the past few decades. Observations of this phenomenon are made in both sexes. Findings from this study will shed light on the understudied problem of eating disorders. This study is expected to add a lot to what is already known about eating disorders, according to the researchers.

#### **Advice for Parents**

- ♣ Focus: Pay attention while listening, think about what you've heard, and don't judge. When in doubt, inquire as to your child's emotional state and how you might be of most assistance to them. Validate their feelings instead than offering answers immediately away.
- ♣ Learn as much as you can about eating disorders, their treatment, and the myths and truths surrounding them. It is usual practice for therapy programs to integrate evaluations of or conversations with other parents who have helped their children heal.
- ♣ Motivating: Highlight positive character traits and emotional health rather than foodrelated actions. Establish a family atmosphere that supports and promotes healthy habits and choices when it comes to food, weight, and activity. Set a good example yourself.

### **Prevention**

It is critical to know the symptoms of an eating disorder so that we can act swiftly if someone in our family is experiencing this issue. To address and overcome destructive eating habits,

help must be sought without delay. Substance abuse treatment for disorders including obsessive-compulsive disorder (OCD), depression, or anxiety can reduce the risk of developing an eating problem. Maintaining a healthy diet without assigning moral judgments to food is an important part of setting a good example for our children and grandchildren. Never diet yourself, make derogatory comments about other people's physique, or bring up the topic of diets in conversation. Cognitive behavioral therapy has been a lifesaver for countless individuals struggling with eating disorders. With any luck, this kind of treatment will help us identify the flawed logic that underlies our emotions and behaviors, and then we can work to alter them. Anorexia and sadness are symptoms that some persons with eating disorders encounter. Medication, including antidepressants, may alleviate these symptoms. Consult a certified dietitian with expertise in eating disorders to help you change your nutrition and develop a balanced eating plan. The best way to address most health problems, whether they are psychological, behavioral, or physiological, is with a multidisciplinary team approach.

### **Programs for the Treatment of Children**

A child's life is in jeopardy if they suffer from an eating disorder. Eating disorders can have devastating and long-lasting consequences on a child's life if they are not addressed. Recovering from an eating issue begins with finding a good treatment program for kids. Method of treatment that teaches parents and other family members about the disease and how to help their kid recover. In family-based therapy, parents are encouraged to step in and stop their child's eating disorder behavior as part of a systematic intervention that helps the family as a whole support the patient's recovery. While family-centered care has the potential to be highly effective for some patients, it can also provide significant challenges in other cases. Possible obstacles include a lack of family availability to offer meal-by-meal supervision and the presence of additional problematic habits like purging, excessive exercise, or self-injury. The use of family members to manage food can also exacerbate conflicts and impede healing processes for a variety of reasons.

Every situation is different. Working with younger children often presents unique challenges, but this approach and other treatments that help kids stay with their families have the best chance of success. Our child can learn to better control their ideas, feelings, and actions via cognitive behavioral therapy, a form of talk therapy that focuses on increasing the capacity to distinguish thoughts that are connected to an eating problem and new, objective reality. Avoidance behavior is common among people with eating disorders because of the severe anxiety they feel over their eating habits and body image. As an example, a person may develop a cognitive distortion associated with a certain food category, leading them to avoid that group altogether. Anxiety can be reduced by exposure therapy, which involves exposing patients to their fears in a safe and controlled setting.

### 2. Conclusion

The study of eating disorders has significantly advanced in India over the last two decades. The remarkably low prevalence of eating disorders could account for the limited exploration of this subject matter. However, the issues surrounding eating habits are receiving renewed attention as the influence of westernization on society continues to grow. It is essential to develop epidemiological data on eating disorders that encompasses both community and sanatorium settings, alongside the creation of diagnostic tools that are attuned to diverse cultural contexts. The reduction of cereal-based diets in favor of meals rich in fats and sugars may exacerbate obesity and various metabolic disorders.

#### Recommendation

An unhealthy fixation on one's weight, body type, and food is the root cause of most eating disorders. Dangerous eating habits might result from this. Our bodies may have trouble getting the nutrients they need if we keep up these habits. There is mounting evidence that eating disorders including anorexia, bulimia, and bulimia nervosa pose significant risks to physical and mental health. Some health problems could develop because of them. Additionally, they have been associated with feelings of despair, anxiety, self-harm, and thoughts of suicide. A more healthy relationship with food and our bodies can be achieved via therapy that helps us reestablish a more balanced eating pattern. The serious problems caused by the eating disorder may be manageable with our help.

### **Research Scope**

To determine the influence of culture-specific variables on the incidence of eating disorders, further study is needed in the future. There has to be an evaluation of the many physical, emotional, social, and familial aspects associated with eating disorders in order to find effective ways to prevent and treat them. Furthermore, the societal fixation with thinness as a psychological, moral, and physiological concern is associated with eating disorders.

### 3. References

- 1. American Psychiatric Association (2013). Diagnostic and Statistical Manual of Mental Disorders. Fifth edition. American Psychiatric Association, Arlington V.
- 2. Arévalo, R., López Aguilar, X., Ocampo Tellez-Girón, M. T., & Mancilla-Diaz, J. M. (2015). El diagnóstico de los trastornos alimentarios Del DSM-IV-TR al DSM-5. Revista mexicana de trastornos alimentarios, 6(2), 108-120.
- 3. Becker, A.E, Burwell, R.A, & Gilman, S.E. (2002). Eatingbehaviours and attitudes following prolonged expo-sure to television among ethnic Fijian adolescent girls.Br J Psychiatry; 180: 509-14
- 4. Campbell, K. & Peebles, R. (2014). Eating Disorders in Children and Adolescents: State of the Art Review. Pediatrics; 134; 582-592.
- 5. Choudhary P, Roy P, & Kumar Kar S. (2017). Improvement of weight and attitude towards eating behaviour with high frequency RTMS augmentation in anorexia nervosa. Asian J Psychiatry; 28:160.
- 6. Flament, M.F, Bissada, H, Spettigue, W. (2012). Evidence-based pharmacotherapy of eating disorders. Int J Neuropsychopharmacol; 15:189<sup>2</sup>207
- 7. Jones J, Bennett S, Olmsted M, (2001). Disordered eating attitudes and behaviours in teenaged girls: a school-based study. Can Med Assoc J; 165.
- 8. Parry, N. (2019). "Eating Disorders Are All but Unstudied in India." Health Issues India, www.healthissuesindia.com/2019/03/09/eating-disorders-are-all-but-unstudied-in-india/.
- 9. Phillipa J Hay (2010). Bulimia nervosa.BMJ Clin Evid. PMCID: PMC3275326.
- 10. Rosen, D. (2010). Identification and Management of Eating Disorders in Children and Adolescents; Pediatrics; 126; 1240-1253
- 11. Sangha, S., Oliffe, J. L., Kelly, M. T., & McCuaig, F. (2019). Eating Disorders in Males: How Primary Care Providers Can Improve Recognition, Diagnosis, and Treatment. American journal of men's health, 13(3), 1557988319857424. https://doi.org/10.1177/1557988319857424
- 12. Treasure, J, Duarte, T.A, & Schmidt, U. (2020). Eating disorders. Lancet; 395(10227):899–911. https://doi.org/10.1016/S0140-6736(20)30059-3.