Eating Disorders and Their Effects on Health and Lifestyle

Posted on September 19, 2019

View this essay online:
https://academic-master.com/eating-disorders-and-their-effects-on-health-and-lifestyle/

Introduction

The current assignment focuses on the mental health issue of eating disorders and the impact the same can have on the lifestyle, health, and surroundings of people. Sometimes, the effect is much more pronounced and affects the family members of the one affected. Eating disorders or binge eating often arise as an outcome of certain mental health issues. Binge eating is mainly taken up by individuals when one is in a melancholic or depressive state of mind. It is also a sign of the restless mind where an individual tries to recover from their mental frustrations through indulging in food. The eating disorder is mainly characterized by irregular eating patterns often accompanied by large gaps, which are primarily triggered by concern regarding individual body and weight. Eating disorders are expressed equally in males as well as females. Apart from binge eating, the other types of eating disorders include anorexia nervosa and bulimia nervosa.

Eating disorders can arise at any stage of life. However, they are mainly predominant during the teenage years and often co-exist with mental sickness issues, which include depression, abuse of substances, and anxiety. Most of the eating disorders stem from shame regarding body shape and image. The process of clinical reasoning is used by medical professionals to aid in informed decision-making. Clinical expertise, previous knowledge, and evidence-based practice play an important part in clinical reasoning to make the best use of a patient's information in making a judgment (Banning 2008, Lee, Lee et al. 2016). Clinical reasoning is also helpful in caring for patients having unhealthy altered eating habits that progress into eating disorders. Eating disorders are most commonly categorized into three: Binge eating disorder (BED), Anorexia nervosa (AN), and Bulimia Nervosa (BN) (Kupfer, Kuhl et al. 2013, Maguen, Hebenstreit et al. 2018).

Considering the patient's situation is helpful when planning care for a patient having an eating disorder. It is prevalent in younger age groups, especially in the female population aged 15 -19 years old (Smink, van Hoeken et al. 2012, Hoek 2016). Various factors, including genetic, neurobiological, psychological, common body image dissatisfaction, personality disorders, western cultural influence and childhood sex abuse, contribute to occurrences of eating disorders (Rikani, Choudhry, et al. 2013). Patient history, including family past occurrences of eating disorders and having a past or present diagnosis of mental illnesses, including obsessive-compulsive depression, a disorder in mind, anxiety, etc., can also have a significant impact on a patient's presentation of eating disorder

(Cederlöf, Thornton, et al. 2015).

Assessing a patient diagnosed with an eating disorder for the current issue, status on mental health, developmental occurrences, societal and medical history, current medical problems, eating patterns and compensatory behaviours is essential for planning the care and treatment plans (Wolfe and Gimby 2003). Current presentations include a very low or high individual weight in terms of age, physical health and sex, fear of being overweight, and being unable to sense and control inappropriate eating habits. Consuming a significant quantity of food within a while and engaging in compensatory behaviours to avoid weight gain are also observed during eating disorders (Harrington, Jimerson, et al. 2015).

Malnutrition in anorexia nervosa can present symptoms like brittle hair and nails, hyperkeratosis, hypotension, amenorrhea, and osteoporosis at a young age. It can also progress to more complications such as arrhythmia, bradycardia, oedema, etc. Due to electrolyte imbalances and heart muscle wasting in bulimia nervosa, the clinical signs due to self-induced vomiting include oral disease, calluses on fingers, parotid gland increase or scars, weight fluctuations, electrolyte imbalances leading to oedema, etc. (Harrington, Jimerson, et al. 2015, Mehler and Brown 2015). Psychological conditions, including disorder in mind, anxiety, abuse of substances, personality, self-harm, suicidal thoughts, or depression, are commonly comorbid with eating disorders; it is unclear whether these are caused by or are a risk factor for an eating disorder (Herpertz-Dahlmann, Keski-Rahkonen and Mustelin 2016).

For a patient diagnosed with this problem, it is important to consider the vast possibilities of various medical and psychological co-morbidities, and hence, a very comprehensive patient assessment is essential to link the association of multiple diseases and formulate a treatment plan. Conventional diagnostic procedures for eating disorders include the SCOFF questionnaire, regular weight, height, and body mass index measurements, and urinalysis to determine hydration status and pH level, kidney damage, routine blood pressure measurements, electrocardiography, complete blood count, etc. (Harrington, Jimerson, et al. 2015). Deriving a pattern from the diagnosis and associated comorbidities, a care plan can be formulated by the treatment team. Attention is given to the severe medical conditions first that may be life-threatening; for example, cardiac complications associated with the eating disorder may require emergent hospitalization. After stabilizing those conditions, focus can be moved to improving the lifestyle and providing the patient with psychological and medical support to maintain that lifestyle.

Assessment Of Eating Disorder

The occurrence of binge eating disorder within an individual could be analyzed through a comprehensive clinical assessment. As mentioned by Mehler & Andersen (2017), eating disorders are associated with a significant amount of health morbidities and could also result in psychological distress. Some of the typical processes which could be conducted by the attending physician to

monitor the presence of an eating disorder in an individual are routine laboratory tests, review of presenting symptoms, recording vital health details of the patient and comparing them on each visit, and conducting a psychometric assessment test. Some of the routine laboratory tests performed to monitor the overall eating pattern of an individual are liver function tests, serum calcium, magnesium, phosphorus, TSH, and blood glucose monitoring. As commented by Clement et al. (2015), liver function tests are beneficial in determining any anomalies or abnormalities in the metabolic process and digestion.

The health professional catering to the concerns of the eating disorder needs to review the clinical symptoms expressed by the patient. Some of these could be health-related or merely psychological manifestations. The range of symptoms expressed in the patient is fatigue, frequent urination, heartburn, irritability, loss of menses, sleep disturbances, depression, constipation, diarrhoea, brittle hair and nails. As supported, self-monitoring of weight on a regular basis can also help in regulating the obsessive eating disorder. Additionally, healthcare professionals could develop a range of questions to inquire regarding an individual's eating patterns.

Treatment And Nursing Interventions

Some nursing interventions and treatment methods could be suggested for the treatment of anorexia or eating disorders in people. The treatment or intervention plans have been designed concerning the overall health assessment of the patient. As mentioned by Mehler & Andersen (2017), it is essential to consider the health co-morbidities before a specific intervention plan can be developed for a patient. Healthcare or nursing professionals could play a very effective role in monitoring the eating patterns of an individual. As mentioned by Ágh et al. (2015), adequate nutrition and electrolyte balance need to be maintained as the lack of nutrients can lead to the development of some health issues or disorders. Setting the time limits for each meal, along with strictly monitoring activities such as vomiting before and after eating, can lead to a reduction in anxiety levels related to eating. Additionally, monitoring the weight of the patients frequently can help in preventing incidents of binge eating. The integration of an individualized meal plan can also help restore and stabilize normal eating habits (Chesney, Goodwin & Fazel, 2014). Some psychotherapeutic approaches have been suggested for controlling the rate of binge eating in an individual. Some of these are implemented through cognitive behavioural therapy, which helps an individual to change their perception regarding food and themselves.

Interpersonal psychotherapy focuses on the interpersonal difficulties in a person's life, which should be treated to bring about the required changes in eating patterns. The incorporation of dialectical behavioural therapy helps people to figure out the emotional distress faced by them. As commented by McElroy et al. (2015), lip-smacking food is often seen as a way out from the melancholic and depressive mode of life. Thus, the process of mind-based depression reduction therapy can also help in reducing the dependence upon food, which acts as a source of stress relief.

Effect On Family And Community

An eating disorder is a severe problem in the modern world. It is a psychological disorder that is characterized by disturbed or abnormal eating habits. For example, anorexia nervosa is an eating disorder where people stop eating because of the fear of weight addition and, hence, suffer from severe food restriction. The perceptions of a perfect figure and resulting eating disorder have profound implications on the individual, their family, and the community the individual is living in (Rohde, Stice & Marti, 2014).

Today, the mass media advertises the concept of beauty regarding the youthful face and slender figure of women, which leads to the idealization of a thin body by not gaining weight. However, the ideal value is almost impossible to achieve, but women panic about their weight and stop eating. Individuals can experience physical consequences, like malnutrition, together with other chronic diseases, for example, high blood pressure, diabetes, heart disease, dental issues, heart attack, inflamed oesophagus, weak bones, and sometimes even death (Blodgett Salafia et al., 2015). The physical impact of the eating disorder shows the implications gradually on the body system. The effects are long-term and have an impact on adulthood. If an individual suffers from this disorder and its resultant health effects, then it is another cost to the family of the person affected and the whole community. Society is then burdened to provide long-term treatment to these individuals. Yu, Damhorst & Russell (2011) state that in the future, when these young people grow up with many chronic diseases, the community has to provide proper medical treatment at large, regarding hospital facilities, drug counselling, and many more. The working capacity of that individual will also be affected due to ill health, which in turn will change the work culture as well as the productivity of the community.

Individuals with severe eating disorders suffer from isolation and substance abuse. These can have repercussions for their families. Academic performance, social interaction, and participation in school and college programs are all affected by the health issues of the individuals (Moessner & Bauer, 2017). The parents want to cope with such problems and also get isolated from society, which is again a major problem for the community. As the problem of an eating disorder is more mental and less physical, it brings extreme pressure on the individual and their families, although from different perspectives. The behaviour coming from this disorder places an emotional toll on the affected individual and his family and friends. They start lagging behind in confidence, which is reflected in their regular activities of daily life, and the family faces financial consequences (Gale et al., 2014). The medical cost for such a nervous problem is quite high, and families and society are affected by the cost of treatment.

It can be said that the self-perception of an individual, influenced by the media, can result in a disastrous effect on the individual regarding somatic and mental health, and the families and the community get affected through high medical costs and social isolation.

Conclusion

The current assignment focuses on the aspect of eating disorders in individuals. The eating disorder stems from psychological stress, negative self-image, and failure to lose weight. There is a broad-scale opinion that weight is genetically controlled, and once someone is fat, they can hardly do anything about it. Therefore, failure leads to more disappointment, and as a result, an individual has often been seen to stop making an effort altogether. The higher the frustration, the more the level of indulgence in binge eating. Binge eating can result in a tremendous amount of health complications, such as gastrointestinal disorders along with obesity, which can trigger further complications. One of the most critical methods in the control of eating disorders is through implementing useful counselling sessions. As mentioned by Ágh et al. (2015), counselling sessions help in changing the view possessed by an individual regarding self and eating habits. As suggested by Clement et al. (2015), acceptance of self in its true form can help in reducing fidgety behaviour regarding food. However, effective nursing intervention methods are crucial in the assessment of an individual's obesity patterns. Some of the intervention approaches could be delivered in the form of psychotherapy sessions. Psychotherapeutic approaches can further help remove individual biases regarding self and food.

References

Banning, M. (2008). "Clinical reasoning and its application to nursing: Concepts and research studies." Nurse Education in Practice 8(3): 177-183.