Eating Disorders and their treatments

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Thesis/Introduction Introducing the Presenting Problem, Population, and Group Topic

Eating disorders are a common occurrence in the modern world. In most cases, the characteristic of the disorder is volatility inconsistency. There are three forms of the disorder: bulimia nervosa or anorexia, bulimia, and gluttony. A person starts to want to eat constantly; there are not enough servings. Even with severe overeating and stomach problems, the body is not saturated, and the hunger continues. In the case of bulimia by periods, overeating is replaced by a strong desire to lose weight in a fast way. For this, laxatives are taken, and attempts are being made to provoke vomiting.

The proportion of people older than 65 years in society is growing, especially in Western countries. For example, in the United States, the fastest growing population growth rates are for people aged 85 and over. The aging of the population has already had a major impact on all healthcare facilities and aspects such as emergency care, as well as assistance with chronic diseases and conditions requiring long-term treatment. Although a recent study in Europe by Seneca has shown that eating disorders are rare among healthy elderly people, protein-energy malnutrition (LDPE), combined with a micronutrient deficiency, is a major problem in elderly people with some diseases.

The fact that an elderly person eats a lot can have a strong impact on both the physical condition of a person and the psychological state. In addition to the fact that their presence will seriously affect productivity and human life, it will also affect the internal processes of the body and even be very dangerous for life. According to the scientific community studying mental health, it is known that people with eating disorders are more likely to die 18 times earlier than people of the same age and health status. (National Institute of Mental Health, n.d.)

Discussion on the Presenting Problem and Population

Anorexia nervosa is the main characteristic of the disease; it is a wrong perception of the weight of your own body and constant fear of increasing this weight. Patients make frequent attempts to dramatically reduce their body weight. They can start taking laxatives, try to induce vomiting and start taking up heavy physical activity.

Gluttony – in this form, a person constantly experiences a feeling of hunger and starts consuming food in incredible quantities but can not achieve a sense of satiety, even with the serious

consequences of overeating.

Bulimia is a disorder that combines the two previous concepts. With this form, a person's condition is constantly changing. Overeating can be dramatically replaced by a strong desire to lose weight quickly, take certain measures for this, while also experiencing severe hunger and again returning to the dimensionless eating of food.

The probability of manifestation of one form or another depends mainly on the body weight and attitude toward food, but in fact, it depends more on the combination of many factors. In addition to obvious biological problems, the psychological factor, interpersonal relationships, psychological state, and the impact of society are important. Strong psychological disorders, nervous states, a depressed state, prolonged loneliness, and a strong sense of anxiety can cause eating disorders. It may be that old people eat a lot because of strong experiences – in this case, eating substitutes for solving the problem. At the same time, a person can think that he is able to control it, not noticing the possible consequences, increasing the depth of psychological problems, or aggravating the physical condition of a person. Overeating can lead to obesity. Because of this, the likelihood of developing diabetes, heart disease, hypertension, and even certain types of cancer is significantly increased. Anorexia can cause anemia, impaired renal function, and cardiovascular problems.

The impact of eating disorders on elderly people is poorly understood. Up to a certain point, it was believed that only young people were affected by such problems. This raises many questions. Why do the elderly eat a lot? Statistics say that a greater percentage of those who are affected are women under 30. At the same time, scientists are of the opinion that such a fallacy has a negative impact on statistical data. There is ample evidence that bulimia in the elderly is a frequent occurrence, and therefore, it is worth paying close attention to it.

Elderly people may have difficulty obtaining food, and a lack of food can also be a symptom of the disorder. Some signs of the disease are similar to those corresponding to aging. People above middle age can have problems with the function of the body, which seriously impede the normal reception of food or simply fulfill the conditions of a constant diet. It happens that a person has this problem, but because of the difficulties in diagnosing it, it remains unobserved. Diseases available to the elderly, whether diseases of the cardiovascular system, stomach, osteoporosis, or others, can be complicated by an eating disorder, which may result in the death of elderly people. Therefore, a strict diet and constant psychological therapy are required.

Discussion on how the Group Topic is an effective treatment for the Presenting Problem

Treatment of any elderly patient should include correction of the existing multivitamin deficiency and maintenance of optimal vitamin supply of the body by mandatory inclusion in the complex therapy of multivitamin preparations or products of therapeutic and preventive nutrition, additionally enriched

with these essential nutrients. Particular attention should be paid to nutrition during the body's recovery after diseases of the elderly and sick people. At this time, it is simply necessary to use vitamin-mineral complexes to replenish the body's needs for micronutrients.

Unfortunately, among a significant part of the population and even among medical workers, there is a perception that "synthetic" vitamins present in multivitamin preparations and vitamin-enriched food products are not identical to "natural" foods and are less effective, that vitamins in natural products are in combinations better assimilated by the body. All this is nothing more than a delusion. In fact, all the vitamins produced by the medical industry are completely identical to the "natural" ones present in natural foods – both in terms of chemical structure and biological activity. Their ratio in the above-mentioned multivitamin preparations and vitaminized products most closely corresponds to the physiological needs of man, which is by no means the most common food product. The technology of obtaining vitamins and multivitamin products is reliably worked out and guarantees both high purity and good safety. Moreover, it is strictly controlled. Suffice it to say that vitamin C in preparations is incomparably more preserved than in vegetables and fruits. The utilization of vitamins from preparations and enriched products is not lower but higher than "natural" vitamins, often found in products in a bound form.

Medical care, including hospitalization for the treatment of malnutrition or weight gain, is sometimes necessary for anorexia, but psychotherapy is also an integral part of any treatment plan for eating disorders. (National Institute for Health and Care Excellence, 2017) Combinations of different types of therapies affect various aspects of these complex conditions. Antidepressants, both to improve mood and to reduce obtrusiveness, are often prescribed for those who have eating disorders of a behavioral nature.

References

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