CONSEQUENCES OF EMOTIONAL NUTRITION AND TYPES OF EATING DISORDERS

Rositza Toncheva; Atanas Petkov*Yana Kashilska;**

Medical University Plovdiv, Medical college Plovdiv;, Medical University Plovdiv, Medical Faculty, Medical University Sofia, Faculty of Public Health***

4000, Plovdiv, Bulgaria, rosica.toncheva@abv.bg; 4000, Plovdiv, Bulgaria, petkov.md@gmail.com 1527 Sofia, Bulgaria, iana_kashilska@abv.bg

Abstract

Over the past half century, people's eating habits have changed to such an extent that they have caused serious concern among doctors and nutritionists. They were joined by the concerns of psychologists, according to which the mental problems of modern man are largely due to unnatural diet and improper products. Numerous observations categorically prove that food is extremely important both for cognitive abilities (memory, perception, mental activity, imagination, etc.) and for the emotional and mental state of man. Interest in this area has grown tremendously in recent years as a result of the indisputable link between the eating habits of modern man and the many emotional and mental problems.

The purpose of this article is to present systematic information on the problems of somatic and mental health arising from emotional nutrition.

Methods - review of the scientific data, sociological methods.

Overeating, hunger, excessive care for healthy eating are carriers of potential risk for the development of eating disorders - anorexia, bulimia, orthorexia, hyperphagia.

Human behavior, including eating, exercise, and smoking, is often associated with a propensity for chronic psychological and psychosocial problems and also includes broader sociological and cultural discussions.

People suffering from eating disorders must be consulted by a clinical psychologist, who will not only find the exact cause of this deviation, but also work in parallel with a nutritionist to successfully overcome it.

Key words: *anorexia, bulimia, orthorexia, hyperphagia*

Introduction

Over the past half century, people's eating habits have changed to such an extent that they have caused serious concern among doctors and nutritionists. They were joined by the concerns of psychologists, according to which the mental problems of modern man are largely due to unnatural diet and improper products. Numerous observations categorically prove that food is extremely important both for cognitive abilities (memory, perception, mental activity, imagination, etc.) and for the emotional and mental state of man. Interest in this area has grown tremendously in recent years as a result of the indisputable link between the eating habits of modern man and the many emotional and mental problems.

The purpose of this article is to provide systematic information on the problems of physical and mental health arising from emotional nutrition.

Theoretically, the aim of the present study is to describe and discuss the most modern concepts of patterns of eating behavior and attitudes towards nutrition, their main characteristics and the reasons why people learn one or another model. The focus of the theoretical approach is on the essence of healthy eating as a basic model and the different approaches to nutrition

Materials and methods

Based on an analysis of empirical research in the medical and psychological literature, devoted to patterns of eating behavior, attitudes toward nutrition and their relationship to well-being, self-esteem and personality traits, a theoretical framework was prepared. The model of the present study links the presumed links between different eating behaviors, attitudes towards eating, personality traits, self-esteem and aspects of well-being, viewed through the prism of the new ecological approach to the study of eating behavior.

The methodology consisted of two questionnaires as follows:

Williams & Christensen (EBPQ) Questionnaire on Eating Behavior Models (EBPQ). It includes six scales that describe basic patterns of eating behavior. The scales are as follows: low-fat eating, eating unhealthy foods, emotional eating, eating planning, skipping meals and culturally-conditioned eating behaviors.

Nutrition Attitudes Questionnaire (EAT-26). A short version of the Eating Attitudes Test (EAT-26) was used, a widely used and used self-assessment method for assessing eating disorders, developed by D. Garner and P. Garfinkel in 1979 with In order to measure the symptoms of anorexia nervosa (Garner & Garfinkel, 1979), the abbreviated version contains 26 statements and is based on the original questionnaire.

The survey was conducted at the end of 2019 on a sample of 98 people - 38 men and 60 women, aged 14 to 61 years. For the purposes of the survey, respondents are grouped into two age groups: 14-21 years and 22-61 Respondents with secondary (21 p.) And secondary special education (10 p.), And those with higher education are 67 people. In terms of marital status, the majority of respondents are single or divorced (63) and fewer are married or living with a family partner (35). The majority of participants stated that they had no children (65) and those with children were a minority (33). According to their place of residence, 88 of the surveyed persons state that they are from the province / town. Plovdiv, Plovdiv region /, and 10 days - from the capital. The number of employees (50) and those who are not currently working (48) is approximately equal.

Results and discussion

The results obtained from the present study correlate with the data in the analyzed medical literature. For the most part, those seeking help in the form of a nutritionist and diabetic are female. There is still a tendency to classify eating problems most often in women. 87% of the women in the current study do not have healthy eating habits. 8% have a predisposition to bulimia and 3% have symptoms of anorexia.

In percentage terms, males predominate in diagnosing conditions such as hyperphagia. Men, like women, are also not proponents of healthy eating in 78% of those who sought advice related to improving eating habits found a severely disturbed diet leading to uncontrolled weight gain.

When processing the questionnaires, it was found that only people with higher education have problems in eating behavior. The results of the study are in line with the data presented in the medical and psychological literature that people with higher intelligence suffer more from eating disorders. (Fig. 1)

Traditionally, emotional eating has been associated with experiencing negative emotions, which research has found to be more common among women. The most common emotional episodes that can trigger emotional eating can include negative emotions such as anger, anxiety, low self-esteem, hopelessness, boredom and lack of control, as well as positive states such as happiness and celebration. Food as a way to deal with emotional states can be a kind of mediator

for the development of new habits and lead to weight and health problems in general [1]. The higher score among women for skipping main meals is also consistent with previous studies that found that girls missed breakfast more often than boys and that this gap increased with age [2].

Food is fuel for the body, but not for the soul. The main difference between emotional and true hunger is that the former occurs suddenly, as a drug addiction, and cannot be delayed.

When we talk about eating, overeating, hunger, excessive care for healthy eating are carriers of potential risk for the development of eating disorders, which are described below.

Anorexia comes from Greek and means "without appetite". The term anorexia nervosa was first introduced by a British physician who wrote in 1988 in The Lancet magazine. He uses it for people who, although weak, insist that they should lose weight and refuse to eat the food they need to survive.

Anorexia is a psychological eating disorder. It is characterized by refusal of food to the extent of starvation, strong fear of obesity, which does not pass despite the apparent physical weakness of the patient, extreme hyperactivity and mania for sports, negative feelings about their appearance, deep shame and drug and / or alcohol abuse. It occurs most often in adolescence, but these eating disorders are not unique to young women. According to experts, the reason for them may be the low level of serotonin transmitter, which leads to psychological problems associated with both anorexia and bulimia. It is believed that a combination of a number of factors can trigger severe illness. These can be genes, perceptions of appearance, family conflicts, severe insults at an early age, mental trauma or shock. According to experts, the main criteria by which anorexia can be diagnosed are:

1. Refusal of a person to maintain his weight within normal limits, suitable for his age and height;
2. Panic fear of gaining weight;
3. Presence of a strong wrong feeling, which leads to the unnecessary desire to lose weight;
4. Women at the age of already having a menstrual cycle suffer from loss of a cycle for a period of at least three consecutive months (amenorrhea), or restore their regularity of the cycle only after the application of hormone therapy.

Treatment should begin immediately after diagnosis. Patients with excessive weight loss, which has caused dysfunction of some organs, are treated in hospital. Initial efforts are aimed at correcting malnutrition. In some cases, intravenous feeding is required.

About 6% of patients die as a result of medical complications caused by the disease. The most common causes of death are heart attack and electrolyte imbalance. Another very important reason is the tendency to commit suicide. After treatment, some patients recover, others decline after improvement, and still others experience severe deterioration. A large proportion of anorexics never fully recover. [3]

The disease was described in 1895 by the French psychiatrist Pierre Brig. The term "bulimia" is of Greek origin and means "ox famine". Like anorexia, bulimia is a psychological illness. It is another condition that transcends the boundaries of uncontrolled dieting. The overeating-cleansing cycle can quickly become a fixed idea, similar to addiction to a particular type of medication or drug.

The organic causes of bulimia are still being studied. There is evidence that bulimia and other eating disorders are likely to be associated with abnormalities in the levels of certain types of chemical agents (neurotransmitters) in the brain, particularly serotonin. Other studies in this area show that people with bulimia have a variable metabolism, decreased satiety and abnormal

neuroendocrine regulation (a process in which the nervous system affects the production of hormones and hormonal substances). [4]

As with anorexia, denial and secrecy make it difficult to make an accurate diagnosis of the disease. There are five main criteria on the basis of which bulimia nervosa can be diagnosed:

1. Recurrent crises accompanied by excessive food consumption every two hours, in a specific period of time and in specific similar circumstances.

2. Feeling of lack of control over the food consumed during the crisis or feeling unable to stop eating.

3. In addition to overeating, inappropriate compensatory behavior is observed in order to prevent the accumulation of extra pounds. The methods for relieving excessive food intake are: induction of vomiting, abuse of laxatives and diuretics, enemas, fasting, excessive exercise.

4. To diagnose bulimia, both overeating and compensatory behavior should occur at least twice a week for three months.

5. The patient expresses dissatisfaction with his body shape and / or weight.

There are two subtypes of bulimia nervosa. The purifying type is expressed in regular self-induced vomiting or abuse of laxatives, diuretics, enemas.

Patients with bulimia suffer from various medical and psychological complications, which are usually considered reversible through the application of a multidisciplinary therapeutic approach. Treatment is supervised either by a therapist or a psychiatrist, and in some cases by a psychologist. The degree of medical complications determines the type of primary treatment of the disease.

The condition of some patients requires hospitalization due to the prevalence of medical and psychological complications. Other patients only need consultation and monitoring by a GP no more than once a week. Stabilizing the patient's physical condition is an immediate task in case the patient's life is in danger. The main goal of treatment is to pay attention to both the physical and psychological needs of the patient in order to restore his mental health and proper diet. Group meetings with other people suffering from bulimia are also important for the patient's recovery process.

Healthy eating can become a condition called orthorexia (Orthorexia nervosa). The term was coined by Dr. Steven Bratman of Colorado in 1997. It describes an eating disorder characterized by an abnormal stare at healthy eating that, if turned into a fixed idea, can lead to malnutrition, mental disorder, and even death. The term comes from the Greek words orthos ("correct, faithful") and orexis ("appetite"). [5]

Bratman describes orthorexia as an obsessive idea of healthy eating, or rather what the sufferer decides is healthy for him. He may avoid certain foods, such as those containing fats, preservatives, animal products or any other ingredients that he has considered harmful. The fixed idea can in some cases develop into a disease and lead to serious malnutrition, even starvation.

According to Dr. Bratman, orthorexia is most common among adherents of a particular diet - such as raw foodists, and the health consequences can be as dangerous as those of anorexia. But the motivation is different. While the anorexic wants to lose more weight, the idea of the orthorexic is to feel clean, healthy and natural. [5]

Orthorexia can also lead to serious health problems. For example, the lack of fat in the body interferes with the absorption of fat-soluble vitamins. Absorption of minerals and trace elements is impaired. Without meat, iron levels could drop significantly, especially if you do not eat iron- and protein-rich plant foods. Excluding essential nutrients from the diet can cause anemia, lack of vitamins, calcium and energy.

As with anorexia, treating the psychological problems associated with orthorexia is much more difficult than treating the body. Orthorexia, bulimia and anorexia are mental illnesses that are often interrelated. [4]

Hyperphagia (also known as polyphagia) is one of the lesser known eating disorders after bulimia and anorexia. It is a serious eating disorder, defined as uncontrollable, uncontrollable systemic overeating, which in most cases is not provoked by hunger. People with hyperphagia swallow uncontrollably large amounts of food, often to the point of severe discomfort, gastrointestinal pain and even vomiting.

There is no specific food to which sufferers of hyperphagia develop a preference. The desire to consume can vary from sweet, salty, cold or hot food and everything in between. Usually, everything that comes into view is eaten, without a specific preference. In addition to the psyche, the disease affects the physical condition of people, and the most obvious sign is obesity. Overweight people have too much body fat and this can often lead to serious health problems, including diabetes, gastro-oesophageal reflux and heart disease. Lack of effective self-control is not the only cause of this disease. It can be triggered by prolonged diets and periods of starvation, diabetes, disorders of the endocrine glands. Genetic predisposition to systemic overeating has also been established. [6]

Conclusion

The present study analyzes and systematizes the theoretical approaches related to a nascent social phenomenon called emotional eating and its relationship to the experience of well-being. The aim is to determine the degree of manifestation of this phenomenon, as well as the reasons that led to its development in society. The aim is to find an appropriate research methodology to be adapted in the Bulgarian socio-cultural context. This theoretical and empirical synthesis is an attempt to characterize the different patterns of eating behavior and attitudes towards nutrition and to study its relationships with other psychological constructs in order to derive guidelines for social practice. The challenge will be to conduct a larger, nationally representative survey to confirm or refute the interesting results of the present study. The study of patterns of eating behavior and their relationship with subjective and eudemonic well-being and self-esteem can continue in the direction of a more in-depth study of the studied phenomena in Bulgarian conditions and the impact they have on quality of life.

References

1.Jacqueline F. Hayes, Ellen E. Fitzsimmons-Craft, Anna M. Karam, Jessica Jakubiak, Mackenzie L. Brown & Denise E. Wilfley, Disordered Eating Attitudes and Behaviors in Youth with Overweight and Obesity: Implications for Treatment, Current Obesity Reports volume 7, pages235–246 (2018)

2. A Keski-Rahkonen, J Kaprio, A Rissanen, M Virkkunen & R J Rose, Breakfast skipping and health-compromising behaviors in adolescents and adults, European Journal of Clinical Nutrition volume 57, pages842–853 (2003)

3. Phyllis A. Bauch, Dr. James F. Bauch, "Encyclopedia of Diet Therapies for All Diseases", published by KIBEA, 2002, Sofia

4. Masaldzhieva R,"Introduction to Psychology", Plovdiv, 2014.

5. Steven Bratman, Orthorexia vs. theories of healthy eating, Eating and Weight Disorders - Studies on Anorexia, Bulimia and Obesity volume 22, pages381–385 (2017)

6. Balabanski L, "Nutrition and Dietetics", Sofia Publishing House, 1988

Fig. 1