



UNIDAD EDUCATIVA JAVIER

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MONOGRAPH

ADOLESCENCE AND EATING BEHAVIOR DISORDER

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SUMMARY

Introduction: Eating disorders, also known as eating disorders, consist of severe alterations in behaviors related to eating and weight control and are associated with a variety of adverse psychological, physical and social consequences.

Objectives: Recognize and describe what are the eating disorders, what they are and how they can be prevented or fought and who are the most likely to suffer.

Methods: Descriptive study. Collection of bibliographic studies in the last five years.

Keywords: Eating disorders, eating behavior disorders.

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INTRODUCTION

Eating disorders are currently considered psychiatric diseases of chronic evolution, more frequent at early ages and in the female population. They are characterized by having a definite alteration of the pattern of intake or behavior on weight control, which causes a physical and psychological deterioration in the person who suffers. The eating disorders (eating disorders) include nervous anorexia nervosa (AN), nervous bulimia (BN) and atypical or unspecified disorder, also known as binge eating disorder. Although they were recognized more than two centuries ago in Western countries, there has been a progressive increase in their incidence and prevalence in recent years, mainly due to sociocultural factors. They preferentially affect the female adolescent population and a tendency to increase has been found, especially in prepubes and men at risk. In adolescent women, a prevalence of 1% is estimated for nervous anorexia, bulimia nervosa with a percentage of 2-4% and the atypical disorder is around 5-10%. In the last year, a prevalence ratio between women and men of 9: 1 has been described. According to bibliographic studies, it was found that nervous anorexia appears at younger ages compared to bulimia.

The person who suffers from alterations in eating behavior can begin by eating only small or large amounts of food, but at some point the need to eat less or eat more is out of their control and it is at this time that it produces a disorder of the eating behavior. Indicators that cause or aggravate the picture may be the extreme concern for weight control, body shape, or the amount of food eaten; which leads to malnutrition that can affect the entire organism, including brain function. Eating disorders should not be attributed or secondary to any medical or psychiatric illness, although it may be accompanied by a crisis of anxiety, anxiety or depression. They have a high morbidity rate, as well as significant

mortality, constituting a global public health problem, due to its prolonged clinical picture and its tendency to chronification.

CHAPTER I

ANOREXY

1 Nervous anorexy

People with this eating disorder, technically called anorexia nervosa, worry a lot of the time about how much they weight an most of the time they think about it they see themselves as “overweight” even though they are below normal weight or have the right body mass index.

One of the main problems about people with anorexia nervosa, is that they create an absolute obsession about their weight, and that usually results in measuring specifically the amounts of calories they take or the number of meals they have in 24 hours or during the whole day.

Their stress levels and obsession could get to the point where they weigh every time after getting a meal, and not only that, weighting themselves after going out, after doing exercises or after even going to school. Nevertheless, this causes a big problem in the efficiency this people have during the day while doing their normal and every-day activities. Since they don't eat well, most of them suffer episode of binge eating after following extreme diets, they may suffer from dehydration or maybe passing out while doing exercise since they don't have the enough nutrients to support the effort the body is doing by exercising.

In addition, the worst type of scenario is when people with anorexia nervosa provoke themselves to puke or use laxatives in order to drop extra weight. This could cause several issues not only by the use of laxatives but by the fact that they are throwing out their little nutrients they are gaining in order to function properly.

Anorexia not only affects the people physically, but also mentally. Besides being extremely unhelpful to your body, people start to associate being “fat” with sadness; this means that when you have anorexia, what you often do is compare thinness with self-esteem, or compensate for low self-esteem with thinness.

Like other eating disorders, anorexia could take control of the person's life and become very difficult to cope with. But with integral treatment, that is to say treatment in conjunction with several health professionals such as the psychiatrist, psychologist and nutritionist; you can achieve a better perception of who you are, get back to having healthier eating habits and reverse some of the serious complications that anorexia causes.

1.2 Signs and symptoms

The physical signs and symptoms of nervous anorexia are related to starvation. This disorder also includes emotional and behavioral problems associated with an unreal perception of body weight and very intense fear of gaining weight or getting fat.

Most of the people that unfortunately suffer from this kind of eating disorder, manage to recover properly after they receive specialized treatment and are checked regularly; nevertheless, there is still people that have regular relapses which they no longer control so

they have to be put into special treatment. The minority of the people that have this disease went too far while having this disorder that have to be held in hospitals, so they receive proper medical treatment. is accompanied by different complications.

1.2.1 Physical symptoms

There are a lot of physical symptoms that show up in the early stages of anorexia, but the most dangerous ones remain hidden unless somebody really pays attention to the subject in mention or the subject openly talks about it:

1. Suffering excessive weight loss just in a couple of weeks, also by failing to achieve the expected weight gain.
2. Suffering a change in the appearance by looking “thin”.
3. Getting a test result and having the blood cell count in an abnormal level
4. By accumulating fatigue and being tired along the days
5. By suffering or having problems while going to sleep.
6. By being dizzy or feeling you are about to faint.
7. By having a bluish pigmentation on the fingers of the hand
8. By having fine or brittle hair, or hair loss Soft, fluffy hair that covers the body
9. In girls or women, by the absence of menstruation
10. By constipation and abdominal pain, and etc.

1.2.2 Emotional and behavioral symptoms

Anorexia nervosa obviously causes the brain to malfunction and by that, our emotions and behavior are altered in so many different ways, firstly trying to lose weight in the following ways:

1. Our brain makes us restrict our food intake, by making dieting or by doing “fasting”, which happens when you willingly stop drinking, eating (or both) at all.
2. Our brain also tricks us into exercising excessively, in order that we burn more calories and lose more fat.
3. One of the worst ways to lose weight, where our brain makes the body have the need to eating a lot of food at once and then makes us vomit so we can eliminate the food we just ate.

In addition, some kind emotional and behavior signs and/or symptoms that people with this disorder show are the following:

1. Skipping meals in order to not eat or by refusing to eat in a regular basis.
2. By denying hunger when asked or by making excuses so they don't have to eat at all.
3. By eating only (what they consider are) “safe” foods, which are usually low on fat and calories.
4. By adopting some sort of strange rituals for meals. One of these rituals is spitting your food after chewing it.
5. By not wanting to eat when they go out or by not eating in public.
6. By lying about how much food they have eaten over the day.

7. By feeling scared of gaining “unnecessary weight”, and carefully weighing after each meal or by measuring parts of their body repeatedly.

8. By looking very often in the mirror to see what they don’t like about themselves, by spotting any tiny “defects” they have and obsessing in eliminating that defect.

9. By constantly complaining about being fat or by having body parts that are fat when in reality they are not.

10. By covering with tons of layers of clothing.

11. By seeing a change in the actual mood, or by showing or having an indifferent attitude in which they show lack of emotions in every aspect of their life.

12. By not going out too much because people will think weirdly about them.

13. By starting to suffer changes on their mood like:

13.1 Getting easily irritated

13.2 Being tired frequently

13.3 Not laughing or grinning in a long period of time (which shows lack of energy)

14. By not being able to sleep a lot.

15. By not being interested in sexual relationships or not being interested in having a sexual partner.

1.2.3 Causes

There are many assumptions of how this eating disorder starts, but concretely there is not an exact cause that could explain this type of behavior. Nevertheless, as every other disease is a combination of biological, psychological and environmental factors, any of these could lead to having anorexia nervosa.

1. Biological factors: It isn't cleared if genes take a big role in this eating disorder, since there is no proof that this disorder can't be related specifically to the genes.

Nevertheless, people may have a genetic tendency to be perfectionist, and that could possibly explain the desire of somebody to be "perfect"

2. Psychological factors: There are some traits that could easily lead up to losing weight, and some of them might be actually necessary if you have anorexia nervosa. Nevertheless, most of the time these attributes can help somebody to become a more responsible person rather than making him suffer from anorexia. One of these traits is obsessive compulsive personality. This could be the reason why for anorexia patients it is easier to follow strict diets and to make themselves not eat even if they are totally hungry. Anorexia nervosa can also be related with anxiety and one "solution" for them would be to cut their diet to reduce the anxiety.

3. Environment Factors: Modern Western culture highlights thinness. Success and assessment are often equated with thinness. Group pressure can help encourage the desire to be thin, especially in young women.

1.2.4 Risk factor's

This type of disorder is frequent in both girls and in women but is especially common in girls from 14 to 22 that are going to high school or to college; this would explain why a lot of girls during high school and college are so afraid of showing their bodies and suffer to a lot of pressure made by their friends during these stages of their life.

In addition, although anorexia is more common in girls and women that does not mean that boys or men are exempt from suffering this type of disorder. Moreover, more children and men are suffering from eating disorders than in previous years, which is possibly caused by the increase in social pressure.

This eating disorder can affect people at every stage of their life, but it is really uncommon to see someone over 40 suffering from anorexia. This obviously means that teenagers present a much higher risk of suffering from this eating disorder due to the fact that during this stage of their life they are suffering all the corporal changes that they undergo during “puberty”. Besides, this is also common in teens because they face a greater group pressure during high school and during college. Also, during “puberty” most of the teenagers tend to be more sensitive to criticism and do not talk a lot about how they feel about them or about their weight.

There are specific factors that could increase the risk of suffering this eating disorder; which could be very dangerous if not treated properly. Some of them are the followings:

1. Genetics: People who have a first-degree relative (father, mother, son, daughter, brother or sister) who has previously suffered from anorexia have a great risk of having anorexia, and most of all, have more chances of suffering from this disorder at the same time when their relative suffered from it.

As mentioned before, not only a teenager can suffer from anorexia. If a mother went to the process of seeing her daughter suffering from this disease she is more susceptible to suffer this disorder since she already experienced it first handedly.

2. Diet and hunger: Dieting is a risk factor an eating disorder. Hunger affects the brain and influences changes in mood, rigidity in thinking, anxiety and reduced appetite. Hunger and weight loss can change the way that brain functions in vulnerable people, which can perpetuate restricted eating behaviors and make it difficult to return to normal eating habits.

➤ **Complications**

Anorexia can have many complications. In its most serious form, it can be deadly. Death can happen suddenly, even when a person is not excessively thin, resulting from abnormal heart rhythms (arrhythmias) or an imbalance of electrolytes (minerals such as sodium, potassium and calcium). in the body.

Other complications are the following:

1. Suffering from anemia or from heart problems, such as mitral valve prolapses, abnormal heart rhythms, or heart failure.
2. Suffering from osteoporosis (the decrease in bone mass), which increases the risk in suffering fractures.
3. Losing a lot of muscle in every part of their body.
4. In women, the absence of menstruation in their normal cycle; whereas in men, the decrease in their levels of testosterone.
5. Also gastrointestinal problems, low level of potassium or sodium in the blood, etc.

If an anorexic person is in a state of severe malnutrition, all the organs in the body can be damaged, including the brain, heart and kidneys. It is possible that this damage is irreversible, even when anorexia is under control.

Anorexia could also lead into other mental diseases, which could cause the person suffering from this likely to find alternative ways to ease the pain. These mental diseases are:

1. Depression or anxiety
2. Personality disorders like obsessive compulsive disorders or bipolarity,
3. Feeling the need to drink alcohol or other type of substances in order to “escape their reality”.
- 4- Feeling the need to harm themselves, having suicidal thoughts or actually trying to suicide.

CHAPTER II

BULIMIA

2 2.1 Nervous bulimia

Bulimia is an eating disorder very similar to anorexia but with their own particularities. In this case, bulimia is an eating disorder that is basically based from a loss of control over the normal eating habits and an obsession to stay thin.

Most of the people that do not know about bulimia or do not know about bulimia at all associate this condition to throwing up every time after eating; nevertheless, people with bulimia tend to binge eat in secret and since they did it in secret they feel immensely guilty afterwards. One of the most unique things a person suffering from bulimia does is exercising excessively, and that is the reason why most of the people surrounding a person with bulimia do not notice the sudden change of weight since they think it is caused by the amount of time they exercise. Moreover, people with bulimia take this “exercise” to the extreme by exercising several hours in a single day, which is prejudicial to your body by causing injuries, dehydration or even heatstrokes.

Bulimia can be referred as a mental disorder too according to the National Association of Anorexia Nervosa and Associated Disorders (ANAD). Besides, eating disorders such as bulimia or anorexia are the most fatal mental conditions that currently exists in the US. This is caused by the long-term health problems that people suffer, as well as the high rate of people suffering this disorder that ends up in suicide.

One of the most interesting facts about people with bulimia is that they can have (and actually some of them have) normal body weights, since not everyone with bulimia is extremely thin. Anorexia is the eating disorder that causes large calorie deficit and leads to

weight loss; and people with bulimia can experience episodes of anorexia as well, but they consume more calories than the ones with anorexia because of their periods of secret binge eating and purging. This can even cause a specialist or a doctor to miss the diagnosis while checking somebody with bulimia.

3 2.2 BINGE EATING DISORDER

People with binge eating disorder lose control over their eating and consume unusual amount of food in short periods of time, but actually acknowledging that her overeating is out of their control.

Unlike nervous bulimia, bingeing episodes are not followed by behaviors such as purging, excessive exercise or fasting. For this reason, in binge eating disorder, people are overweight or obese, generating an increased risk of cardiovascular disease. But they also present feelings of guilt, shame or anguish for their behavior, which leads to having more episodes of bingeing.

Treatments for binge eating disorder include psychotherapy, behavioral weight loss programs and medication.

CHAPTER III

HUMANIZING FIGURES

4 3.1 Interviews

For the treatment of this research work it was decided to do two interviews. Both are girls, one of 16 years and the second of 17 years. Attempts were made to look for examples that exemplify men, so as not to create or reinforce stereotypes in the social imaginary; but he did not succeed. This is because, historically and culturally, women have always been subject to greater pressure in front of their physical, all this due to a process of reification of women or what seems to be destroyed today. But, if you want to make it clear that the man also suffer from eating disorders, in lower percentage and in a less recognizable way.

The identities of the girls will be protected until the end. All academic work carries a great burden of ethics. It would be perverse to reveal the identity of someone who asked not to do so, due to a testimony with heavy emotional loads. This monographic work will be limited to revealing that both girls are from the city of Guayaquil, students of middle or high social class schools. The first questions were about his childhood. This, with the intention of understanding the origins of food disorders that have a psychological origin. Both were always subject to naturalized expectations in their environment: they already had a mold of what a girl should be like and how a woman should be; anyone who disengaged from that mold so superficial and hermetic was doomed. Therefore, they internalized that way of seeing themselves. With time, those who criticized them were no longer the others, but they.

After 12 and 14 years, respectively, they began to materialize these social imaginaries. They came to have, among their main concerns, study, go out with friends and

worry about their bodies night and day. This is how things start with diets, but then they are transformed into other things, into eating disorders. They began to distort their image in front of the mirror, to eat in a depopulated way. Either they ate very little, or ate too much and vomited it.

They admit that they have been able to free themselves from those torments.

Although, after questioning them in depth, they realized that they still had those tendencies or stigmas strongly impregnated in their mental maps. The difference is that now they controlled it.

CONCLUSIONS

Thanks to the comparison of several data, both numerical and testimonial, interesting conclusions were reached. First, eating disorders are, before more than now, considered as problems of lesser extent. In a way, these problems have become naturalized, and in extreme cases normalized. That is why, even though the problem is slow and growing, it is not easy to perceive and see it. We have grown up in a society with advertising that encourages us to do this. On the other hand, historically, mental illnesses in general have always been considered as impotent in the face of physical or economic diseases. On the other hand, professionals in these areas are not as present as others.

In the long term, these diseases can bring terrible physical consequences, which is when people start to import. For example, bulimia ends in throat cancer. And so, different diseases of mental origin, which seem to be passing of age and insignificant, turn into diseases and terminal biological problems.

Although the investigations reviewed yielded important conclusions, those not reviewed were also reviewed. That is, the lack of studies of this type, on diseases of food disorder, denote a disinterest in the social collective. There are few studies that investigate in depth these problems of mental-biological character. This shows a lack of interest on the part of the health teams and health centers, which is worrisome in a society that is indifferent to young people and mental problems.

These disorders have a social-psychological origin. These disorders occur because of social stereotypes. Historically women have been subject to these strict and unbreakable molds, so it is not strange that statistics throw them at them as the biggest sick of eating disorders.

RECOMMENDATIONS

First recommendation. It is important to educate young people about where these problems are born. If you do not know where they come from, we'll never finish them. In the same way, there must be an education within the family. This family nucleus has great influence in the life of the pubertos, so it is necessary to break the stereotypes and unhealthy social constructions.

Second recommendation. It should be encouraged to academies and entities related to physical health and mental perform more studies on the subject in the country. If it is not investigated, they do not exist in social discussion. And if you think they do not exist, nobody gets angry and does things to change it. The media also play a fundamental role. It is through the media that social constructions are created or reinforced. Therefore, they must create products that enrich the aesthetic diversity and the concern in the face of food disorder.

Finally, it is important to make the situation visible, showing their stories of people affected by eating disorders. No human event is impregnated in social indigence if it is not, redundantly, humanized. The medical and statistical data are important, but they are not close if they are not told through history that give life to these dead data.

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