Intervention and Treatment of Adolescent Anorexia Nervosa and Eating Disorder

Yan Zhu^{1,a,*}

¹ChangHe High School, Hangzhou, Zhejiang Povince, 310000, China a. Zhuyan0628@ldy.edu.rs *corresponding author

Abstract: This paper focuses on the medical complication on anorexia nervosa and bulimia nervosa, which is mainly study in the area of adolescents. First, this article illustrates the negative impact of anorexia nervosa and bulimia nervosa. The seriousness could even cause death but most symptoms are malnutrition and gastric disease. Previous studies find that these disorders have several causes, including culture factors, media influence and family influence. The culture would influence the symptoms of the binge eating of bulimia nervosa. For example, the Africans would prefer binge eating privately to avoid others. While Asians are likely to eat under a fast speed. The media of diet eating and even some videos about binge eating would deliver an unhealthy mind to the individual who are watching them, especially the adolescents. Their minds and attitudes are easy to be influenced and changed. Then listing out some therapy ways like cognitive therapy and several medicine that would work well. Afterwards, the paper has figured out that the fluoxetine would be perfect suitable for treatment bulimia nervosa. This paper laid out the factors and symptoms of the eating disorders, and selected the therapies to the disorders. Future research should conduct more researches on the mechanism ways in cognitive treatment.

Keywords: adolescents, eating disorders, bulimia nervosa, anorexia nervosa

1. Introduction

A young woman worked extremely hard on a diet due to others' biases against women's body image, resulting in her BMI image dropping to 12 and all physical indicators appearing to be compromised [1].

As it could see from the paragraph above, the eagerness to become slim is the motivation for that girl to suffered from anorexia mainly. As if there is an idea, that the less people eat and the more they will be like to lose weight. Moreover, being slim seems to be like the society trends. But unlimited dieting would result in bad result ultimately. people should learn the seriousness towards the main diseases like anorexia and bulimia nervosa, and aim to raise the public attention of the eating disorders that happened on adolescents.

Professor Hogan had written in his book essay: image, eating disorders, and the media that during the period of adolescent, there would be enormous change in the body appearance for both teenage girls and boys [2]. And Hogan investigated one of the reasons that causes adolescents anxiety from their body image is the exposure of media. But for the specialty of the adolescents,

^{© 2023} The Authors. This is an open access article distributed under the terms of the Creative Commons Attribution License 4.0 (https://creativecommons.org/licenses/by/4.0/).

there are not much treatment being selected effectively. Thus, the adolescents' eating disorders had become the main work.

In this paper, the concept and the causes of the eating disorder that happened on adolescents will be introduced, and the way to cure including the medical therapy and cognitive therapy.

2. Eating Disorders

2.1. The Concept of Different Eating Disorders

2.1.1. The Concept of Bulimia Nervosa

The eating disorder is actually the assumption of several diseases, mainly including bulimia nervosa, anorexia and other disorders according to the DSM-5 [3]. As for the bulimia nervosa, the symptoms mainly include eating without control. Individuals who suffered from bulimia nervosa are usually paying too much attention to their weight and body image that this leads to a result of pain and anxiety citation.

2.1.2. The Concept of Anorexia Nervosa

Professor Bruch mentioned in his essay, there are several stages before ultimately develop into the anorexia nervosa [4]. At the primary stage, the patients would only re-strict the food intake, take tremendous exercise to prevent individual from being overweight [4]. Therefore, the symptoms might be extremely tiny and hard to arose people's awareness. Besides, all the people who used to suffered from anorexia nervosa mostly had one thing in common. They usually get good grades and behave well at school and family, and have a faith to take all the things happened in their lives under control. The anorexia nervosa would have serious of side effects. For example, the patient might have some change in behavior, like becoming negativistic, easy to get angry and distrustful. They would also in the behave as stubbornly rejecting for help and care, until they finally achieve their goals that become thin as they want [4]. The complications of the anorexia nervosa usually have a serious of symptoms around body. Mehler and Brown divided the potential complications into cardiovascular neurological and other aspects [5]. Also, it is a general phenomenon for these patients to have cold intolerance and a bluish discoloration to the distal tips of their fingers as well as their nose and ears. This is according to as acrocyanosis, and may be due to the shunting of blood flow centrally in response to the hypothermia seen with anorexia nervosa [4]. This is one of the symptoms from the aspect of dermatological according to Mehler and Brown [5]. Here are several serious of result that the anorexia nervosa and dieting might brought. The patients who have the behavior of controlling eating, always have an effect to other people in that environment potentially, especially the family, and is often the case that this behavior might influence the relationships in the family [6]. Therefore, the readers could find that the family also play as a significant role in promoting anorexia nervosa, as it listed above as a potential factor. the connection between the restriction of dietary and being under control is seemed to be appreciated by the attitudes placed in Western societies on keeping diet to control individual's body image [7]. This meant that the adolescents are the group that easy to get into this disease because of the social background. And if the anorexia nervosa had not been intervening properly and investigate early, it will develop into a chronic disease.

2.2. The Effects Towards Teenager

Adolescence is a time of tremendous change in physical appearance as both teenage boys and girls spend puberty periods and become familiar (may be not) to their new body image [2]. Which means

that the teenagers are under higher risks to develop into the eating disorder. Because the body image is the most significant change so it's became what they mainly concerned about. Recent community surveys showed that almost half (46%) of teenage girls and even a startling [8]. 26% of boys are unsatisfied with their body shape and size; only 12% and 17%, respectively, reported liking their appearance now [8]. Therefore, it is clear that the eating disorder has a tremendous negative impact on teenagers.

It is helpful to think of the disorder as a circle, in which phenomena bling eating or some other symptoms persist and change if there are still existing factors and will not resolve unless other factors being solved and then interrupt the cycle [9]. In this paper, the authors take up the concept of the Eating Disorder Cycle. In this model, the circle usually starts with some life events, perceived loss and perceived ego attacks.

Under the background factors like culture attitudes and the dissatisfied with body image together with the risk factors include personality and family, would develop the crisis of dieting. The dieting will cause semi starvation, and after that the obsession among the food and body would lead to two separate problems, the bulimia nervosa and the anorexia. As for the adolescents who involved in bulimia nervosa, the symptoms like re-eating and voidance of emotion, would even worsen the condition and strength the circle.

2.3. The Causes

2.3.1. Culture Factors

As for the culture effect, professor Bhugra and Bhui done a study in a school which contain both teenage girls and boys in East London, and all the teenagers' age is over 13 [10]. The students were given a questionnaire based on DSM-3. There are totally amounts of 266 participants completed that questionnaire. The experiment includes all kinds of races, and there were no obvious differences in the ages and other characteristics. The research showed that the different culture would lead to the different ways of bulimia. The experiment was using "white" as the reference group. And the result turned out to be that the Africans were seemed to be the least to perceive themselves as a normal eater when hungry. They preferred to eat privately than in front of others. While the Asians are much different. They were tended to be seen as compulsive eater [10].

2.3.2. The History of Obesity

Another factor that might cause the bulimia is about the adolescents who used to have a problem of obesity in their childhood. And professor Sim listed two cases in his paper. One is about a 14 years old boy and the other is a teenage girl [8]. They both had the experience of obesity, and then keep a hard diet to lose weight. At first, Daniel was planned to lose weight in a healthy and temperate way. But it soon developed into an ultra-way. He restricted the intake calorie for an extremely low target, and over running for days [8]. This case illustrated that under the history of obesity, the adolescents are much likely to develop into anorexia nervosa.

2.3.3. Family Influences

Family influences play an important role in teenager's weight concerns [11]. Thus, there are much to investigate from family. If the relationship between the family is weak and poor, it is often the case that 22% of the patients are more precipitate to their mothers, 11% to their fathers and about 3% for them both [11]. This phenomenon showed that if the relationship in a family is in the pattern of disturbing, and the family member is more likely to suffer from bulimia nervosa. In another words, the depression would rise the factor of bulimia nervosa greatly. Therefore, this proved that

the lack of affective interaction would also cause the bulimia nervosa, but in a small percentage. As it could infer that the adolescent would cause the depression initially, and the depression would than turned into bulimia nervosa.

2.3.4. The Media Concern

It is always seemed to be that the media is under the role of fashion-leader. It usually defines the appearance and the body image to obtain social views to all teenagers in many program [5] s, like magazine, TV-shows and films [2]. Which means that the teenagers receive their concept of being slim is mainly from the media and that is how they develop a wrong attitude. The improper ideas towards beauty would worsen the reality.

3. Treatments for Teenagers

3.1. The Buimia Nervosa

As the treatment for teenagers, an efficient way to healing the eating disorder is to prevent it at the begin. These facts illustrate the consequence of delay in therapy for bulimia nervosa [12]. Therefore, it is easy to see that most of the eating disorders all have one thing in common. That is, the delay in diagnose and treatment. Because of this misdiagnosis, it is a normal phenomenon that the bulimia nervosa is becoming serious than ever [13]. For both adults and adolescents should remember that losing weight is a chronic period, so never imagine of an easy way [13].

3.1.1. Medical Treatment

Fluoxetine had both influence on depression and anxiety [14]. A group of professors conducted a study about the effect of the fluoxetine. With reference to eating-related attitudes, fluoxetine (60 mg/day) was proved to have tremendous improvements in, weight concern eating disorders inventory (EDI) subscale scores of bulimia, drive for become slim, and the dissatisfied with body image [14]. Which means that the fluoxetine could handle the binge eating together with the side effects of depression at the same time. Besides, under the comparison with placebo on defending the bulimia nervosa, it was much more efficient.

3.1.2 Cognetive Therapy Towards Bulimia Nervosa

Cognitive—behavioral therapy is a perfect method for bulimia nervosa treatment [15]. A study have shown that when using single antidepressants drug, it behaves well under the comparison of other types of drugs [15]. This meant that the eternal way to cure the bulimia nervosa is through cognitive therapy. After all, the author mentioned several mechanism ways to dealing with the bulimia nervosa. The first is to stop dieting. The second is stop the factors might arouse the binged eating, like depressive emotion and stress. The third way is to change the attitudes towards individual body image [15]. These opinions concluded that the regulate eating, a relaxed emotion and the appropriate attitude towards body image and shape is the key. And all the cognitive therapy would mainly proceed around this.

3.2. The Anorexia Nervosa for Teenager

3.2.1. The Medical Therapy

Antipsychotics have also been considered in the treatment of individuals with anorexia nervosa, as the distorted body image characteristic of anorexia nervosa can be considered a symptom of psychosis and weight-gain is a known side effect of this class of medications [15]. Thus, the antipsychotics could be a choice to be a medicine. But there is a conclusion about this medicine, that is, it has an extremely tiny effect toward female. Antidepressants, particularly selective serotonin reuptake inhibitors (SSRIs), have not been found to be beneficial in the treatment of anorexia nervosa or in the treatment of women with anorexia nervosa and comorbid depression [15].

3.2.2. Cognetive Therapy

There must be several changes in order to conduct an effective treatment: the nutrition intake for one day, the relationship with the family and figuring out the requirement deep down [16]. The patients should change their attitudes towards the body image and the weight. Otherwise, the therapy would be chronic and the anorexia nervosa would be extremely hard to cure. Asit always should be, the treatment should guide patients to change their mind and thoughts [16].

3.2.3. Other Treatments

Patients who are substantially underweight and malnourished should be admitted to a specialist inpatient or day-patient eating disorder unit for a combined program of supervised refeeding and anorexia nervosa-related psychotherapy [17]. Adolescents who were suffering from anorexia nervosa would usually have a symptom, that is lack of nutrition. As for the teenagers, especially during the period of growing, the lack in nutrition would result in the improper and low development in their bones tissue and brains. Furthermore, the low nutrition can't afford the high power of brain function to maintain the daily study. Basing on the patients' ages, sex and weight, making their individual plans for the food and calories that should take in during one day.

4. Conclusions

The current findings add substantially to people's understanding of the meanings of eating disorders, and the seriousness of bulimia nervosa and the anorexia nervosa. Then the paper discussed that the family, a history of obesity during the childhood, the impression of media would rise the risks of dieting, which would cause the serious symptom like the depression and the nerviness together. Hence develop into the bulimia nervosa and the anorexia nervosa. The cognitive behaviour therapy and family therapy together with medical control are the most effective ways for treatment. As it was considered that the anorexia nervosa and bulimia nervosa are both chronic and hard to control, an individual therapy. For example, as for patients in different weight and age, the different mounts of calorie and intake should be determined. Because of the anorexia nervosa and bulimia nervosa are usually easy to break out during the adolescent time, and if the disorders being discovered and intervened during a primary period, it would be much easier to control. This paper collected the causes and treatments toward eating disorders of teenagers, which may add more attention and learn more way to deal with the eating disorders that happened on adolescents. But there are still some limits in the research of anorexia nervosa. There is not much effective medicine on this nervosa, so I wish more researches could be conducted.

References

- [1] Newsroom. September3, 2023. Retrieved from https://3g.china.com/act/news/10000169/20230903/45389992.html
- [2] J. Hogan, Victor C. Strasburger, (2008) Body Image, Eating Disorders, and the Media Marjorie, Adolesc Med 19 (2008) 521–546.
- [3] USA: American Psychiatric. (2022). American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. ISBN 978-0890425756.
- [4] HILDE BRUCH, (1982), Anorexia Nervosa: Therapy and Theory, Am J Psychiatry 139:12.

Proceedings of the International Conference on Global Politics and Socio-Humanities DOI: 10.54254/2753-7048/25/20230696

- [5] Philip S Mehler, Carrie Brown, (2015). Anorexia nervosa medical complications. Mehler and Brown Journal of Eating Disorders (2015) 3:11.
- [6] Vandereycken, W., Kog, E., & Vanderlinden, J. (1989). The Family Approach to Eating Disorders. New York: PMA Publishing Corporation.
- [7] Christopher G. Fairburn, Roz Shafran, Zafra Cooper. (1998). A cognitive behavioral theory of anorexia nervosa. Behaviour Research and Therapy 37 (1998) 1±13.
- [8] Ricciardelli LA, McCabe MP. Dietary. (2001). restraint and negative affect as mediators of body dissatisfaction and bulimic behavior in adolescent girls and boys. Behave Res Ther .2001;39(11):1317-1328.
- [9] Janet Polivy, C. Peter Herman, (2002). Causes of Eating Disorders. Annu. Rev. Psychol. 2002. 53:187–213.
- [10] Dinesh Bhugra, Kamaldeep Bhui, (2003). Eating Disorders in Teenagers in East London: A Survey, European Eating Disorders Review Eur. Eat. Disorders Rev. 11, 46–57 (2003) Published online 6 September 2002 in Wiley InterScience (www.interscience.wiley.com).
- [11] Elly Kog, Walter Vanciereycken, (1985). FAMILY CHARACTERISTICS OF ANOREXIA NERVOSA AND BULIMIA= A REVIEW OF THE RESEARCH LITERATURE. Clinical Psychology Review, Vol. 5. pp. 159- 180, 1985.
- [12] Leslie A. et al. (2013), Eating Disorders in Adolescents With a History of Obesity. PEDIATRICS (ISSN Numbers: Print, 0031-4005; Online, 1098-4275).
- [13] Crisp AH, A. et al. (1980). Clinical features of anorexia nervosa: a study of a consecutive series of 102 female patients. J Psychosom Res. 1980;24(3–4):179–191.
- [14] Jennifer R Shapiro, A. et al. (2007), Bulimia Nervosa Treatment: A Systematic Review of Randomized Controlled Trials. International Journal of Eating Disorders 40 (4), 321-336, 2007.
- [15] G. Terence Wilson, A. et al. (2002). Cognitive–Behavioral Therapy for Bulimia Nervosa: Time Course and Mechanisms of Change. Journal of Consulting and Clinical Psychology 2002, Vol. 70, No. 2, 267–274.
- [16] Pouneh K. Fazeli, A. et al. (2012), Psychotropic Medication Use in Anorexia Nervosa between 1997 and 2009, Int J Eat Disord 2012; 00:000–000.
- [17] Stice E, A. et al. (1999). Naturalistic weight-reduction efforts prospectively predict growth in relative weight and onset of obesity among female adolescents. J Consult Clin Psychol. 1999;67(6):967–974.