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# Eating Disorders in Adolescents

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## ABSTRACT

*The present paper will discuss the problems adolescents are suffering, specially females, and having losing faith on personality due to the below-mentioned traits they are facing during their puberty age. Looks is one of the major impact factors in the life of today s youth, and losing confidence over it can lead to some serious mental problems such as depression, mental trauma, etc. This paper will discuss the treatment they need for the problems they are suffering, what are the problems they are facing, and the treatment they are facing in society. After getting judged in society on the basis of personality, what are the ill effects mentally and physically?*

## I. INTRODUCTION

Eating disorders are illnesses that are affecting adolescents frequently and put barriers in growth and development. The disorder mainly affects the female, which results in lifelong medical psychosocial mobility, and it is 3rd most chronic disease found these days. These disorders are creating havoc in today s generation life as they are increasing rapidly. The paper will focus on three main disorders they are Anorexia Nervosa, Bulimia Nervosa, and BID, which binge eating disorders.

**Eating Disorders Comparison Chart**

	Anorexia Nervosa	Bulimia Nervosa	Binge Eating Disorder
What It Is	People with the condition restrict calories and do not sustain a healthy body weight	People with the condition binge, then purge	People with the condition binge but do not purge
How Common Is It?	9 in 1,000 women and 3 in 1,000 men develop anorexia during their lifetimes	15 in 1,000 women and 5 in 1,000 men develop bulimia during their lifetimes	35 in 1,000 women and 20 in 1,000 men develop BED in their lifetimes
Mean (Average) Age of Onset	18.9 (early, mid, or late adolescence)	19.7 (adolescence, young adulthood)	25.4 (adulthood)

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“BED is characterized by recurrent episodes of an unusually large amount of food intake without compensatory behaviors, and it is associated with the subjective experience of the feeling of loss of control (LOC) and marked distress.”<sup>2</sup>

The disturbance in growth and uncertainty in weight are the major symptoms of these disorders and majorly affect adolescent females.

Binge eating disorder shows many side effects, such as anxiety and depression. Also, the trait of anxiety shows clinical comorbidity, which shows the propensity not being managing a good and healthy diet. Many other symptoms like emotional outbursts, and depression can be considered major outcomes of the disorder, and emotional self regulation may lead to depression. Negative mood swings can be identified as the major symptom of the disorder.

“Anorexia nervosa (AN) is a type of eating disorder marked by an inability to maintain normal healthy body weight, often dropping below 85% of ideal body weight (IBW). Bulimia nervosa (BN) is characterized by recurrent episodes of binge eating in combination with some form of inappropriate compensatory behavior.”<sup>3</sup>

“Binge eating disorder (BED) is an empirically validated eating disorder (ED), introduced in May 2013 in the Diagnostic and Statistical Manual of Disorders, Fifth Edition (DSM-5).”<sup>4</sup>

Anorexia nervosa generally states less eating in-completion of the proper diet required to the body, which deems to low weight low, low energy as required. There is a difference between bulimia and binge eating disorder as binge eating disorder has more emphasis on eating than physical appearance and bulimia has after effects like purge, vomiting, using laxatives, etc.

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<sup>2</sup> E. (2022). *Narrative review BED*. researchgate.com. Retrieved 12 March 2022, from [https://www.researchgate.net/publication/322263408\\_A\\_narrative\\_review\\_of\\_binge\\_eating\\_disorder\\_in\\_adolescence\\_prevalence\\_impact\\_and\\_psychological\\_treatment\\_strategies](https://www.researchgate.net/publication/322263408_A_narrative_review_of_binge_eating_disorder_in_adolescence_prevalence_impact_and_psychological_treatment_strategies).

<sup>3</sup> *Management of anorexia and bulimia nervosa: An evidence-based review*. researchgate.com. (2010). Retrieved 19 March 2022, from [https://www.researchgate.net/publication/46256434\\_Management\\_of\\_anorexia\\_and\\_bulimia\\_nervosa\\_An\\_evidence-based\\_review](https://www.researchgate.net/publication/46256434_Management_of_anorexia_and_bulimia_nervosa_An_evidence-based_review).

<sup>4</sup> E. (2022). *Narrative review BED*. researchgate.com. Retrieved 12 March 2022, from [https://www.researchgate.net/publication/322263408\\_A\\_narrative\\_review\\_of\\_binge\\_eating\\_disorder\\_in\\_adolescence\\_prevalence\\_impact\\_and\\_psychological\\_treatment\\_strategies](https://www.researchgate.net/publication/322263408_A_narrative_review_of_binge_eating_disorder_in_adolescence_prevalence_impact_and_psychological_treatment_strategies).



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### (A) Literature Review

(Neville H Golden, Debra K Katzman, Richard E Kreipe, Sarah L Stevens, 2003)<sup>6</sup>

Which says the diagnosis of the disorder in adolescents are engaged in unusual weight gain, unhealthy weight control practices, thinking of food more than normal, and fail to maintain a normal weight, height, and sexual maturation in the body. Development should be managed, and taking care of health intervention and taking at most care of psychological behavior. The way of treating them can be giving them mental care and knowledge about the diet and the upcoming medical complication. Also, they should know there would be some barriers to taking care of.

(Eleonora Marzilli, Luca cergelia, silvia cimio, 2018)<sup>7</sup>

The paper suggests that Binge eating disorder has become a major problem in today's generation and is found mostly common at the age of 16-17. The weight gain due to abnormal eating leads to many problems like getting underconfident due to physical appearance, and concern for size and shape, which leads to emotional problems and avoidance of social gatherings. Some data provides information that the case of BED found in female is 26% and 13% in males, which result in higher bodily dissatisfaction and low self-esteem.

(Ellen S. Rome, Seth Ammerman, David S. Rosen, Richard J. Keller, James Lock, 2003)<sup>8</sup>

<sup>5</sup> Anorexia Bulimia Binge Eating - Bing images

<sup>6</sup> (Neville H Golden, Debra K Katzman, Richard E Kreipe, Sarah L Stevens, 2003) Eating disorders in adolescents: position paper of the Society for Adolescent Medicine, (PDF) Eating disorders in adolescents: position paper of the Society for Adolescent Medicine (researchgate.net)

<sup>7</sup> Eleonora Marzilli, Luca cergelia, silvia cimio, 2018 A narrative review of binge eating disorder in adolescence: prevalence, impact, and psychological treatment strategies (PDF) A `narrative review of binge eating disorder in adolescence: prevalence, impact, and psychological treatment strategies (researchgate.net)

<sup>8</sup> (Ellen S. Rome, Seth Ammerman, David S. Rosen, Richard J. Keller, James Lock, 2003) Children and Adolescents With Eating Disorders: The State of the Art (PDF) Children and Adolescents With Eating Disorders: The State of the Art (researchgate.net)

The paper says that having any eating disorder for a long period of time can result in life-threatening diseases, and its severity level can be a barrier to overall growth and development. A planned approach may help for the patient's treatment, which will be skill full and cost-efficient. Taking care of both medical and mental health with the help of many therapies, dietitians, and psychologists. Mental health is a very important factor when discussing any kind of eating disorder.

### **(B) Research Methodology**

The methodological approach used in the paper is qualitative as many research papers are taken as the reference for collecting the information and knowledge of the topic. The primary data is also taken into reference, and it got collected through the Google form to adolescents, some known and some random ones by nonprobability sampling method.

### **(C) Hypothesis**

#### **Eating disorders have an impact on the health of adolescents?**

Health is an important factor for the development of an individual, and it is shown in many studies that adolescents who have good eating habits have good growth and development and are not suffering any symptoms of physical or mental disorders, so the disorders impact the health is evident.

#### **Eating disorder not have any impact on the health of adolescents?**

An eating disorder does not show any effect on adolescents in a mental and physical way.

#### **Anorexia nervosa**

Anorexia nervosa is the most lethal psychiatric condition, causing great anxiety and tension in personal and professional relationships. With children, the issue is exacerbated further by age, as well as the challenge of determining to what extent the child/adolescent may be regarded as both competent and well enough to make treatment decisions. Patients suffering from anorexia nervosa make every effort to pin down professionals to a specific weight. The clinician's goal is to restore normal growth and development. On recovery, height velocity in growing youngsters should revert to normal (or be greater).

For height, a target weight range of 95-100 percent is indicated. Children are more vulnerable to acute and chronic malnutrition due to differences in size and body composition.

#### **Bulimia Nervosa**

Bulimia Nervosa is uncommon in premenstrual teenagers. Purging with laxatives and other

drugs is less common in children. Irregular menstruation is a common symptom, and it may have an effect on bone density. The most important medical worry is potassium deficiency caused by recurrent vomiting. Adolescents can begin to handle their own eating concerns within this framework, as defined by Fair burn (1997), with age adaption where appropriate.

Bulimia nervosa is characterized by a sense of disorder, and the clinician's initial task is to set clear frameworks and boundaries. The adolescent's behaviour may appear to need frequent supervision, accompanying to the bathroom, supervision after meals, and school monitoring. Adolescents, on the other hand, may perceive their parents as invasive and become more secretive. Individual therapy can give structure, confinement, and solitude to the teenager, whereas family therapy can assist parents in negotiating limits with their children.

### **Binge Eating Disorder**

Binge eating disorder (BED) is the most common type of ED and one of the most common chronic disorders in teens. BED is described as recurrent periods of exceptionally excessive food consumption without compensatory activities, and it is connected with a sense of loss of control and significant distress. This review investigates the prevalence of BED in teenagers, as well as the results related to physical, social, and psychological implications, as well as potential intervention techniques.

According to a study of the literature on the prevalence of BED, this disorder is highly common in adolescents. Girls, in particular, had a higher risk of BED (1 percent –4 percent versus 0% – 1.2 percent, respectively) than boys (0 percent –2.3 percent). Adolescents with binge eating disorder (BED) are more likely to develop a variety of negative physical, social, and psychological health issues.

In both male and female populations, binge eating disorders (SBED) were highly linked with lower quality of general daily life and lower self-esteem. Binge eating disorder (BED) has been shown to be a powerful predictor of depression, anxiety, and distress feelings in teenagers, as well as substance use and self-harm behaviours. Binge eating disorders co-occur with a number of mental health conditions.

Despite the significant prevalence of BED in teenage populations, rigorous research on viable and effective treatments for BED in young people is lacking. Studied the use of an Internet-facilitated CBT-self-help intervention over 16 weeks, compared to a 9-month wait-list control (WLC) group.

## **II. TREATMENT**

Patients often require more than one hour of mental health therapy each week in addition to routine pediatric appointments. Residential therapy, partial hospitalization, and intense outpatient program are all available.

Keeping track of the methods, areas of expertise, and patient groups of each treatment facility is essential. Adolescents with eating disorders may have a hard time finding a suitable residential program, and many parents are hesitant to send their kids away for treatment. Discuss with the parents the increased likelihood of recovery if the child receives residential therapy, and a bed is available.

In reality, therapeutic effectiveness mostly depends on the quality of care provided by caregivers. Unlike everyone else, you have a real shot at winning over their support. The parents need to know that you recognize the severity of their child's disease but that you and your team of experts are working together to find a solution. You two will be able to get the kid well again.

## **III. PROBLEMS WITH GETTING HELP**

People of all races face barriers to treatment. Because of this, it's even harder to ask for help. Access to treatment for eating disorders is still limited by a number of things. Some obstacles are:

### **Financial access**

The cost of care for people with eating disorders often depends on their insurance coverage, which varies a lot by race and ethnicity. Even though there have been improvements in the past few years, people are still more likely to not have health insurance than white people. In addition to financial problems, there are also problems with getting to and from appointments, taking time off work, and finding child care.

### **Stereotypes**

There are a lot of stereotypes about eating disorders in our culture. Many of these ideas about people are especially bad for people. For example, the idea that eating disorders only happen to rich, white teenage girls is especially harmful to people. This dangerous stereotype can make people with eating disorders feel even more alone and make them think that their illness isn't real or that they don't deserve help.

### **Low self-esteem**

Eating disorders can make a person feel very bad about themselves and how they look. This can

make someone feel like they don't deserve to be helped. For people of color, this can be made worse by Eurocentric beauty standards, which have always favoured people who are white, thin, have blue eyes, and are blonde.

### **Research and treatment that focus on white people**

Most of the studies and treatments in the field have been made with white European females with eating disorders in mind because they have been the focus of the field for a long time. People might think they don't need or deserve treatment because most studies and treatments focus on white women and because there is a social stigma that only young, cisgender, white women have eating disorders. Because eating disorder research has mostly been done on white people in the past, it is likely that people of color have been underdiagnosed and undertreated in the health care system as well.

A report from the U.S. Department of Health and Human Services says, "Racial and ethnic minorities have less access to mental health services than whites, are less likely to get needed care, and are more likely to get poor quality care when treated" (McGuire & Miranda, 2008).

### **Provider bias**

Even if a person goes to their primary care doctor and tells them what's going on, the doctor might not notice the signs because of their own unconscious biases. If a provider doesn't know how to spot the signs of an eating disorder in a person of color, it's even harder for that person to get the help and resources they need. The patient may not know much about eating disorders, so their provider needs to explain what's going on and find them professional help.

Women of color who say they are worried about their eating and weight are much less likely than white women to have been asked by a doctor about the signs of an eating disorder (Becker, Franko, Speck, & Herzog, 2003). Even though the clinicians probably meant well, implicit bias could have been a reason why the Black women in the study didn't get the right diagnoses.

### **Cultural barriers**

Some people think it's weak to talk about how they feel and get professional help for mental health problems. Children grow up hearing things like "Just pray about it," "Don't show that you're weak," and "Stop crying so much," especially in some communities of color. This can teach kids to keep their feelings inside instead of dealing with them, which is bad for their mental health.<sup>9</sup>

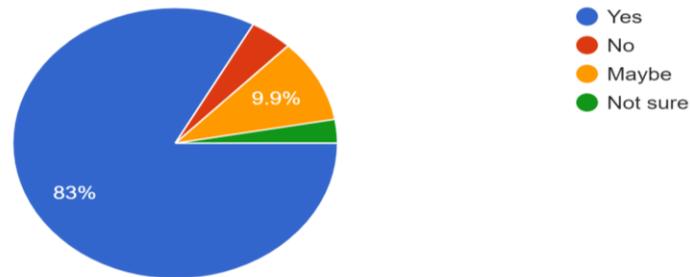
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<sup>9</sup> Council, Forbes Agency. "Council Post: Virtual Reality -- The Future Of Media Or Just A Passing Trend?" Forbes. www.forbes.com, May 30, 2017. <https://doi.org/Council Post: Virtual Reality -- The Future Of Media Or>

### IV. ANALYSIS

DO YOU THINK YOUR EATING HABITS EFFECT YOUR HEALTH?

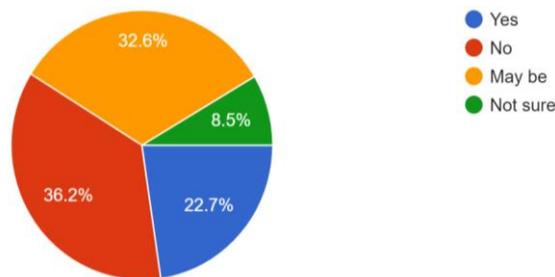
141 responses



In above chart it is shown that 83% of the people which is a great percentage think that health gets affected by eating habits. Bad eating habit effect health badly and the eating habits of youth mainly consist of junk food and fast food which is one of the reason for having these disorders.

DO YOU TAKE PROPER NUTRITIONAL DIET REGULARLY?

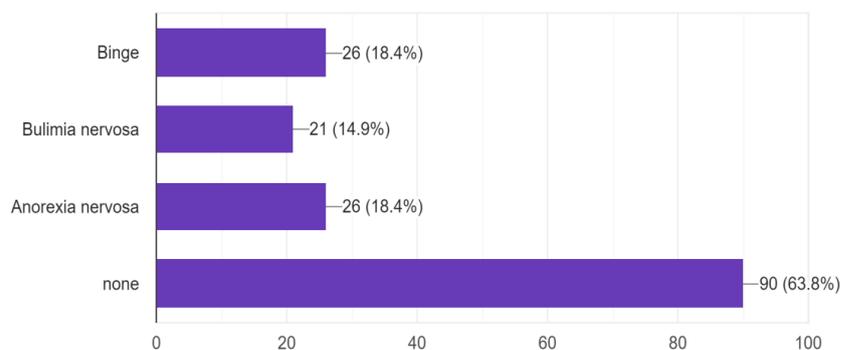
141 responses



As it is noticeable in above chart that very less percentage of adolescents take proper nutritional diet regularly on the other side a good percentage are either not sure or don't consume proper diet regularly. Many of them are not even sure what the nutritional diet is, nutritional diet at proper timing is also very necessary for a adolescent.

DO YOU KNOW ABOUT ANY EATING DISORDER MENTIONED BELOW?

141 responses

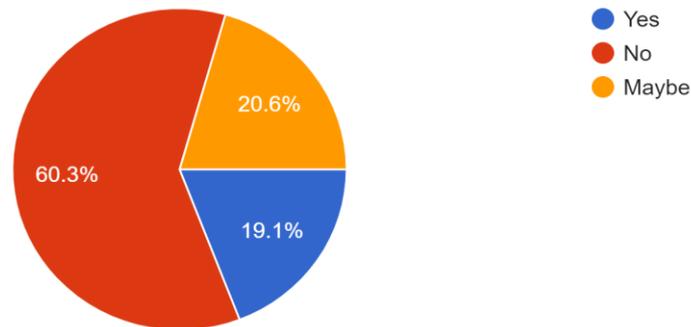


Just A Passing Trend?

In above graph it is identified that approximately 70% of the responses are not even aware about the disorder in such case the dealing will also become difficult in case of disorder. But if we will explain and figure out what are the views of public on the symptoms they will feel highly shocked that they are suffering form any disorder due to bad eating habits.

DO YOU SUFFER FROM ANY SIDE EFFECTS OF ANY EATING DISORDER?

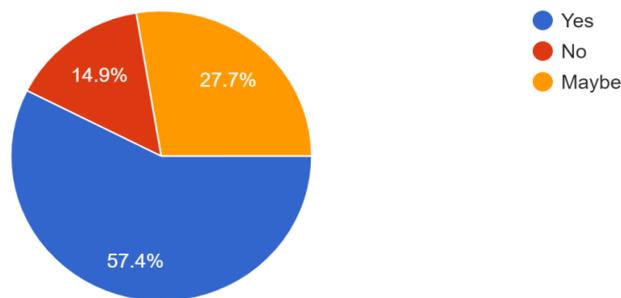
141 responses



In above representation the responses support that the disorder has no side effects so by concluding the fact that population is unaware about the disorders that's why they are unaware from the side effects also which is shown in many studies.

DO YOU THINK PHYSICAL APPEARENCE LEADS TO LOWER SELF ESTEEM?

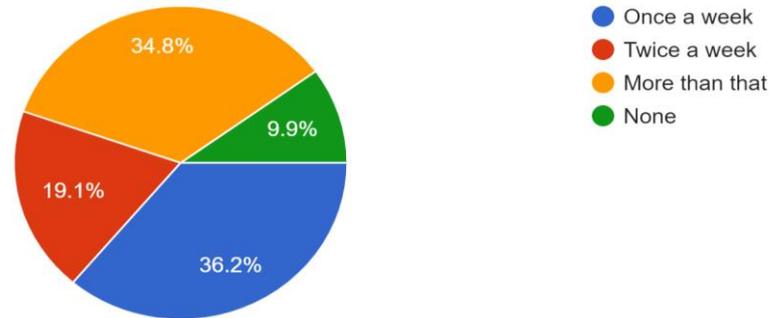
141 responses



In above representation more than half of the response-rs believe that physical appearance plays a great role in self esteem and build up a good confidence level. Taking care will play a good role in maintaining a good physical appearance.

HOW OFTEN DO YOU CONSUME JUNK OR ANY DIET WHICH IS UNHEALTHY?

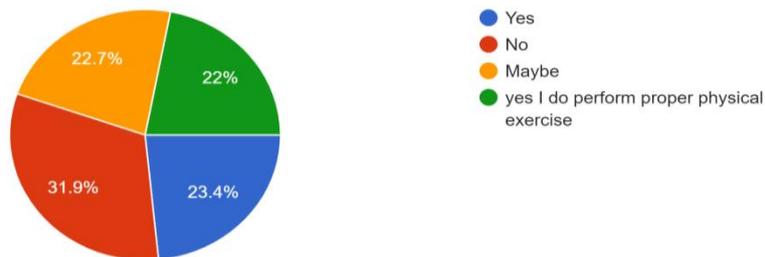
141 responses



In above representation the consumption of junk in a week is approximately 92% and twice a week is more than 50% and rest consume more than that in week which clearly depicts the picture of bad eating habits. But consumption of junk by an adolescent is very huge as they are continuously engaging themselves in house parties, cafes, clubs.

DO YOU PERFORM PROPER EXERCISE TO COMPENSATE THE CALORIE INTAKE AND IF NOT DOES IT SHOW ANY BAD EFFECT?

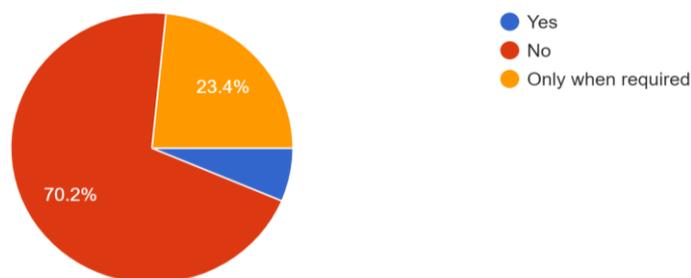
141 responses



Above graph shows only 22% of the response-rs perform any kind of exercise to compensate the calories intake. Students are having very busy schedule now a days and extreme sitting habit will also cause irregularity in the terms of physical labor so that the person will not put on weight.

DO YOU OFTEN VISIT A NUTRITIONIST?

141 responses

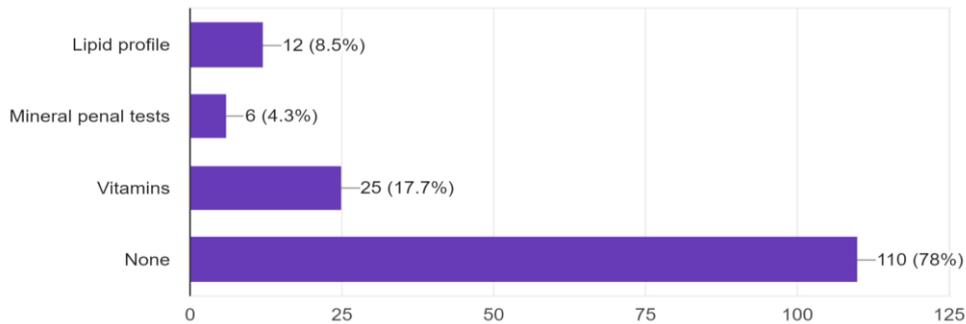


Above results shows that 23% people visits nutritionist only when required and the huge part

of 70% don't visit which shows there awareness about the disorder. Lack of awareness will make the situation more worsen as it will not led them find a remedy.

DO YOU OFTEN GET TESTED FOR ANY OF THE FOLLOWING:

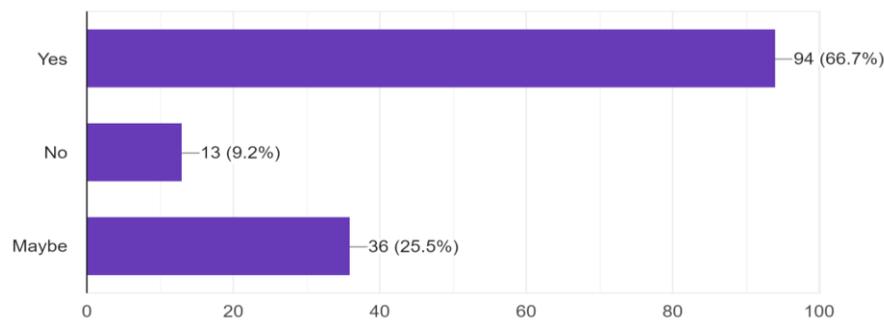
141 responses



Above representation shows that almost 80% of the people are not interested in any kind of testing or in any of the test mention above only 8-9% of people just get tested for lipid or vitamins which has a very less percentage.

DO YOU THINK EATING DISORDER EFFECTS THE MENTAL HEALTH OF A PERSON AND MENTAL THERAPY CAN PROVE TO BE AN EFFECTIVE WAY TO CURE THE DISORDER

141 responses



Above graph shows that mostly people either believe that mental health gets affected by eating disorder or they are not sure about the fact. Mental health which is effected due to bad personality happens because of bad eating habit creates havoc in any youths mind as they don't have a good charming and presentable personality which give them self doubt on themselves.

## V. CONCLUSION

Eating disorders from childhood, although sharing many similarities with later-onset illnesses, must be treated independently in terms of detection and consequences.

The care philosophy is a holistic, multidisciplinary approach with close engagement with patients, parents. There are numerous places where information is still lacking. Functioning Both family therapy and parental counselling have been demonstrated to be effective. Individual

therapy plays a part in the treatment of younger children, and the method used is determined by a variety of factors. The techniques that parents use are a question of personal preference. Barriers imposing also plays the great role while dealing with the disorders. An eating disorder has no one, recognized cause. Eating disorders are caused by a complex interaction of biological, psychological, and social variables, according to studies. Personality traits like perfectionism or set ways of thinking might be considered psychological issues. One example of a social component is a family's policy on discussing feelings. Influence from the media or bullying due to obesity are two examples of additional social influences.

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