

A REVIEW ARTICLE ON ORTHOREXIA NERVOSA

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ABSTRACT

By American doctor Steven Bratman, M.D., in 1997. He made the argument that some people's dietary restrictions, which are meant to promote health, may paradoxically have the opposite effect, resulting in unhealthy side effects like social isolation, anxiety, the inability to eat in a natural, intuitive way, a decrease in interest in the full range of other healthy human activities, and, in rare instances, severe malnutrition or even death.^[1] The incidence rate per 100 000 person-years was 13.7 (95% CI 12.9-14.5) overall, 25.7 (95% CI 24.1-27.3) for females, and 2.3 (95% CI 1.8-2.8) for males. The fact that orthorexia nervosa does not disproportionately impact one gender is another way in which it differs from anorexia nervosa. According to studies, there are no appreciable variations in the prevalence of orthorexia nervosa between men and women. Psychotherapy or medication are typically used to treat orthorexia.

INTRODUCTION

Orthorexia nervosa, which literally translates to "fixation on righteous eating," is a condition where a person has a "unhealthy obsession" with otherwise healthy eating. Orthorexia begins as a sincere effort to eat healthier, but orthopraxis end up obsessing over the quality and purity of their food. They become preoccupied with decisions about what to eat, how much to eat, and how to handle "slip-ups."^[2] Orthorexia is difficult to understand and has several facets. Sometimes there is a connection between orthorexia and other illnesses, like obsessive-compulsive disorder (OCD) and other eating disorders.

Definition: The systematic avoidance of particular foods by a person with a medical condition who believes those foods to be dangerous.

Prevalence of Orthorexia: Orthorexia has not been extensively researched compared to other eating disorders because it is not yet recognised as a medical disease. According to a few studies, orthorexia affects anywhere from 1% to 7% of the general population. The rise of social media is probably to contribute to the current rise in orthorexia prevalence.

- **Male versus female orthorexia:** Although more research is needed to determine the prevalence in both categories, women are more likely than males to experience orthorexia. In general, marketing initiatives and the media tend to place a greater emphasis on women's health and attractiveness than on men's. Women are consequently considerably more likely to develop eating disorders such as binge eating disorder, bulimia nervosa, and anorexia nervosa.

- **Orthorexia Among undergrads:** College students are particularly prone to orthorexia. According to one study, nearly 25% of university students exhibit orthorexia-related symptoms. A student's likelihood of acquiring orthorexia may rise depending on the kind of programme they are enrolled in. When compared to subjects not linked to health or fitness, those who study those topics are much more likely to acquire orthorexia. For instance, one study discovered that up to 85% of students enrolled in an exercise science programme had orthorexia symptoms.

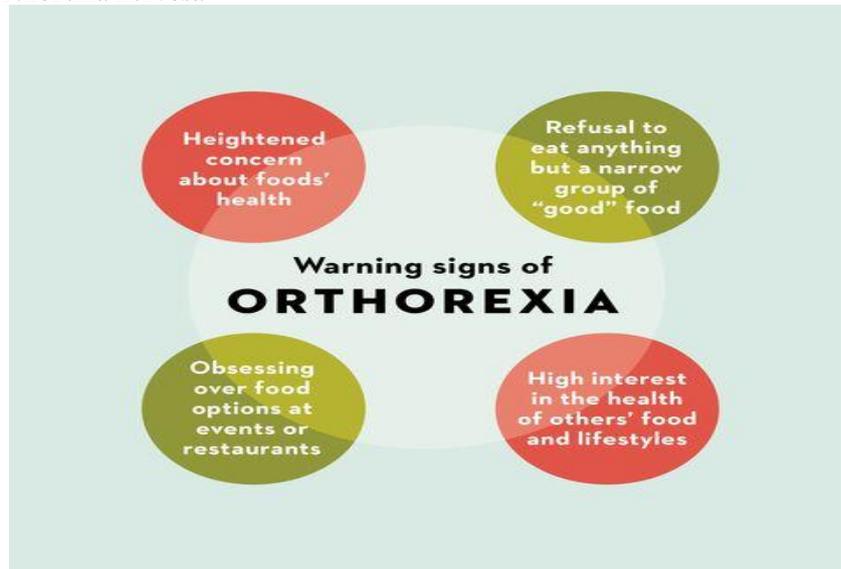
- **Orthorexia in Sports stars:** Orthorexia is fairly typical among sportsmen. Those that value fitness may be the group most likely to experience this disease. Strict diets that only permit the eating of wholesome or "clean"

foods go hand in hand with a focus on physical fitness and wellbeing. It is estimated that 52% of non-professional athletes, including those who frequently use the gym, have orthorexia. Orthorexia is particularly prevalent among those who engage in specialised activities that prioritise healthy lifestyles. For instance, a research found that up to 86% of yoga instructors surveyed had orthorexia symptoms.^[3]

CAUSES

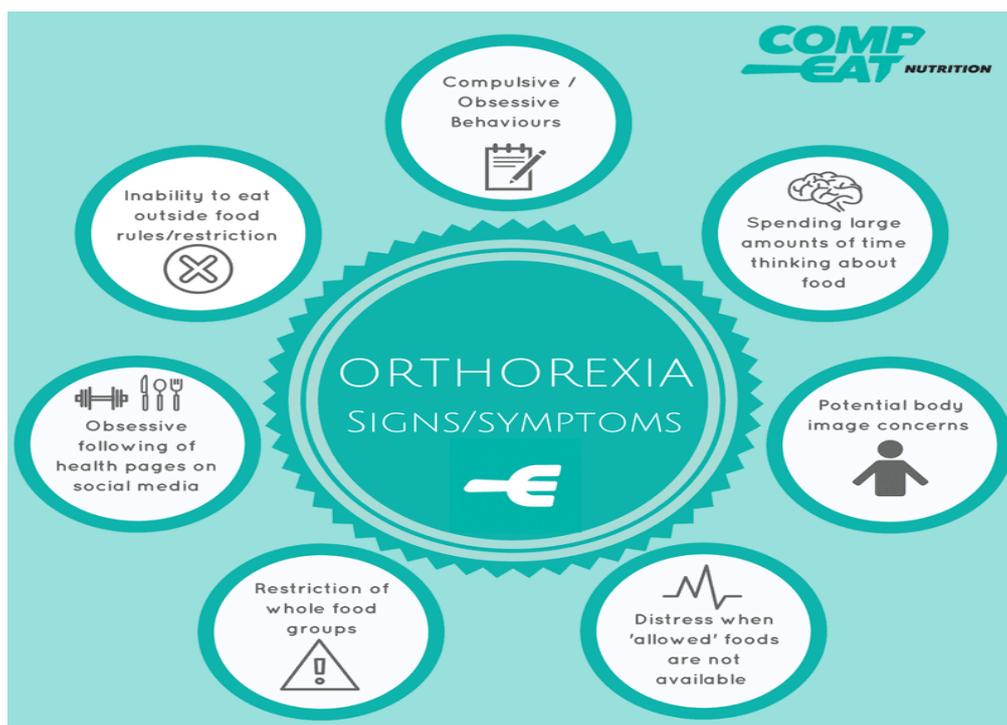
Past traumatic experiences; unhealthy relationships; unresolved personal issues; low self-esteem; perfectionism; a history of dieting; substance misuse; and an obsession with exercise, The overwhelming expectations of society, unresolved childhood trauma, depression, anxiety, bullying, fixation with social media, and a strong desire to "fit in"^[4]

Warning signs of orthorexia nervosa



Signs and symptoms

- Worry about food quality.
- Avoid going out to eat or avoid eating food prepared by others
- Fear sickness.
- Show physical signs of malnutrition.
- Bury yourself in food research.
- Refuse to eat a broad range of foods.
- Fear losing control.
- Be overly critical of your friends' food choices.
- Find yourself in a vicious circle.^[5]



Orthorexia and Associated Disorders

An eating disorder can frequently be influenced by mental health conditions including depression and anxiety. Orthorexia symptoms often overlap with those of other mental health issues, including anxiety and obsessive-compulsive disorder (OCD). Orthorexia frequently co-occurs with other eating disorders, mental health illnesses, and substance use disorders because of the shared underlying characteristics of these mental health conditions.

Orthorexia and other eating disorder

Orthorexia frequently coexists with other eating disorders. Orthorexia shares many symptoms with anorexia and bulimia, despite the fact that there are numerous significant variances between the various eating disorders. These similarities include.

- Guilt for dietary infractions (cheating on a diet)
- Anxiety relating to health
- Mental suffocation
- Working memory issues
- Self-image issues

Orthorexia and OCD

Numerous symptoms shared between orthorexia and OCD include.

- Increased anxiety
- The requirement for control
- Perfectionism
- Contamination worries
- Repetitive patterns
- Continuous, unpleasant thoughts

Treatment and Prognosis

Orthorexia sufferers can, fortunately, receive assistance, much like those with other eating problems. There is currently no established clinical treatment protocol for the disorder because it is still a relatively new condition in the medical field. But many medical practitioners approach the problem in a manner similar to how they approach anorexia. Fortunately, people with orthorexia can get help, just like people with other eating disorders. Since the ailment is still a relatively recent development in the medical community, there is currently no recognised therapeutic treatment regimen for it. However, a lot of medical professionals handle the issue in a way that is comparable to how they approach anorexia.

Often, cognitive behavioural therapy can be used to treat orthorexia. A qualified counsellor can impart beneficial ways of thinking about managing stress and eating. Anti-anxiety drugs can also be beneficial. When addiction or another mental health disease co-occurs with orthorexia, intensive inpatient treatment that addresses both disorders may be required. For more information about your treatment choices if you or a loved one has co-occurring orthorexia and a substance use problem, get in touch with The Recovery Village. To begin, contact a representative right away.

The following are examples of common therapies

- Exposure and response prevention: The more you are exposed to the anxiety-inducing circumstance, the less it will disturb you.
- Behaviour modification: Recognizing the detrimental impacts of your behaviour so that you can alter it
- Cognitive restructuring or cognitive reframing, which enables you to recognise stress-inducing behaviours and beliefs and swap them out for more flexible viewpoints and behaviours.
- A variety of relaxation techniques, including yoga, guided imagery, mindfulness meditation, and breathing exercises.

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