

ANOREXIA NERVOSA – A Covid-19 Perspective

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ABSTRACT: The recent COVID-19 outbreak has costed the lives of many people around the world. There is lot of physical and mental ailments which were experienced by many people. The study focuses on a mental health disorder i.e., Anorexia Nervosa which effects the physical structure of human body due to the lockdown imposed among the general Indian public. Mental health has been the most important matter over the lockdown period. People started to alter their lifestyles so as to tackle the fear of physical health which occupies them from getting any mental illness. Weight loss and weight gains have always been a point of worry amongst the males and females. This paper focuses on the level of impact this COVID-19 had on the fear of their physical health.

Keywords: Anorexia Nervosa, Mental Health, Physical Health, COVID-19.

INTRODUCTION

Restriction of energy intake relative to requirements, leading to a significantly low body weight in the context of age, sex, developmental trajectory, and physical health. Significantly low weight is defined as a weight that is less than minimally normal or, for children and adolescents, less than that minimally expected. Intense fear of gaining weight or of becoming fat or persistent behaviour that interferes with weight gain, even though at a significantly low weight. Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or persistent lack of recognition of the seriousness of the current low body weight. The ICD-9-CM code for anorexia nervosa is 307.1, which is assigned regardless of the subtype. The ICD-10-CM code depends on the subtype.

Restricting type: The individual does not engage in recurrent episodes of binge eating or purging behaviour (i.e., self-induced vomiting or the misuse of laxatives, diuretics, or enemas). This subtype describes presentations in which weight loss is accomplished primarily through dieting, fasting, and/or excessive exercise.

Binge-eating/purging type: The individual engages in recurrent episodes of binge eating or purging behaviour (i.e., self-induced vomiting or the misuse of laxatives, diuretics, or enemas).

The minimum level of severity is based, for adults, on current body mass index (BMI) (see below) or, for children and adolescents, on BMI percentile. The ranges below are derived from World Health Organization categories for thinness in adults; for children and adolescents, corresponding BMI percentiles should be used. The level of severity may be increased to reflect clinical symptoms, the degree of functional disability, and the need for supervision.

Mild: BMI > 17 kg/m²

Moderate: BMI 16-16.99 kg/m²

Severe: BMI 15-15.99 kg/m²

Extreme: BMI < 15 kg/m²

The individual maintains a body weight that is below a minimally normal level for age, sex, developmental trajectory, and physical health (Criterion A). Individuals with this disorder typically display an intense fear of gaining weight or of becoming fat (Criterion B). The experience and significance of body weight and shape are distorted in these individuals (Criterion C).

BACKGROUND OF THE STUDY

Anorexia nervosa is a mental disorder characterized by a restriction of energy intake, intense fear of gaining weight or of becoming fat and disturbance in the body self-evaluation. It affects people of all ages, genders, races and ethnic backgrounds, mainly women in their adolescence period and young adulthood. This behavioural symptomatology leads to weight loss, under nutrition, and more or less severe—potentially life-threatening—somatic complications including respiratory, hepatic, digestive and cardiac features, electrolyte disturbances, endocrine and bone impairment, immune depression, and related opportunistic infections.

LITERATURE REVIEW

Weight management is essential for a healthy life, but in extreme cases, it can turn into a life-threatening condition. Eating behaviour is an important dimension of weight management. For most of us, eating is an automatic response to hunger and can be as easy or normal as breathing. On the other hand, it may be a challenging area for people with eating disorders. Anorexia nervosa is a complex disorder that includes physiological, behavioural, cognitive, and emotional components. Historical traces of anorexia can be found in ancient times. A group of women who starved themselves for religious reasons in Rome in 383 was reported. Fasting is a common ritual in many religions and cultures, although starving triggered by psychological factors as a weight management strategy can lead to serious medical problems [1]. Anorexia Nervosa, an eating disorder, is characterized by malnutrition (BMI less than 18.5 kg/m²), an obsessive fear of gaining weight and an altered self-body image (DSM-V criteria). The prevalence is steadily increasing in most countries. The persistence of pathological symptoms and relapses frequently observed in all forms of eating disorders significantly reduce the patient's quality of life. Although one-half of patients with anorexia nervosa are expected to recover after 10 years, the other half will stay with prolonged symptoms and disability. The mortality after 10 years is around 1-5% in recent series, which highlights the severity of the disease. In this special issue of Clinical Nutrition Experimental, Gosseume et al. describe the major somatic complications occurring in patients with anorexia nervosa [2]. Anorexia nervosa is conventionally regarded as a multifactorial eating disorder, dependent on biological, psychological and socio-cultural factors. In the last decade, the role of microbiota-gut-brain axis in the regulation of feeding behaviour and mood disorders has been highlighted. In this special issue, Scharner & Stengel review the knowledge on the brain structure and functions in patients with Anorexia nervosa [3] while Breton et al. describe the alterations of intestinal microbiota and its putative roles in the disease [4]. Finally, Achamrah et al. speculate on the future therapeutic strategies targeting microbiota-gut-brain axis that may be helpful for the treatment of patients with anorexia nervosa [5]. Is this related to anorexia nervosa or to starvation? Every individual conducting research in anorexia nervosa (AN) has undoubtedly asked them this question. AN is an incredibly difficult illness to research as it is fundamentally a mental illness but results in very serious physical consequences. It is dependent on an individual starving themselves to achieve a significant reduction in their body weight. Starvation results in undeniable physiological changes throughout the body, including the brain. As a consequence, essentially all research undertaken in AN, with the exception of some fields such as genetics, is influenced to some degree by the malnourished state of patients. An additional complexity is that some people with AN also engage in bingeing and purging as well as other strategies to lose weight, including excessive exercise [6].

MATERIALS AND METHODS

The major aim of the study is to understand the rampancy of anorexia nervosa, an eating disorder faced by the general public of India during Covid19 outbreak.

The objectives of the study are:

- To assess the demographic details of the respondents
- To understand the prevalence of anorexia nervosa during Covid19 outbreak among the Indian population and
- To study the influence of perception of self towards the onset of the eating disorder among the Indian population during Covid19 outbreak.

The study employed descriptive research design and followed simple random sampling. There were 123 samples taken from all over India. A literature search was conducted to understand the eating disorders, treatments and the involvement of mental issues relating to it. A semi structured questionnaire includes the demographic profile, Patient health questionnaire and Generalized Eating Disorder questionnaire to understand the mental health status of the people in India during Covid19 Outbreak. The questionnaire is a self-administered version of the descriptive instrument for common eating disorders. The data analysis was done using SPSS 20.

RESULTS AND SUGGESTIONS

The priority of the study is to understand the prevalence of anorexia nervosa among people in India during Covid19 outbreak. Out of 123 samples, 72.7% were females and 26.4% of the respondents were males and falls in the age range of 15 to 35 years. Predominantly the respondents were graduates and post graduates and 84% of the respondents were from the urban.

Education
122 responses

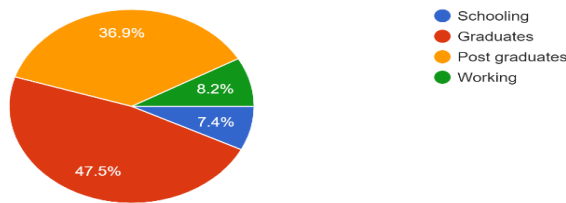


Fig 1.1 Education of the Respondents

Fifteen per cent respondents felt guilty or remorse while eating and 22.8% might have felt it. The 87.7% did not exercise more than once a day whereas 10.6% and 8.1% of the respondent’s exercise or might exercise even when they are sick or tired.

Do you feel guilt and remorse when you eat?

123 responses

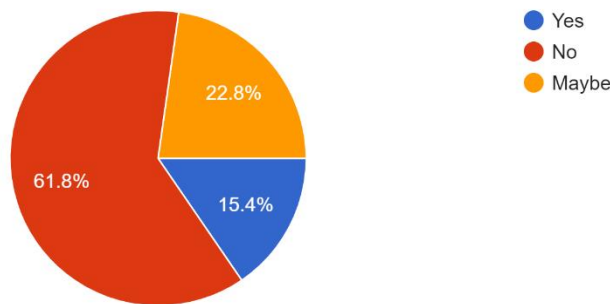


Fig 1.2 Feeling of Guilt

Almost 91.8% of the respondent’s members of their family suffered with an eating disorder. Though 79.7% of respondents didn’t avoid eating while hungry the 22.8% involved in diet often and 12.2% weighed them at least once a week.

Do you diet very often?

123 responses

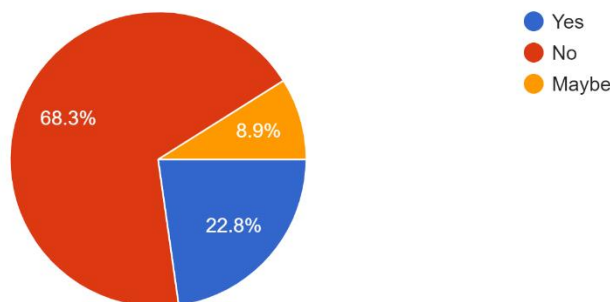


Fig 1.3 Frequency of Dieting

Thirty five percent and 18.3% of the respondents are preoccupied or maybe preoccupied with their size. 46.7% felt fat and difficult to believe even when others told them they are thin. More than half that is 66.7% of the respondents felt fat during the covid-19 lockdown.

Over the past 6 months have you felt fat?

123 responses

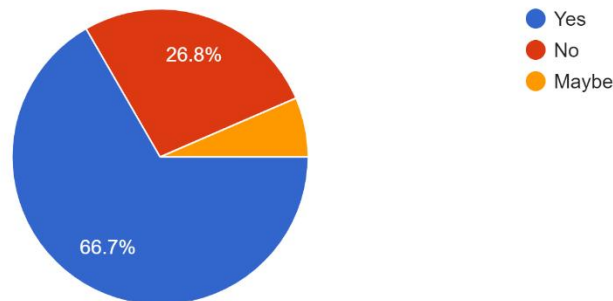


Fig 1.4 Feeling felt fat during past 6 months

Forty six per cent and 15.6% of the respondents accepts that their shape and size influences how they judge or may judge about themselves as a person while 60.7% had definite fear that they might become fat.

Has your shape and weight influenced how you think about (judge) yourself as a person?

122 responses

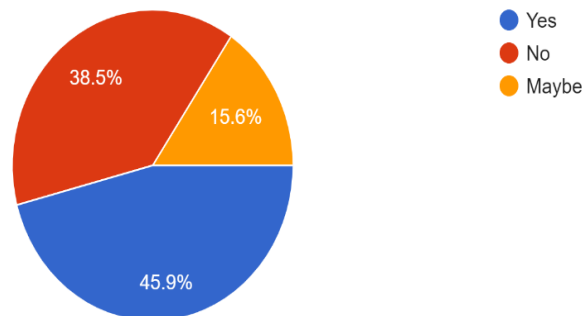


Fig 1.5 Judging oneself based on their shape and weight

Do you find it difficult to believe or still feel that you're fat even when others say you are thin?

122 responses

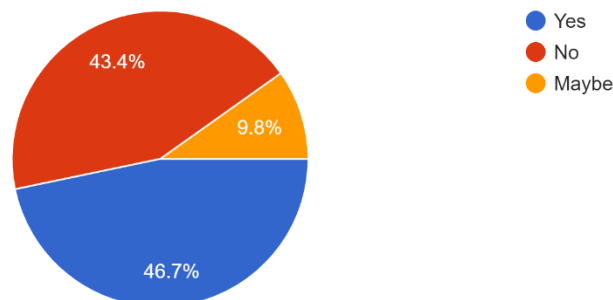


Fig 1.6 Respondents finds it difficult to believe they are thin

Skipping meals at least twice a day, engaging in excessive exercise specifically to counteract the effects of overeating episodes, using laxatives (for smooth bowel movement) or diuretics (Tea, Soda, Alcohol etc.) to prevent weight gain

was done by 22%, 16%, 8.4% of the respondents respectively during the Covid-19 pandemic but a meagre 1.6% made themselves vomit to prevent weight gain or counteract the effects of eating.

Have you had a definite fear that you might gain weight or become fat?

122 responses

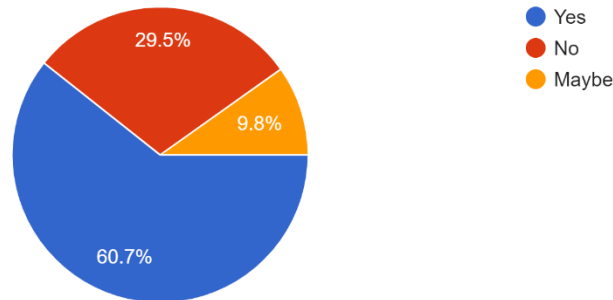


Fig 1.7 shows opinion about putting weight by the respondents

The sixty one per cent of respondents has definite fear they might gain weight. The restriction on mobility and reduced outdoor exercise has instilled definite fear of putting on weight. Those who suffer from the disorder might be less but it's important not to leave behind the ones that are suffering. Given the complexities of this eating disorder, a professional treatment team involving medical doctors, dietitians, and therapists is necessary for the recovery from this eating disorder.

SUMMARY AND CONCLUSION

The outbreak of SARS (Severe Acute Respiratory Syndrome), a pandemic caused by the Corona virus (COVID – 19) made the humankind to face unprecedented times. To contain the spread of contagious virus strict safety rules and protocols were deployed and measures were taken to follow social distancing through imposing partial and full lockdown reducing the mobility of people. So, a study was undertaken to assess the demographic details of the respondents, to understand the prevalence of anorexia nervosa during Covid-19 outbreak and to study the influence of perception of self towards the onset of the eating disorder among the Indian population during Covid-19 outbreak.

This study clearly points out and emphasizes that the influence of thoughts and perception being an instigator for the onset of eating disorders such as anorexia nervosa. The perception that gaining weight is ugly and losing it would make oneself beautiful and healthy as well the constant comparisons seems to have become more stronger during this lockdown. Most of the respondents are graduates and post-graduates but it is seen that the mental perception of judging themselves based on size and shape and the preoccupied thinking about it remains high so it's understood that eating disorders aren't related with the level of education. As pointed out in the previous studies, it is said women are more affected by this disorder in this study more than half the respondents (60.85%) had definite fear they might gain weight during this lockdown where more than half the respondents are women. People from urban area who are the respondents predominantly are more vulnerable to the spread of corona virus as the population density is higher which caused even more immobility that led to anxiety of gaining weight than their rural counterparts.

This study is limited to few demographic variables and focuses on only anorexia nervosa. It can be extended by including more variables such as marital status, family background, economic status and so on. A comparative study of the place of residence urban and rural. The factors of influence of mental health can be more deeply looked into and taken for future studies in connection to the current research.

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