

Obesity and Disordered Eating in Youth – Discernment and Sensitivity are Required

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Introduction

While much is known about the perils and societal costs of obesity, less is known about the perils of disordered eating, poor body image and food fixations. Both obesity and disordered eating have complex etiologies and continued research is necessary for us to better understand and treat these diseases. These conditions cause untold misery and damage physical, emotional, mental and social well-being, especially in the period of adolescence and early adulthood. For instance, anorexia nervosa is a psychiatric illness with the highest mortality rate – 10% will die within 10 years of the onset of the illness [1]. The paradoxical afflictions of obesity and disordered eating seem to observe a similar trend as the prevalence of both diseases increases with the wealth and development of the country. However, there is evidence to the contrary, and some researchers argue that sociocultural influences play important roles in explaining the prevalence of both obesity and disordered eating through the ages [2]. Obesity refers to having excessive amounts of body fat which as a result confers in a disproportionate risk for cardiovascular diseases, stroke and some cancer forms. Disordered eating is a disease of the mind that is characterized by an unhealthy pre-occupation with food, which could take the form of anorexia nervosa, bulimia nervosa, binge-eating and other variants [3].

Prevalence of obesity and disordered eating conditions

In a systematic review of global prevalence of overweight and obese, Ng et al. [4] reported that from 1980 to 2013, overweight adults increased 29% to 37% in men and 30% to 38% in women. In 2013 children and adolescents in developed countries, this was 24% in boys and 23% in girls. Makino et al. [5] reported that the prevalence of eating disorders in non-Western countries is increasing and alluded to a 'Westernization effect'- in Western countries, anorexia nervosa ranged from 0.1% to 5.7%, and bulimia nervosa ranged from 0.3% to 7.3% in female subjects. The prevalence data for female subjects with bulimia nervosa from non-Western countries ranged from 0.5% to 3.2%. Binge eating disorder or compulsive eating without compensatory behaviours, it seems is becoming more prevalent and nearly in all studies on disordered eating female sufferers outnumber male sufferers [3].

Special considerations, discernment and sensitivity

Adolescence and early adulthood it appears is the critical period

where both obesity and disordered eating have their genesis and it is important to identify and intervene early before unhealthy eating and lifestyle behaviours become entrenched. Educators and caregivers must be mindful that overweight and obese youth are susceptible to peer-bullying – 10% of normal-weight children reported being bullied, compared to 15% of overweight and 23% of obese children and that obese girls were 2.7 times more likely than normal-weight girls to be verbally bullied on a regular basis and 3.4 times more likely to be excluded from group activities [6]. In a sample of young adolescents, 30% of girls and 25% of boys reported weight-teasing by peers at school and even at home, 29% of girls and 16% of boys reported having been teased by a family member about their body weight [7]. The triggers and causes of disordered eating are complex and complicated but patients have reported that teasing about bodyweight or familial stress as triggers for disordered eating [3]. The literature is discordant about whether athletes have a higher risk of disordered eating than non-athletes but it is recognized that elite athletes in weight-sensitive sport like gymnastics, dance, endurance running and wrestling have a higher risk of disordered eating. Chia and Lee [8] reported that even in pre-elite youth who are active in sport, 46% are symptomatic for disordered eating in a population sample where 88% were of normal healthy weight and yet 40% of the boys and girls were dissatisfied with their bodyweight. There is a special mention about the vulnerabilities of elite athletes in terms of management weight, nutrition and disordered eating in the International Olympic Committee Consensus Statement on youth athlete development and it is recommended that readers become conversant with the recommendations of the international committee [9].

Summary

Obesity and disordered eating have multifactorial etiologies and both originate in late childhood and adolescence. Health promotion efforts and messages aimed addressing both conditions must be nuanced in a manner that does not inadvertently cause a 'reversal' or behavior change that results in a 'pendulum-swing' to the opposite result; that is those who struggle with a healthy level of eating may find themselves eating excessively and those who are (or were) obese may adopt disordered eating habits, and the debate continues. More research is needed to clarify if obese prevention programmes lead some to disordered eating.

References

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