
Stigmatization Of The Body

Author Note

About 95 percent of people with this disorder are women. It usually begins in adolescence, sometimes earlier, and less frequently in adulthood. Anorexia nervosa primarily affects middle and upper socio-economic class people. In western society, the number of people with this disorder seems to increase. Anorexia nervosa may be mild and transient or severe and lasting. Lethal rates as high as 10 to 20 percent have been reported. However, as mild cases may not be diagnosed, no one knows exactly how many people have anorexia nervosa or what percentage dies of it.

The age of onset of anorexia is in the first adolescence, around 12 years, although the most affected population is between 14 and 18 years. It is more frequent in the middle and upper-middle social classes. In 95 percent of cases, anorexia affects young women, although in recent years there has been an increase in men, adult women, and children. There are groups more prone to these disorders, such as gymnasts, dancers, or models.

Anorexia

Anorexia is an eating disorder that involves weight loss caused by the patient and leads to starvation. Anorexia is characterized by the fear of gaining weight and by a distorted and delusional perception of the body itself that makes the patient look fat even when his or her weight is below that recommended. Therefore, it starts a progressive decrease in weight through fasting and a reduction in food intake.

It usually begins with the removal of carbohydrates, as there is a false belief that they fatten. It then rejects fats, proteins, and even liquids, leading to cases of extreme dehydration. To these drastic measures can be added other associated behaviors such as the use of diuretics, laxatives, purges, induced vomiting, or excessive physical exercise. Affected people can lose 15 to 50 percent, in the most critical cases, of their body weight. This disease is often associated with serious psychological disturbances that cause changes in behavior, emotional behavior, and stigmatization of the body

Anorexia

Causes The exact causes of anorexia are not known. Many factors are likely to be involved. Genes and hormones can play a role. Social attitudes that promote very thin body types can also contribute. Risk factors for anorexia include: Being more concerned or paying more attention to weight and figure Having an anxiety disorder in childhood Having a negative image of yourself Having eating problems during breastfeeding or early childhood Having certain cultural ideas or social regarding health and beauty Trying to be a perfectionist or overly rule-centered Anorexia often begins during the years before adolescence or adolescence, or early adulthood and is more common in women, although it can also be seen in men.

Causes

Cause it's unknown, but social factors seem important. Although there are many socio-cultural factors that can trigger anorexia, part of the population is likely to be more physically predisposed to this disorder, regardless of the pressure the environment may exert. For this reason, there are general factors associated with a triggering factor or some biological vulnerability, which precipitates the development of the disease. The illness's own obesity. Maternal obesity. Death or illness of a loved one. Separation from the parents. Getting away from home. School failures. Accidents. Traumatic events.

Symptoms

This pathology is characterized by a significant weight loss caused by the patient and by an erroneous perception of the body itself. As a result, endocrine problems become apparent in a relatively short space of time. The main symptoms that determine the onset of the disease are the following:

- Refusal to maintain body weight above the minimum appropriate for the patient's age and size.
- Fear of weight gain or obesity even when the weight is below the recommended.
- Distorted perception of the body, its weight, and proportions.
- Absence of three consecutive menstrual cycles in women (amenorrhea).
- Anorexics may experience a variety of symptoms: constipation, amenorrhea, abdominal pain, vomiting, etc.
- But it is the family that detects the symptoms that raise the alarm:
- Excessive concern about the caloric composition of food and food preparation.
- Constant feeling of cold.
- Progressive reduction of food.
- Obsession with image, scale, studies, and sport.
- Use of traps to avoid food.
- Hyperactivity.

These symptoms are compounded by other typical features such as irritability, depression, and emotional or personality disorders. There is also a change in the sensation of satiety and fullness before meals, nausea, swelling, or even absence of sensations. This pathology also shows numerous cognitive disorders that focus on food, body weight, and physical appearance:

- Selective abstractions.
- Selective use of information.
- Generalizations.
- Superstitions.
- The negative side of any situation is magnified.
- Dichotomous thinking.
- Self-referential ideas.

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- Arbitrary inference.
 - As for the clinical consequences, the symptoms are as follows:
 - Heart rate's slowing down.
 - Arrhythmias occur that can lead to cardiac arrest.
 - Get your blood pressure down.
 - Menstruation disappears in women (amenorrhea).
 - It decreases bone mass and, in very early cases, slows down the rate of growth.
 - Decrease in intestinal motility.
 - Anemia.
 - A thin, long hair called woolly hair appears on the back, forearms, thighs, neck, and cheeks.
 - Chronic constipation.
 - The decrease in energy consumption produces a constant feeling of cold.
 - The skin becomes dehydrated, dried, and cracked.
 - Yellowing of the palms of the hands and soles of the feet due to the accumulation of carotids in the sebaceous glands.
 - The nails are breaking.
 - Hair loss.
 - Problems with teeth and peripheral edema. Swelling and abdominal pain.
 - Prevention.

As it is a disorder that usually begins in adolescence, observation by the family is crucial to detect in the youngest habits that are a warning sign. Here are some risk factors:

Bad eating habits: Many teens eat alone while watching TV or communicating with their friends via WhatsApp. Lack of fixed schedules and parental supervision of what they eat increase the likelihood of developing an eating disorder.

Poor communication with parents: knowing the children's concerns, their tastes, and their circle of friends can help prevent this type of disorder or detect it at an early stage.

Treatments

are the correction of bad nutrition and mental disorders of the patient. In the first place, an attempt is made to achieve rapid weight gain and the recovery of eating habits, since they may involve a higher risk of death. But a full recovery of body weight is not synonymous with healing. Anorexia is a psychiatric illness and should be treated as such. Treatment should be based on three aspects:

Early detection of the disease: knowledge of the symptoms by primary care physicians and protocols setting the criteria to be observed by the physician.

Coordination between the health services involved: psychiatry, endocrinology, and pediatrics.

Outpatient follow-up once the patient has been discharged, with regular visits. Hospitalizations are usually prolonged, resulting in a disconnection from the environment that may impair the normal development of the adolescent. Therefore outpatient treatment is advisable whenever possible.

Admission to a medical facility is necessary when:

- Malnutrition is very serious and there are alterations in the vital signs.
- When family relationships are unsustainable, and it is better to isolate the patient.
- When psychic disorders are aggravated.
- Outpatient treatment is effective when:
- It is detected early.

There are no episodes of bulimia or vomiting and there is a family commitment to cooperation.

In this way, treatment is started with feedback, which can sometimes cause digestive discomfort, since the body is not used to eating food. Over time, the biological situation is restored, and menstruation returns. Psychological treatment then begins, which attempts to restructure rational ideas, eliminate the body's misperception, improve self-esteem, and develop social and communicative skills between the patient and his or her environment. The family must take an active part in the treatment because sometimes the triggering factor of the disease is in the family and, moreover, the recovery is inevitably prolonged at home.