



Introduction/ Methodology

Introduction:

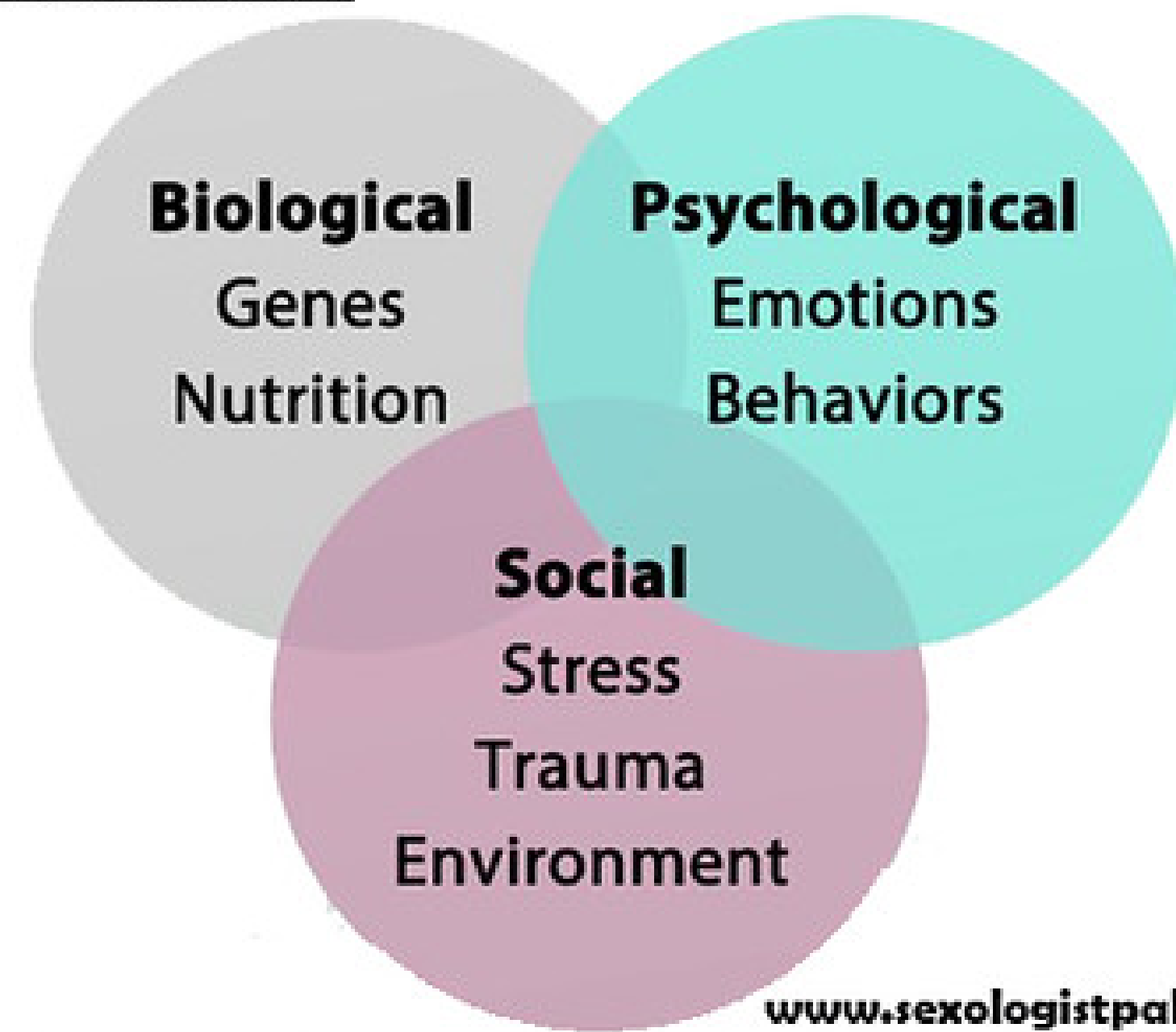
Three eating disorders, anorexia nervosa, bulimia nervosa, and binge eating disorder are all known as psychiatric syndromes when it comes to obesity. All three eating disorders were clinically examined by diagnostic signs, treatment, and etiology.

Methodology:

I did the research by using a scholarly base article about eating disorders by using Google Scholars.



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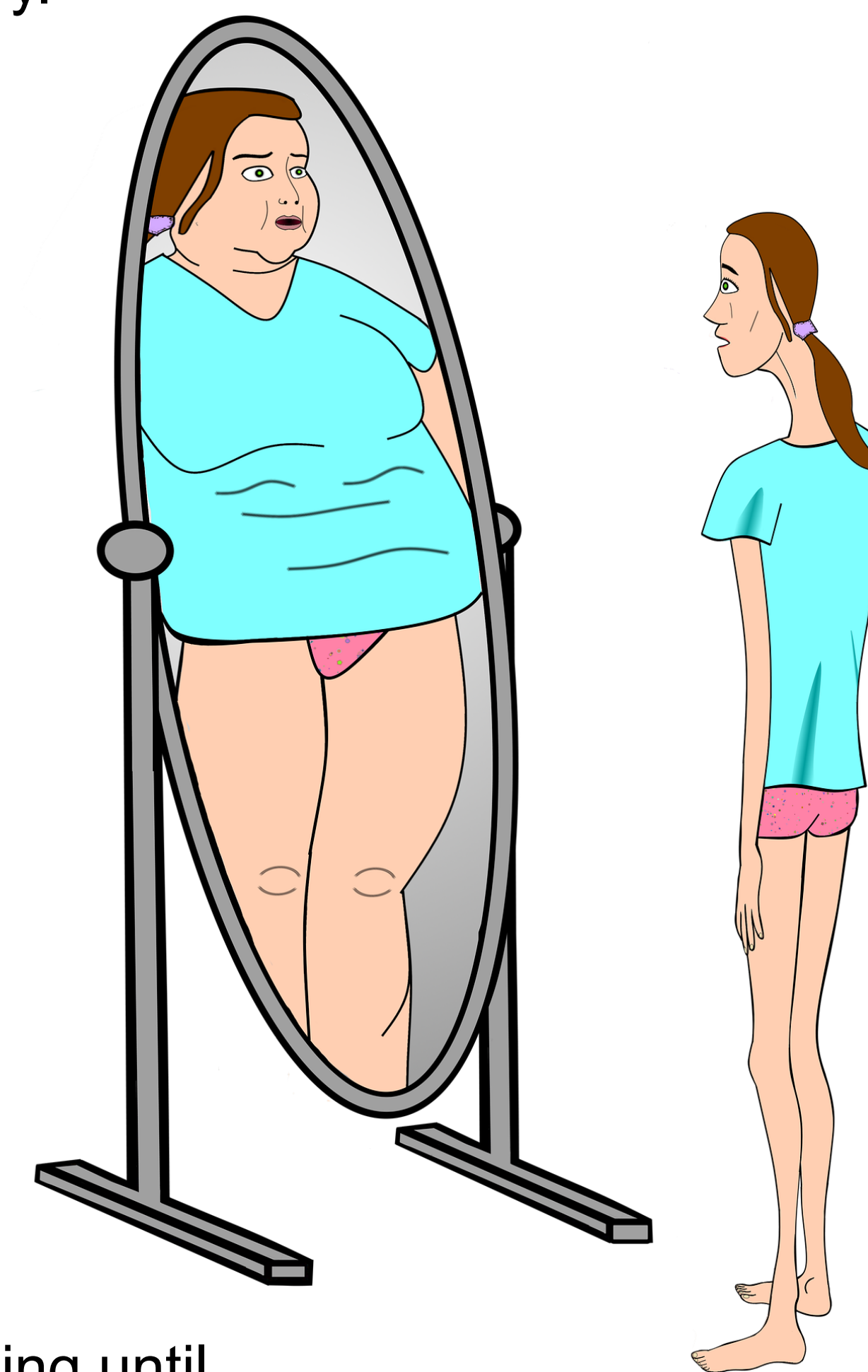
Men's Care Clinic, The Modern Hospital, Opposite Safari Park, University Road, Karachi.

Bulimia Nervosa

- Bulimia Nervosa is characterized by concerns of weight gain, body image, and force inflicted vomiting. They may also use laxative, diuretics, or enemas as purging.
- Although the environment can have a lot to do with body image, cognitive theory may lead to restricting a diet, which helps maintain the body figure. While there is a restriction on the diet, hunger comes along the way and pursue binge-eating. After the overeating, comes guilt and causes them to make themselves vomit.
- People may suffer in silence because there may not be any body weight change.
- Psychotherapy like CBT helps focus on helping with the eating behavior and the thought of body image. Another way is IPT. IPT goes through the social aspect. Treatment undergoes grief management, dealing with role transitions, and improving interpersonal deficits.

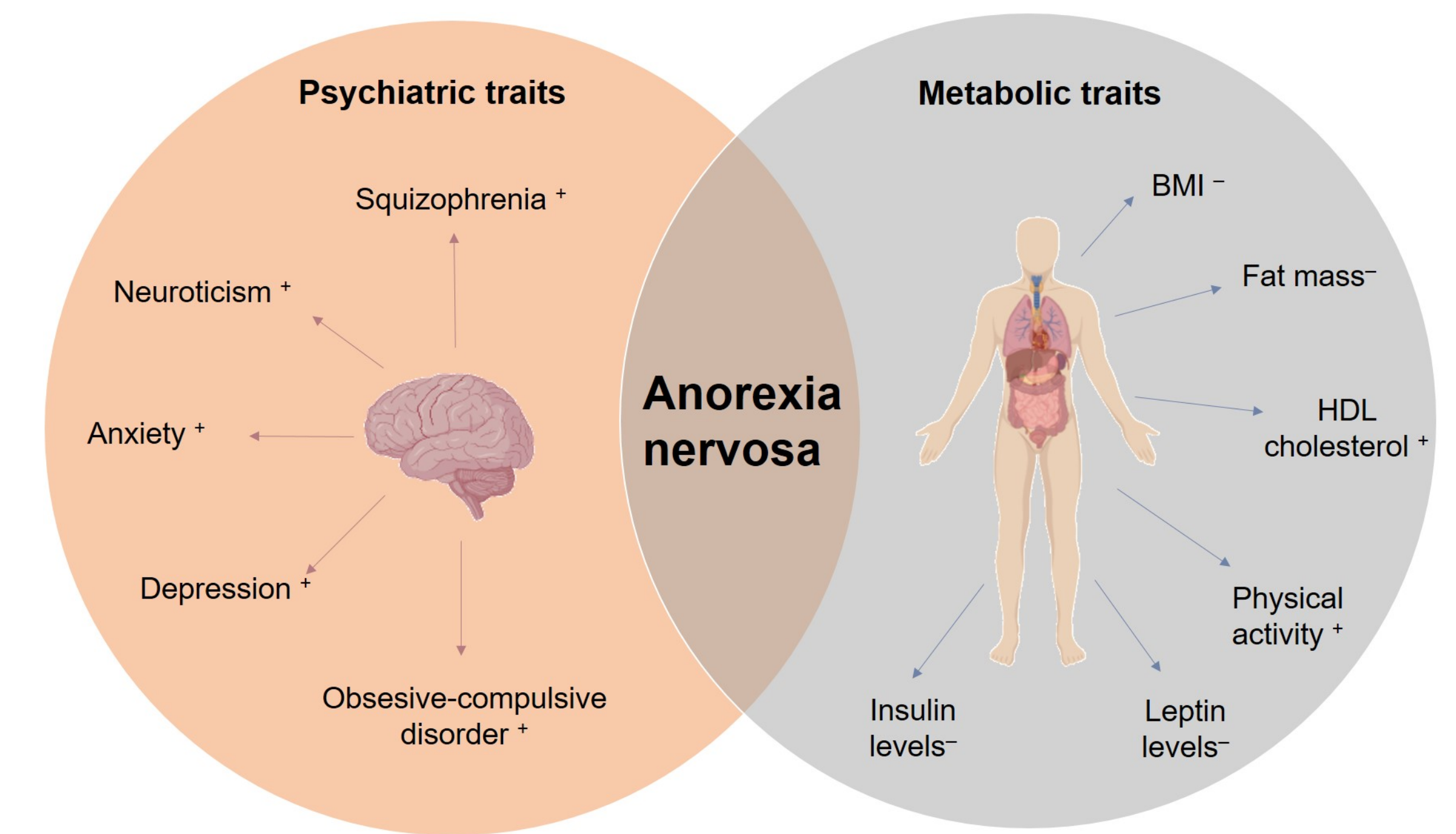
Anorexia Nervosa

- One characteristic is the fear of gaining weight. Individuals with this eating disorder is the control on their weight, which makes them dangerously thin. Their goal is to achieve a low body weight.
- Criteria has shown that anorexia nervosa as behavioral disturbance, endocrine disturbance, and psychopathological disturbance.
- During cognitive-behavioral theories, it emphasizes the role of the fear of gaining weight and the body image. Personality traits like anxiety or stress can be caused by the concerning thoughts of weight gain.
- For the treatment, there are many levels for program. The levels consist of inpatient and partial inpatient hospitalization and outpatient treatment. It is also known to have psychological help when in recovery.



Binge Eating

- BED is characterized by eating until uncomfortably full for at least 2 days per week.
- Neurotransmitters and hormones have been shown to be a part of binge eating. Biological and psychological can both help to show the background of this eating disorder.
- BED can also be associated with depression, anxiety, and substance use.
- Treatment for BED can undergo psychotherapy, weight loss treatments, and pharmacotherapy. For cognitive-behavioral theory, it was focused on correcting the eating quantity. IPT could be used to improve relationships, to help with their mood.
- Pharmacology can be used to suppress the appetite. They have been found to help reduce binge eating.



Conclusion/Results

- These eating disorders show different characteristics but are shown to be psychiatric disorders.
- Anorexia Nervosa** is known to be the most difficult eating disorder to overcome. For treatment, it is intense and recommended to show medical stabilization and psychological recovery, of eating and fear of gaining weight. Treatment is long to be a long and intense physical and psychological treatment.
- Bulimia Nervosa** is an easier treatment compared to anorexia. This disorder can most likely be treated by outpatient therapy.
- Binge Eating Disorder** is like bulimia when it comes treatment. Many things and medications can help to contribute to beating the eating disorder.

References

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