



Treatment for Eating Disorders in Children and Adolescent Psychiatry with a Metallization Based Concepts

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EDITORIAL

Eating disorder focused family therapy has emerged as the most effective evidence based treatment for adolescent anorexia nervosa, as evidenced by evidence from nine randomised controlled trials, and there is growing evidence of its efficacy in treating adolescent bulimia nervosa. There is also emerging evidence for the efficacy of this treatment's multifamily therapy formats, with a recent RCT demonstrating the benefits of this approach in the treatment of adolescent anorexia nervosa. We examine the evidence for eating disorder focused family therapy through the lens of a moderate common factors paradigm in this article. According to this viewpoint, this treatment is likely to be effective because it provides a supportive and nonblaming context that: One, creates a safe, predictable environment that helps to contain anxiety generated by the eating disorder; two, promotes specific change in eating disorder related behaviours early in treatment; and three, provides a vehicle for the mobilisation of common factors such as hope and expectancy reinforced by the eating disorder expertise of the multidisciplinary team. To improve outcomes for young people, a better understanding of the moderators and mediators involved in this treatment approach is required. This understanding could lead to therapy refinement and adaptations for families who do not currently benefit from treatment. An eating disorder is a mental illness characterised by abnormal eating behaviours that have a negative impact on a person's physical or mental health. At any given time, only one eating disorder can be diagnosed. Types of eating disorders include binge eating disorder, in which the afflicted eats a large amount in a short period of time; anorexia nervosa, in which the afflicted has an intense fear of gaining weight and restricts food or over exercises to manage this fear; bulimia nervosa, in which the afflicted eats a large amount then attempts to rid themselves of the food, in which the afflicted. People with eating disorders

are more likely to suffer from anxiety disorders, depression, and substance abuse. Obesity is not one of these disorders. The causes of eating disorders are unknown, but both biological and environmental factors appear to be involved. Some eating disorders are thought to be exacerbated by cultural idealisation of thinness. People who have been sexually abused are more likely to develop eating disorders. Pica and rumination disorder, for example, are more common in people with intellectual disabilities. Many eating disorders can be effectively treated. Treatment varies depending on the disorder and may include counselling, dietary advice, limiting excessive exercise, and reducing efforts to eliminate food. Some of the associated symptoms may be alleviated with medication. In more serious cases, hospitalisation may be required. Within five years, approximately 70% of people with anorexia and 50% of people with bulimia recover. Only 10% of people with eating disorders receive treatment, and of those who do, approximately 80% do not receive adequate care. Many patients are discharged weeks before their recommended stay and are not given the necessary treatment. Recovery from binge eating disorder is less certain, with estimates ranging from 20% to 60%. Anorexia and bulimia both raise the risk of death. A number of barriers to eating disorder treatment have been identified, which are typically classified as individual and systemic barriers. Individual barriers include shame, stigma fear, cultural perceptions, downplaying the severity of the problem, unfamiliarity with mental health services, and a lack of knowledge about mental health services. Language differences, financial constraints, a lack of insurance coverage, inaccessible health care facilities, time conflicts, long waits, a lack of transportation, and a lack of child care are all examples of systemic barriers. These barriers may be exacerbated for those who do not identify with the skinny, white, affluent girl stereotype that dominates the field of eating disorders, as those who do not identify with this stereotype are much less likely to seek treatment. Conditions

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during the COVID-19 pandemic may exacerbate the difficulties that those with eating disorders face, as well as the risk that otherwise healthy people will develop eating disorders. Pregnant women who have a binge eating disorder have a higher risk of miscarriage than pregnant women who have any other eating disorder. According to one study, out of a group of pregnant women evaluated, 46.7% of the pregnancies ended in miscarriage in women diagnosed with BED, compared to 23.0% in the control group. In the same study, 21.4% of women diagnosed with Bulimia Nervosa had miscarriages, compared to 17.7% of controls. Individuals in remission from BN and EDNOS (Eating Disorder Not Otherwise Specified) are at a high risk of resuming self-harm. Factors such as job-related stress, societal pressures, and so on. For 60 months, a study followed a group of people who were either diagnosed with BN or EDNOS. Following the completion of the 60-month period, the researchers recorded whether or not the person had a relapse. According to the findings, a person previously diagnosed with EDNOS had a 41% chance of relapsing; a person with BN had a 47% chance. People who exhibit attachment anxiety will most likely have difficulty communicating their emotional state as well as seeking effective social support. When a person does not recognise their caregiver or is in pain, this is a sign that they have adopted this symptom. The greater the severity of this symptom, the more difficult it is to achieve eating disorder reduction prior to treatment. The relationship between eating disorders and decision making has yielded conflicting results in studies. When completing the Iowa Gambling Task, a test designed to assess a person's decision making abilities, researchers found that patients suffering from anorexia were less capable of thinking about long term consequences of their decisions. As a result, they were more likely to make rash, harmful decisions.

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CONFLICT OF INTEREST

The author's declared that they have no conflict of interest

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