



Eating Disorders Leading to Obesity and Health Problems

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ABSTRACT: Obesity and eating disorders are each associated with severe physical and mental health consequences, and individuals with obesity as well as comorbid eating disorders are at higher risk of these than individuals with either condition alone. Moreover, obesity can contribute to eating disorder behaviors and vice-versa. Here, we comment on the health complications and treatment options for individuals with obesity and comorbid eating disorder behaviors. It appears that in order to improve the healthcare provided to these individuals, there is a need for greater exchange of experiences and specialized knowledge between healthcare professionals working in the obesity field with those working in the field of eating disorders, and vice-versa. Additionally, nutritional and/or behavioral interventions simultaneously addressing weight management and reduction of eating disorder behaviors in individuals with obesity and comorbid eating disorders may be required. Future research investigating the effects of integrated medical, psychological and nutritional treatment programs addressing weight management and eating disorder psychopathology in individuals with obesity and comorbid eating disorder behaviors—such as binge eating—is necessary.

KEYWORDS: eating disorders, obesity, health, binge, weight, healthcare

I. INTRODUCTION

Binge-eating disorder (BED) and night-eating syndrome (NES) are two forms of disordered eating associated with overweight and obesity. While these disorders also occur in non-obese persons, they seem to be associated with weight gain over time and higher risk of diabetes and other metabolic dysfunction. BED and NES are also associated with higher risk of psychopathology, including mood, anxiety, and sleep problems, than those of similar weight status without disordered eating. Treatments are available, including cognitive behavior therapy (CBT), interpersonal psychotherapy, lisdexamfetamine, and selective serotonin reuptake inhibitors (SSRIs) for BED; and CBT, SSRIs, progressive muscle relaxation, and bright light therapy for NES.[1,2,3]

Eating disorders and obesity are usually seen as very different problems but actually share many similarities. In fact, eating disorders, obesity, and other weight-related disorders may overlap as girls move from one problem, such as unhealthy dieting, to another, such as obesity. This information sheet is designed to help parents, other adult caregivers, and school personnel better understand the links between eating disorders and obesity so they can promote healthy attitudes and behaviors related to weight and eating.

Eating disorders and obesity are part of a range of weight-related problems.

These problems include anorexia nervosa, bulimia nervosa, anorexic and bulimic behaviors, unhealthy dieting practices, binge eating disorder, and obesity. Adolescent girls may suffer from more than one disorder or may progress from one problem to another at varying degrees of severity. It is important to understand this range of weight-related problems in order to avoid causing one disorder, such as bulimia, while trying to prevent another, such as obesity.¹

Body dissatisfaction and unhealthy dieting practices are linked to the development of eating disorders, obesity, and other problems.



High numbers of adolescent girls are reporting that they are dissatisfied with their bodies and are trying to lose weight in unhealthy ways, including skipping meals, fasting, and using tobacco. A smaller number of girls are even resorting to more extreme methods such as self-induced vomiting, diet pills, and laxative use.²

These attitudes and behaviors place girls at a greater risk for eating disorders, obesity, poor nutrition, growth impairments, and emotional problems such as depression.³ Research shows, for example, that overweight girls are more concerned about their weight, more dissatisfied with their bodies, and more likely to diet than their normal-weight peers.⁴

Binge eating is common among people with eating disorders and people who are obese.

People with bulimia binge eat and then purge by vomiting, using laxatives, or other means. Binge eating that is not followed by purging may also be considered an eating disorder and can lead to weight gain. More than one-third of obese individuals in weight-loss treatment programs report difficulties with binge eating.⁵ This type of eating behavior contributes to feelings of shame, loneliness, poor self-esteem, and depression.⁶ Conversely, these kinds of feelings can cause binge eating problems.⁷ A person may binge or overeat for emotional reasons, including stress, depression, and anxiety.⁸

Depression, anxiety, and other mood disorders are associated with both eating disorders and obesity.

Adolescents who are depressed may be at an increased risk of becoming obese. One recent study found that depressed adolescents were two times more likely to become obese at the one year follow up than teens who did not suffer from depression.⁹ In addition, many people with eating disorders suffer from clinical depression, anxiety, personality or substance abuse disorders, or in some cases obsessive compulsive disorder.¹⁰ Therefore, a mental health professional may need to be involved in treating an adolescent who is obese or suffers from an eating disorder or other weight-related problem.

The environment may contribute to both eating disorders and obesity.

The mass media, family, and peers may be sending children and adolescents mixed messages about food and weight that encourage disordered eating.¹¹ Today's society idealizes thinness and stigmatizes fatness, yet high-calorie foods are widely available and heavily advertised.¹² At the same time, levels of physical activity are at record lows as television and computers replace more active leisure activities, travel by automobile has replaced walking, and many communities lack space for walking and recreation.¹³

II.DISCUSSION

Obesity and eating disorders are serious challenges that are not discussed in relation to one another enough. This is especially true when one considers the high prevalence-rate of both in the United States. Approximately 11 million people in the world struggle with eating disorders and worldwide obesity rates tripling since 1975 [1].

Obesity and eating disorders are not always experienced in tandem, however, they do co-occur more often than many understand, making it necessary that the topic of obesity be part of eating disorder discussions and vice-versa.[4,5,6]



Is Obesity an Eating Disorder?

The World Health Organization (WHO) defines obesity or being overweight as “abnormal or excessive fat accumulation that presents a risk to health [1].” The WHO also specifies that “A body mass index (BMI) over 25 is considered overweight, and over 30 is obese,” although, it is important to note that BMI is incredibly limited as it only considers an individual’s weight and height without taking into consideration any unique individual lifestyle or health factors [1].

Technically speaking, obesity is not considered an eating disorder as it is not in the Feeding and Eating Disorders section of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), which classifies criteria for mental health diagnoses. Even so, obesity can be an experience or symptom of someone struggling with an eating disorder.

Anorexia vs. Obesity

It is important to be clear that anorexia nervosa and experiences of obesity are not mutually exclusive. Too often, people believe that, because anorexia nervosa involves severe restriction of nutritional intake, an individual cannot struggle with it and experience obesity. This inaccurate belief was likely maintained due to a prior version of the DSM (the DSM 4), requiring that an individual be less than the 85th percentile in body weight for their height and age [2]. Once updated, the DSM 5 changed this criteria to take into consideration other factors that impact weight, specifying that the restriction results in “a significant low body weight in the context of the age, sex, developmental trajectory, and physical health [2].”

It is also important to note that Anorexia Nervosa has two subtypes – Restricting Type and Binge Eating/Purging Type. These subtype specifications allow for more nuance in the behaviors one engages in, as some that engage in restrictive behaviors also engage in bingeing and compensatory behaviors as well.

There is also a diagnosis of Atypical Anorexia Nervosa which is characterized by the same symptoms as Anorexia Nervosa yet “the single exception is that the weight of the patient with the atypical variant is within or above the normal range, despite significant weight loss [3].”

Can you be Overweight and Have an Eating Disorder?

One can absolutely be overweight and/or experience obesity and have an eating disorder. Studies have long-found that individuals at higher weights are at an increased risk for disordered eating behaviors.[7,8,9]

One study notably found that “overweight adolescents are more likely than their non-overweight peers to engage in unhealthy weight control behaviors, such as diet pill use, vomiting and laxative use [4].”

These links are likely related to the societal stigma that to have fat is “unacceptable” and, therefore, people feel they must lose weight to be viewed as “acceptable.” What is viewed as “harmless” dieting is much more dangerous than it appears and can quickly become disordered. In fact, “research suggests that dieting behavior may be causally linked to both obesity and eating disorders [4].”

Eating disorders and experiences of obesity may co-occur due to shared risk factors such as “dieting, media use, body image and weight-related teasing [4].”



Overweight with Anorexia

It is becoming more common for individuals to experience anorexia nervosa symptoms and being overweight or obese.

A recent study from the University of California San Francisco (UCSF) found that a large portion of those seeking treatment are those engaging in anorexia nervosa behaviors while also at normal weight or above [3]. It also determined that what is more characteristic of individuals in treatment is not whether they are over/underweight but how their weight loss is experienced. The study states, “patients with large, rapid or long duration of weight loss are more severely ill, regardless of their current weight [3].”

Additionally, health consequences of anorexia nervosa are not limited to those considered underweight, as “female atypical patients were just as likely as their underweight counterparts to stop menstruating, a hallmark of hormone suppression due to poor nutrition that impacts fertility and bone density” and that “both typical and atypical patients were susceptible to electrolyte imbalances from inadequate sodium, potassium, calcium and chloride intake, which can impact the brain, muscles and heart functioning [3].”

A final result from the UCSF study was that those individuals with Atypical ANorexia Nervosa scored higher on eating disorder pathology such as “avoidance of food and eating, preoccupation with calories and eating in secret, feelings of fatness and discomfort seeing one’s body, dissatisfaction with weight and reaction to being weighed [3].” Study creators determined that “some of the patients had been overweight and may have suffered stigma or teasing that made them feel worse about their size...or, if they were genetically predisposed to be on the heavier side, they may have had to employ more severe behaviors or have more severely disordered thoughts in order to fight their biology [3].”

Bulimia and Obesity

Bulimia Nervosa is an eating disorder characterized by engaging in episodes of binge eating followed by compensatory behaviors to “get rid” of the food consumed. While some may view bingeing as a risk-factor for becoming overweight or obese, and it is, however, the compensatory behaviors used in bulimia nervosa should be considered.

One article noted that those with bulimia nervosa tend to “be more preoccupied with their weight and a pursuit for thinness and tend to have severe restrictive dieting, interspersed with binge/purge episodes [5].” As such, “few patients with BN present with obesity; most tend to have normal weight or overweight [5].”

Binge Eating Disorder and Obesity

Binge Eating Disorder (BED) is characterized by “periods of eating where the patient eats more than their normal intake, eats more rapidly, even when not hungry, feels a loss of control over eating and feels guilt over the episodes [5].”

Individuals with BED often engage in binge episodes to cope with other mental health symptoms or experiences. They might also binge as a result of restriction via self-starvation or dieting.



BED is the most prevalent eating disorder as well as the one most commonly understood to involve diverse body weights, shapes, and appearances. While the research noted above shows that BED is not the only eating disorder with diverse bodies, it is the eating disorder most closely associated with obesity.[10,11,12]

One study notes that “approximately 10–15% of people who are mildly obese and who try to lose weight on their own or through commercial weight-loss programs have BED” and that “the disorder is even more common in people who are severely obese [5].” Further, 30% of those that seek treatment for BED experience obesity [5].”

The study also noted that “obese patients with BED show a greater degree of psychiatric comorbidity and lower self esteem compared with obese patients who do not binge [5].”

How to Get Help for an Eating Disorder

Hopefully, reading this article has provided some research-supported evidence that one’s body type in no way indicates the presence or severity of an eating disorder. Anyone can struggle with disordered eating behaviors and you cannot determine one’s experience by their appearance.

If you are struggling with an eating disorder, it is important for you to advocate for the help and support that you need. Sadly, those living in larger bodies are often misdiagnosed or not diagnosed for their eating disorder at all purely due to their weight. There absolutely needs to be better eating disorder education in the medical field. However, in the meantime, it may be incumbent upon you to let your medical or mental health provider know of your struggle and that you need help. These individuals might have referrals for you or you can find reputable eating disorder treatment information and programs through directories on websites such as NEDA or Eating Disorder Hope.

The key is to seek help if you are struggling and do not stop fighting for your well-being until someone hears your struggle and gives you the support you need.

III.RESULTS

Eating disorders are serious health conditions that affect both your physical and mental health. These conditions include problems in how you think about food, eating, weight and shape, and in your eating behaviors. These symptoms can affect your health, your emotions and your ability to function in important areas of life.

If not treated effectively, eating disorders can become long-term problems and, in some cases, can cause death. The most common eating disorders are anorexia, bulimia and binge-eating disorder.

Most eating disorders involve focusing too much on weight, body shape and food. This can lead to dangerous eating behaviors. These behaviors can seriously affect the ability to get the nutrition your body needs. Eating disorders can harm the heart, digestive system, bones, teeth and mouth. They can lead to other diseases. They're also linked with depression, anxiety, self-harm, and suicidal thoughts and behaviors.

With proper treatment, you can return to healthier eating habits and learn healthier ways to think about food and your body. You also may be able to reverse or reduce serious problems caused by the eating disorder.[13,14]



Symptoms

Symptoms vary, depending on the type of eating disorder. Anorexia, bulimia and binge-eating disorder are the most common eating disorders. People with eating disorders can have all different body types and sizes.

Anorexia

Anorexia (an-o-REK-see-uh), also called anorexia nervosa, can be a life-threatening eating disorder. It includes an unhealthy low body weight, intense fear of gaining weight, and a view of weight and shape that is not realistic. Anorexia often involves using extreme efforts to control weight and shape, which often seriously interfere with health and daily life.

Anorexia may include severely limiting calories or cutting out certain kinds of foods or food groups. It may involve other methods to lose weight, such as exercising too much, using laxatives or diet aids, or vomiting after eating. Efforts to reduce weight can cause severe health problems, even for those who continue eating throughout the day or whose weight isn't extremely low.

Bulimia

Bulimia (buh-LEE-me-uh), also called bulimia nervosa, is a serious, sometimes life-threatening eating disorder. Bulimia includes episodes of bingeing, commonly followed by episodes of purging. Sometimes bulimia also includes severely limiting eating for periods of time. This often leads to stronger urges to binge eat and then purge.

Bingeing involves eating food — sometimes an extremely large amount — in a short period of time. During bingeing, people feel like they have no control over their eating and that they can't stop. After eating, due to guilt, shame or an intense fear of weight gain, purging is done to get rid of calories. Purging can include vomiting, exercising too much, not eating for a period of time, or using other methods, such as taking laxatives. Some people change medicine doses, such as changing insulin amounts, to try to lose weight.

Bulimia also involves being preoccupied with weight and body shape, with severe and harsh self-judgment of personal appearance.

Binge-eating disorder

Binge-eating disorder involves eating food in a short amount of time. When bingeing, it feels like there's no control over eating. But binge eating is not followed by purging. During a binge, people may eat food faster or eat more food than planned. Even when not hungry, eating may continue long past feeling uncomfortably full.

After a binge, people often feel a great deal of guilt, disgust or shame. They may fear gaining weight. They may try to severely limit eating for periods of time. This leads to increased urges to binge, setting up an unhealthy cycle. Embarrassment can lead to eating alone to hide bingeing. A new round of bingeing commonly occurs at least once a week.



Avoidant/restrictive food intake disorder

Avoidant/restrictive food intake disorder includes extremely limited eating or not eating certain foods. The pattern of eating often doesn't meet minimum daily nutrition needs. This may lead to problems with growth, development and functioning in daily life. But people with this disorder don't have fears about gaining weight or body size. Instead, they may not be interested in eating or may avoid food with a certain color, texture, smell or taste. Or they may worry about what can happen when eating. For example, they may have a fear of choking or vomiting, or they may worry about getting stomach problems.

Avoidant/restrictive food intake disorder can be diagnosed in all ages, but it's more common in younger children. The disorder can result in major weight loss or failure to gain weight in childhood. A lack of proper nutrition can lead to major health problems.

When to see a doctor

An eating disorder can be difficult to manage or overcome by yourself. The earlier you get treatment, the more likely you'll make a full recovery. Sometimes people can have problem eating behaviors that are similar to some symptoms of an eating disorder, but the symptoms don't meet the guidelines for a diagnosis of an eating disorder. But these problem eating behaviors can still seriously affect health and well-being.[10,11]

If you have problem eating behaviors that cause you distress or affect your life or health, or if you think you have an eating disorder, seek medical help.

Urging a loved one to seek treatment

Many people with eating disorders may not think they need treatment. One of the main features of many eating disorders is not realizing how severe the symptoms are. Also, guilt and shame often prevent people from getting help.

If you're worried about a friend or family member, urge the person to talk to a health care provider. Even if that person isn't ready to admit to having an issue with food, you can start the discussion by expressing concern and a desire to listen.

Red flags that may suggest an eating disorder include:

- Skipping meals or snacks or making excuses for not eating.
- Having a very limited diet that hasn't been prescribed by a trained medical professional.
- Too much focus on food or healthy eating, especially if it means not participating in usual events, such as sports banquets, eating birthday cake or dining out.
- Making own meals rather than eating what the family eats.
- Withdrawing from usual social activities.
- Frequent and ongoing worry or complaints about being unhealthy or overweight and talk of losing weight.



- Frequent checking in the mirror for what are thought to be flaws.
- Repeatedly eating large amounts of foods.
- Using dietary supplements, laxatives or herbal products for weight loss.
- Exercising much more than the average person. This includes not taking rest days or days off for injury or illness or refusing to attend social events or other life events because of wanting to exercise.
- Calluses on the knuckles from reaching fingers into the mouth to cause vomiting.
- Problems with loss of tooth enamel that may be a sign of repeated vomiting.
- Leaving during meals or right after a meal to use the toilet.
- Talk of depression, disgust, shame or guilt about eating habits.
- Eating in secret.[12,13]

If you're worried that you or your child may have an eating disorder, contact a health care provider to talk about your concerns. If needed, get a referral to a mental health provider with expertise in eating disorders. Or if your insurance permits it, contact an expert directly.

Causes

The exact cause of eating disorders is not known. As with other mental health conditions, there may be different causes, such as:

- Genetics. Some people may have genes that increase their risk of developing eating disorders.
- Biology. Biological factors, such as changes in brain chemicals, may play a role in eating disorders.

Risk factors

Anyone can develop an eating disorder. Eating disorders often start in the teen and young adult years. But they can occur at any age.

Certain factors may increase the risk of developing an eating disorder, including:

- Family history. Eating disorders are more likely to occur in people who have parents or siblings who've had an eating disorder.
- Other mental health issues. Trauma, anxiety, depression, obsessive-compulsive disorder and other mental health issues can increase the likelihood of an eating disorder.
- Dieting and starvation. Frequent dieting is a risk factor for an eating disorder, especially with weight that is constantly going up and down when getting on and off new diets. There is strong evidence that many of the



symptoms of an eating disorder are symptoms of starvation. Starvation affects the brain and can lead to mood changes, rigid thinking, anxiety and reduced appetite. This may cause severely limited eating or problem eating behaviors to continue and make it difficult to return to healthy eating habits.[11]

- A history of weight bullying. People who have been teased or bullied for their weight are more likely to develop problems with eating and eating disorders. This includes people who have been made to feel ashamed of their weight by peers, health care professionals, coaches, teachers or family members.
- Stress. Whether it's heading off to college, moving, landing a new job, or a family or relationship issue, change can bring stress. And stress may increase the risk of an eating disorder.

Complications

Eating disorders cause a wide variety of complications, some of them life-threatening. The more severe or long lasting the eating disorder, the more likely it is that serious complications may occur. These may include:

- Serious health problems.
- Depression and anxiety.
- Suicidal thoughts or behavior.
- Problems with growth and development.
- Social and relationship problems.
- Substance use disorders.
- Work and school issues.
- Death.

Prevention

There's no sure way to prevent eating disorders, but you can take steps to develop healthy eating habits. If you have a child, you can help your child lower the risk of developing eating disorders.

Adults

To develop healthy eating habits and lifestyle behaviors:[12]

- Choose a healthy diet rich in whole grains, fruits and vegetables. Limit salt, sugar, alcohol, saturated fat and trans fats. Avoid extreme dieting. If you need to lose weight, talk to your health care provider or a dietitian to create a plan that meets your needs.
- Don't use dietary supplements, laxatives or herbal products for weight loss.



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- Get enough physical activity. Each week, get at least 150 minutes of aerobic activity, such as brisk walking. Choose activities that you enjoy, so you're more likely to do them.
- Seek help for mental health issues, such as depression, anxiety, or issues with self-esteem and body image.

For more guidelines on food and nutrition, as well as physical activity, go to health.gov.

Talk to a health care provider if you have concerns about your eating behaviors. Getting treatment early can prevent the problem from getting worse.

Children

Here are some ways to help your child develop healthy-eating behaviors:

- Avoid dieting around your child. Family dining habits may influence the relationships children develop with food. Eating meals together gives you an opportunity to teach your child about the pitfalls of dieting. It also allows you to see whether your child is eating enough food and enough variety.
- Talk to your child. There are many websites and other social media sites that promote dangerous ideas, such as viewing anorexia as a lifestyle choice rather than an eating disorder. Some sites encourage teens to start dieting. It's important to correct any wrong ideas like this. Talk to your child about the risks of making unhealthy eating choices.
- Encourage and reinforce a healthy body image in your child, whatever their shape or size. Talk to your child about self-image and offer reassurance that body shapes can vary. Don't criticize your own body in front of your child. Messages of acceptance and respect can help build healthy self-esteem. They also can build resilience — the ability to recover quickly from difficult events. These skills can help children get through the challenging times of the teen and young adult years.
- Ask your child's health care provider for help. At well-child visits, health care providers may be able to identify early signs of an eating disorder. They can ask children questions about their eating habits. These visits can include checks of height and weight percentiles and body mass index, which can alert you and your child's provider to any big changes.[13]

Reach out to help

If you notice a family member or friend who seems to show signs of an eating disorder, consider talking to that person about your concern for their well-being. You may not be able to prevent an eating disorder from developing, but reaching out with compassion may encourage the person to seek treatment.

IV.CONCLUSION

Eating disorders portrays illnesses that are depicted by an irregular eating habit and severe discomfort about body weight, size, and shape. Eating disorders include excessive or insufficient intake of food, and on the long run will damage a person's state of health and even happiness. The usual forms of eating disorders include Bulimia Nervosa, Anorexia Nervosa and also binge eating disorder. Eating disorders are serious, difficult and can destroy an individual.

Eating disorders normally happens during the teenage years or young adulthood, although eating disorder is a treatable illness, the symptoms and aftermath can be potentially devastating and damaging to the health and general



well being if not well handled. Eating disorder can happen at the same time with depression, anxiety disorder and even substance abuse. They are caused by a combination of factors which includes psychological, biochemical, genetic, cultural, and environmental factors.

Obesity is a complicated eating disorder involving too much body fat. Obesity isn't just an aesthetic discomfort, it also has its health problems, it increases your risk of getting diseases and heart problems, diabetes and high blood pressure. Obesity often happens when an individual eats too much calories or junk food and not doing enough physical activity or exercise. Study shows that one in four people in the UK are obese. Obesity is best described by using the Body Mass Index (BMI) which is an individual's weight in pounds divided by their height in meters. An adult who has a BMI of over 30 is considered obese, while a BMI of 18.5 to 24.9 is considered normal weight.

This article will take you through the causes of eating disorders and obesity, in a bid to help you avoid them and stay healthy, because a healthy society is beneficial for everyone.

Causes of eating disorders

Eating disorders are a complicated problem caused by a series of factors, the main cause of eating disorder is yet unknown and is believed to be caused by a combination of biological, physical, environmental and other factors. Some of the causes include:

- **Genetics:** Genetics contribute a whole lot and influences an individual to eating disorders. As a genetically identified disease it runs in the family. Although the relationship between genetics and eating disorder is still being very much researched on, but there is sure a certain link between the two.
- **Psychology:** A lot of psychological factors contribute to eating disorders. Lots of cases of eating disorders are psychologically related and are common in individuals who suffer from depression, anxiety and also obsessive-compulsive disorders. Other psychological factors include having a negative body image of yourself, very poor self esteem, trouble coping with or expressing your emotions, perfectionism, and impulsivity.
- **Aesthetics:** Aesthetically oriented sports like rowing, ballet, diving, wrestling and gymnastics lay a lot of emphasis on maintaining a lean body for improved and more effective performance. So it's common to see people involved in such sports to have eating disorders.
- **Environment:** The environment an individual grow up in can contribute a lot to them developing eating disorder, the environmental factors include, turbulent or difficult childhood, a history of sexual abuse, physical abuse, family or relationship problems, peer pressure, and exercises that occurred as a result of an individual's weight.
- **Biological and biochemical:** People with eating disorders normally have abnormal or excessive amounts of certain chemicals which controls processes such as sleep, appetite, and stress. Other biological factors include irregular hormone functions, and nutritional insufficiency.
- **Cultural:** The risk of having an eating disorder can be spurred by culture, wanting to be thin, body satisfaction and dieting are all norms encouraged by societal culture. And wanting to fit in into society can lead an individual into developing eating disorder.[13]

Causes of obesity

- **Inactivity:** If you eat more calories than you burn, gaining weight is almost unavoidable. With an inactive lifestyle weight gain can be rapid as you take in more calories than you make use of through normal day activities and exercises.
- **Family lifestyle:** If an individual's parent is obese there is an increased chance that you might also turn out to be obese. Genetics is not the only factor that will make obesity to run in a family, family members normally share eating habits and activities.



- Unhealthy diets: Taking in food with lots of calories, like junk food, fast foods lacking in fruits and vegetables, and supported with high calorie beverages for sure increases weight gain and contributes to obesity.
- Genetics: Your genetic composition may also play a part in the amount of body fat stored in your body, and how the fat is distributed. It also plays a part in how your body burns down calories during body activities and exercises, and also how it converts food into energy.
- Age: Obesity occurs in any age in a person's life, adulthood or childhood. But as a person grows older less activity and hormonal changes in the body can increase the possibility of getting obese. The amount of muscle in your body also tends to reduce with age, which in turn causes a reduction in muscles which in effect reduces body metabolism, with a reduced body metabolism the efficiency with which the body burns down fat is reduced, which leads to weight gain and obesity.
- Lack of sleep: Irregular sleeping schedules, or not getting enough or too much sleep can also increase the risk of you getting obese. It results in a change of hormones that increases the appetite. It also makes you crave foods high in calories which will eventually lead to weight gain and obesity.
- Pregnancy: During pregnancy women gain more weight, after delivering of the baby they tend to find it difficult to shed that weight gained in that period, that weight gain may lead to obesity in women.

So it is very important we avoid these causes of eating disorders and obesity, a healthy body makes a happy individual, and a happy individual makes the world a better place, let's make the world a better place by doing anything within our means to keep our body healthy.[14]

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