



African Journal of Biological Sciences



Research Paper

Open Access

Management of Eating Disorders in Adolescents: An Occupational Therapy Approach

Andaur O, Bruna C, Celis MI, Padilla L, Oyarzun P, Valladares M

Escuela de Terapia Ocupacional, Facultad de Salud y Ciencias Sociales, Universidad de las Américas, Viña del Mar y Santiago, Chile

Corresponding Author: Andaur O

Article Info

Volume 6, Issue 8, April 2024
Received: 02 Feb 2024
Accepted: 03 March 2024
Published: 05 April 2024

Abstract

Eating disorders are a group of multifactorial diseases, with a high risk of mortality. The main disorders are anorexia, bulimia, and restrictive disorders not otherwise specified. In this exploratory research, five occupational therapists were interviewed through a semi-structured and qualitative interview to analyze the impact of eating disorders on the occupational performance of child and adolescent users, considering the approach and intervention of occupational therapy. In relation to the information obtained, it is essential to make visible the role of occupational therapy in this area due to the lack of knowledge and/or lack of experience in this diagnosis, multidisciplinary management is fundamental and the family context must be considered to promote comprehensive health in users and thus improve their quality of life.

Keywords: Eating disorders, occupational therapy, occupational performance

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Introduction

Eating behavior refers to a person's eating patterns and behaviors. It includes aspects such as food choices, frequency and amount of intake, eating habits, attitudes towards food and the body, among others (Martín et al. 2011). In this way, food acquires different meanings such as the maintenance of physiological homeostasis and the promotion of integral health (Villares et al. 2015). Thus, the choice of a diet that is rich in essential nutrients, vitamins and minerals, has a direct impact on the optimization of metabolic processes and biological function. Additionally, according to Villares (2015), it has a social meaning since it provides opportunities for community activities and facilitates interpersonal relationships

When alterations in the aforementioned eating behavior are generated, the so-called eating disorders (ED) occur. According to the latest version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), eating disorders are defined as eating and eating disorders, in which eating patterns are established that are associated with significant medical, psychological, social, and functional consequences (Vázquez et al. 2015). These disorders have been identified in several countries, regardless of their level of development and culture. In addition, these phenomena are more frequent in adolescent and young women. However, an increase in incidence among men has been observed in recent years, as well as a general increase in all age groups,

emerging at younger and younger ages. (Ojeda-Martín et al. 2021). It is of such relevance in public health that the WHO has placed eating disorders among the priority mental illnesses for children and adolescents, given the health risk they entail (Gaete et al. 2020). During adolescence, the most common eating disorders include Anorexia Nervosa (AN), Bulimia Nervosa (BN), Binge Eating Disorder, and other disorders related to eating and eating specific foods.

These disorders result from multiple causes, influenced by genetic, neurocognitive, psychological, and environmental factors. Some of the higher risk factors include excessive preoccupation with appearance in the immediate environment, negative body-related conversations (known as "fat talk"), body dissatisfaction, previous dieting experiences, family dysfunction, and a history of sexual abuse during childhood (Guidobono et al. 2023). In the Chilean context, it has been observed that the prevalence of risk of developing eating disorders in adolescents ranges between 7.4% and 12%, being higher in women (López et al. 2015).

As mentioned, eating disorders are multifactorial alterations and therefore their treatment or management must necessarily consider multidisciplinary teams. In this sense, it has been reported that those who suffer from eating disorders present not only dysfunctions in their attitudes and habits in relation to eating and weight control, but also in the search, selection, adaptation and commitment to meaningful activities (Gómez-Candela et al. 2018). Considering the above, the role played by occupational therapists within the multidisciplinary treatment team is significant, due to the focus on occupational functioning they provide. In this sense, the condition of eating disorders They have an impact on the areas of leisure, self-care, daily life and productivity, leading to social isolation and occupational imbalance. In this sense, occupational therapy through the utilization of meaningful activities can help the individual rebalance their occupations in a healthier pattern (Lacasa et al. 2022).

This paper discusses how occupational therapists identify the effects of eating disorders in child and adolescent users. This makes it easier to identify the areas of the occupation that are affected, as well as to describe the occupational therapist's intervention.

Materials and Methods

This study had a qualitative phenomenological design, whose objective was to analyze how Occupational Therapists perceive the effects of eating disorders on the occupational performance of child and adolescent users. To this end, the affected areas of occupation, the therapies used and the gender differences observed by the therapists themselves were identified.

The selection of the sample was intentional, consisting of five occupational therapists (OT), who worked with child and adolescent users diagnosed with ED, belonging to mental or physical health rehabilitation centers. Each participant was informed of the scope of the study and those who agreed to participate signed an informed consent, previously approved by the School of Occupational Therapy.

A semi-structured interview was applied to each participant, which contains ten open questions, within the categories included in the instrument are: reasons and time of experience, role of the occupational therapist in the management of ED, areas of occupation affected in users with ED, influences of gender identity in users with ED, chiefly.

All interviews were recorded, and the analysis consisted of: transcribing them, coding them (identification and labeling of themes, patterns and categories), then the content of the responses was analyzed to identify trends, recurring concepts and emerging themes. Then, the data obtained are interpreted and quotes or excerpts from the text that exemplify the key themes and findings are selected.

The interview, prior to its application, was validated by experts and accepted in its final version by the University of the Americas to be used in this study.

Results and Discussion

The analysis of the information obtained yields three categories: participation and role of occupational therapy in the management of eating disorders, evaluation of the impacts

of eating disorders on occupation and functionality, relevance of the environment and context of each user. The analysis of each of them will be presented below:

- Involvement and Role of Occupational Therapy in the Management of Eating Disorders

There is a lack of knowledge added to a lack of exploration of the discipline, in recent years and with the purpose of forming multidisciplinary teams, the more frequent participation of the occupational approach in the management of eating disorders has emerged, but this has been more oriented to adult users. This situation had a relevant change as a result of the pandemic. Where (T03) refers

"From my experience, the participation of Occupational Therapy in the management of Eating Disorders is low"

"In the pandemic we began to receive more users, because before we did not receive so many, there is a very important post-pandemic phenomenon, I began to investigate such and such and those who are most trained in this are the Spaniards, they have their own manual of Occupational Therapy in Eating Disorders" (T01).

The acquisition of knowledge for the management of eating disorders, particularly in child and adolescent users, occurs due to a greater number of users diagnosed with eating disorders and referred to occupational therapists, a few years ago, it was rather by individual initiative

"At first there was little that I knew, it was normal, the basic meaning of the pathology and perhaps some particular pathology, now with time from Occupational Therapy there is little, but the impact it has is still important" (T05).

Since health is an integral well-being of users, the management of eating disorders must necessarily include a multidisciplinary approach, as occurs with other conditions related to the state of health, where the occupational approach has been a prolonged process to be incorporated into interdisciplinary management. *"The intervention is not only in one area, but it is an interdisciplinary and hopefully multidisciplinary approach in the development of these disorders" (T04).* The role that each area contributes to the management of eating disorders is fundamental, The approach in the treatment of eating disorders from the transdisciplinary point of view is currently a relevant challenge *"The evaluation also has to be carried out within a team, since, that is, we have to work as a team, with psychologists, with child and adolescent psychiatrists, nutritionists, with pediatricians in a coordinated way and in constant communication, this part is the most difficult, coordinating" (T03).*

Regarding how occupational management should be in users diagnosed with ED, there is no single way, precisely because the occupation considers individualities, unlike what happens mostly with the other areas of the multidisciplinary team *"it is fundamental and necessary to make visible the role of the therapist, which is fundamental and not because we are the super occupational therapists and that we can solve everything, but if we contribute with this comprehensive vision, we can cover more areas and not focus only on one" (T01).*

- Assessing the Impacts of Eating Disorders on Occupation and Function

The occupational performance affected in child and adolescent users with eating disorders is generalized, difficulties are generated in Basic Activities of Daily Living (ADLs), precisely because food is linked to different areas of health, but also in the sociocultural environment of each person. In particular, an altered perception of one's

own body is generated, which affects daily activities: *"there are extremes in which some users do not even drink water thinking that this will increase their calories"* (T05).

"The first thing that affects occupational performance is basic ADLs, because there is a kind of body dysmorphia, so everything that has to do with that already falls into major hygiene, minor hygiene, self-care" (T04). *"Everything starts in how I feel my body, from the proprioceptive, from the self-concept and how this affects my emotions, my mood, the way I relate to each other, from there we are going to have to try to accompany that process, so that she reconnects with her own body"* (T02).

The diagnosis of eating disorders in child and adolescent users has a significant impact on social participation, they are excluded from activities that involve interaction with friends and family and that also include food. Considering socio-cultural aspects, these types of activities are carried out infrequently *"The occupations that are most affected in this type of users is social participation since it is difficult to go to activities and share with others, especially if they are events or activities where there is food"* (T0).

Another occupation that is altered in these users is education.

"For example, there are children who have to cut their school day because they do not eat lunch in their schools and they have a difficulty with that" (T01) added to this P1 mentions that *"In school there are children who do not want to go, participate, miss classes, for example, do not participate in the typical end-of-year gatherings, 18, Christmas, Teacher's Day, impact is generated in different areas"* (T03).

- The importance of context and environment

Regarding the context, the family context is mainly highlighted, which is harmed, because eating disorders not only impact the personal and intimate life of the users, but also impact the family context and dynamics and interpersonal relationships. In particular, the role of mom and dad in supporting the feeding process is highlighted, where it is essential that both the family environment in general, as well as parents in particular, are able to understand behaviors, as well as know the elements to support them

"The main thing is for parents to understand these behaviors and be attentive in terms of supervision" (T01). Additionally, an important aspect in the environment is to evaluate if someone from the closest family environment (with whom they live) has presented any type of ED diagnosed as allergies, food intolerances, obesity among others *"it is important to evaluate if any of the parents or family members have had a bad relationship with food and this is very common, for example, overweight, food allergies or that they have been involved in diets as children, then it is necessary to evaluate very well the family context, the environmental context and whether the conditions are also there to eat and cook"* (T01).

Within the context, gender is established as a relevant element, due to the fact that the development of eating disorders is more frequent in women between 13 and 25 years old, this could lie in different sociocultural aspects, however, these disorders have a multifactorial component. Beauty standards, which have normally been applied to women, added to participation in social networks contribute to generating beauty standards that are not real. There is a high impact of society's stereotypes on users with eating disorders, mainly these archetypes are related to thinness, beauty, among others and strongly related to publicly recognized figures. Although, in recent years, these models have been changing and it has been established that physical parameters are diverse, they continue to exist and with the explosion of social networks this continues as

a factor that may be associated with body dysmorphia and therefore with the development of eating behavior.

"This super daughter generation of Tik Tok, super daughter of social networks, there is an image that they see and that they assume is what they should be to be accepted, to be validated, so I think that women are already involved in a concept of fragility" (T05).

"Women are more exposed to being judged for that, on television they always show the thin woman, the artist, even men who are overweight judge women who are overweight, so there is a super important social factor" (T01).

Discussion

According to the results obtained, the participants establish the relevance of occupational therapists contributing to the multidisciplinary management of eating disorders (the most common anorexia nervosa and bulimia). However, within the protocols for the management of eating disorders of both public and private entities, occupational therapists are not considered. In addition, the so-called triad that includes nutrition, psychiatry and psychology is suggested instead. These results are consistent with what was described by Herreros et al (2020) in relation to the role of occupational therapy in the multidisciplinary management of eating disorders and possible therapies for approach.

Society and its critical thinking about the visualization of body anatomy directly affects how child and adolescent users grow and develop physically, modifying their diet, way of living and the way they treat their body (Licea et al. 2018). At the same time, the therapists, in the present study, agreed that the breaking point and the greatest incidence for the development of existential and body crises and the onset of eating disorders are born in adolescence, which complements and reaffirms what was mentioned by Aguirre, who states that "adolescents are considered a risk group since the physical changes they experience, The establishment of new relationships, school pressures, the development of identity, as well as the achievement of greater independence are their own challenges that they must go through during this stage." (Aguirre, 2008). In turn, neuropsychiatrist Rosa Behar complements and argues that "Adolescence has been shown to be a vital period closely linked to the irruption of eating disorders." (Behar, 2010)

Conclusion

In agreement with the study by Laca et al. (2022), this study showed that the presence of occupational therapists in Eating Disorders Units is limited, and the evidence supporting their contribution is insufficient. Such participation from the occupation would be justified since EDs generate deficiencies in their skills and abilities, which results in a deterioration in their occupational performance

Occupational therapy is recognized as a crucial discipline in the intervention of these disorders, and the success of such intervention depends largely on an accurate assessment. Therefore, the importance of this process lies in establishing the right direction for intervention.

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