



Eating Disorders, ADHD and Poor Self-Awareness

Name

Institution



Introduction

There has been a controversy with respect to whether eating disorders are linked to other factors. Many people have eating disorders but are never healed even after treatment. Even though they might be very slim, they have to be on a diet for the rest of their lives. However, their health worsens and they seek treatments for their survival. Even with treatments, they still repeat binge eating, vomiting during the treatments, and never become fully treated. Therefore, finding out why eating disorders are difficult conditions to treat, yet they seem easy to deal with, becomes an important purpose of study. Health professionals, such as psychiatrists or dieticians, ADHD patients, people with eating disorders and those with obesity might want to understand the connection of ADHD to eating disorders (ED) to be able either to offer or acquire more effective treatment that is grounded on a grasp of these conditions. For a long time, studies into Eating disorders have indicated that the disorders are not just tied to food abnormalities alone. However, it is only recently that researchers have delved more into the study of the complex psychological, physiological, and cultural attachments connected to eating disorders such as binge eating. Researchers, health professionals have disagreed on whether there is a relationship between ED and ADHD, between ED and poor self-awareness caused by cultural and ethnic identities, between obesity and ADHD. They have also disagreed on whether cultural identities affect the self-awareness of females more compared to males. This brings up an important question. Is there a relationship between eating disorders and attention deficit disorder (ADHD), and between eating disorders and poor self-awareness caused by ethnic or cultural identities?

Background

It is imperative to define Eating Disorders (ED) and Attention Deficit Hyperactive Disorder (ADHD) in order to have an understanding of the relationship between ED and ADHD.

An eating disorder is an irregular or inappropriate eating habit that includes excessive or insufficient food consumption that jeopardizes the emotional and physical health of an individual. Attention Deficit Hyperactive Disorder is a state that can be identified by the presence of uncontrolled behavior, inattentiveness, lack of focus and hyperactivity. It is among the most common childhood disorders that can go on through adolescence and adulthood.

Past studies into Eating disorders indicated that eating disorders are not just tied to food abnormalities alone. However, the abnormalities associated with eating disorders were not defined objectively. It is only recently that researchers delved more into the research of the complex psychological, physiological, and cultural attachments connected to eating disorders such as binge eating disorders. The stretched research into other aspects that are tied to eating disorders have indicated that eating disorders are tied to attention deficits and poor self-awareness (Davis, Levitan, Smith, Tweed, & Curtis, 2006).

A strong connection exists between eating disorders and ADHD. Patients who have eating disorders and ADHD exhibit common characteristics, such as low self-esteem, deficits in attention and varied degrees of impulsivity (Nazar et al., 2008; Davis, Levitan, Smith, Tweed, & Curtis, 2006). These deficits lead to overconsumption of food, binge eating and eating without hunger. Eating disorders occur mostly because of cognitive and emotional deficits (Ptáček, Kuželová, Papežová & Štěpánková, 2010). People who have AN and BN have been found to have difficulties with executive functioning and weaknesses in contextual integration (Talleyrand, 2010). In addition to that, people with BN also exhibit a disintegrated response pattern especially when put in contexts that exposes them to negative emotions. On the other hand, patients who have AN exhibit high level of impaired decision-making and social cognition (Klump, Bulik, Kaye, Treasure & Tyson, 2009). These impairments commonly occur in states of acute illnesses and severely impair the abilities of judgment and interpersonal interactions. Therefore, eating

disorders and the presence of other psychiatric conditions including ADHD affect or limit the ability of patients to carry out their daily activities in a normal way (Davis et al., 2006). The social adjustments of these patients tend to be slow. Their social communication skills are poor and their social networks are limited. Davis et al. (2006) showed that eating disorders are linked to medical and social disabilities of psychiatric disorders that are costly to the patients, their families, and the society.

[...]

Discussion/Conclusion

An issue of concern to Health professionals, researchers and people affected with ADHD or eating disorders would be to understand the kind of relationship ADHD shares with eating disorders. Secondly, they would want to understand what poor self-awareness influenced by cultural identities has to do with eating disorders. Thirdly, they may want to find out how obesity is related to ADHD and whether obesity is an aspect of eating disorders. Lastly, they may be willing to find out whether there are therapeutic methods that can be applied to solve these issues.

Eating disorders have a strong relationship with ADHD. This relationship can be attributed to the fact that people who are diagnosed with ADHD have characteristics that make the affected person develop inappropriate feeding styles such as overconsumption of food, eating without hunger and binge eating. This happens mainly because people with ADHD lack focus and has issues of inattentiveness to the extent that they do not pay attention to their eating habits. As such, they develop eating disorders. As indicated by Ptáček, Kuželová, Papežová & Štěpánková, (2010), people who have AN and BN have hardships with executive functioning and contextual integration because of cognitive deficits. In order to control one's eating habits, a person should be able to consciously control his or her eating habits by paying attention to the eating schedules, the types of food and the amounts of food that he or she

ingests. However, people with ADHD cannot do this effectively because of their lack of attentiveness and lack of focus (Cortese, Bernardina & Mouren, 2007). This way, they develop eating disorders because they cannot control their eating schedules, the types of food and the amounts of food they consume. This is a characteristic of binge eating disorder, which is proved to be connected to ADHD.

In addition, patients who are diagnosed with ADHD have high susceptibility to changes in the growth and development patterns (Klump, et al., 2009). This is attributed to the fact that people with ADHD are used to taking stimulants that are given in terms of medication to treat these disorders. Taking these stimulants makes the patients used to them and when the stimulants are not accessible, they turn to food in order to get the effect that the medical stimulants provide. This way they develop inappropriate eating behaviors that gradually become an eating disorder.

The connection between obesity and ADHD also clearly shows the relationship that exists between eating disorders and ADHD. Obesity has been understood as a condition that comes about because of inappropriate eating habits. Some individuals who seek treatment for their obese condition have been found to have certain symptoms that identify ADHD in them. In addition, obese conditions have certain aspects that share similarity to symptoms of ADHD. For example, reduced sensitivity to negative feedback and delayed reward are symptoms that are found in people with ADHD. People with obesity use food as their reward or motivation when they have achieved something or done something good. This shows a relationship between obesity, that is an aspect of improper and inappropriate eating habits, and ADHD. As Davis et al. (2006) point out; food has been used as a treatment mechanism for people with ADHD. Once people with ADHD get used to having food as their reward mechanisms, they develop an attachment to food, something that increases their chance of becoming obese. Here, becoming obese is an aspect of developing eating disorder in the process of treating or dealing with

ADHD. Both obese people and people with ADHD use food as something that encourages their mood enhancement that offers them a significant satisfaction. Therefore, a person who has ADHD can easily become obese in the result of poor eating habits, using food as a reward mechanism, or because of using food as a mood enhancer. As shown by Holtkamp et al. (2004), in the United States a considerable number of children who are obese have been diagnosed with ADHD. This shows the strong link that exists between ADHD and eating disorders.

Poor self-awareness influenced by cultural and ethnic identities has a very strong relationship with eating disorders. Every person lives within a particular society that has its cultural and/or ethnic ideals and standards. Each person is expected to fit into these ideals and standards particularly to the fact that each society has certain body ideals that people are expected to fit in. While other societies may favor slender body shapes, other may favor bigger body shapes (Gordon, et al., 2010). Therefore, people living in these societies have to fit in the ideals that affect their self-awareness. Conformity leads to positive self-awareness while failure leads to negative and poor self-awareness. Poor self-awareness influenced by the failure to fit into the cultural or ethnic body ideals is linked to eating disorders. First, a person may develop poor eating habits by avoiding eating or eating irregularly in order to become slim as required by the cultural ideals. On the other hand, a person may develop inappropriate eating habits by consuming a lot of food in order to become fat as required by the cultural ideal. Either of these leads to eating disorders because of the poor self-awareness caused failing to fit in the cultural ideals. Franko et al. (2007) acknowledge that eating disorders occur in ethnically and socio-economically diverse populations. For instance, white women are prone to poor self-awareness that could lead to eating disorders because their culture despises fat women.

In addition, cultures place different ideals on males and females. In most cases, females are the ones expected to maintain certain body shapes. When

this happens, they are more likely to develop eating disorders when they fall prey to poor self-awareness because of failing to fit in the body shape ideals defined by their cultures or ethnic groups. This is why girls and adult women have been found to have eating disorders more than boys and men do. For instance, Baillie (2011) asserts that it is generally believed that the western culture emphasizes on thinness and this belief accounts for the presence of eating disorders and body dissatisfaction especially for white women.

Current research does not indicate the therapeutic methods that can be used to treat ED and ADHD. Current research only shows methods that are used to treat eating disorders and ADHD differently, as opposed to conditions that co-exist in an individual. For instance, patients with anorexia and bulimia can be treated through therapeutic methods that alleviate shame and isolation, such as cognitive-behavioral therapy. For ADHD, behavioral therapy can be applied to treat this condition. However, it is not clear whether the two therapies can be used to treat a patient who has the two conditions.

It is evident that a relationship exists between eating disorders and attention deficit disorder (ADHD), as well as between eating disorders and poor self-awareness caused by ethnic or cultural identities because of body dissatisfaction caused by the failure to fit in the cultural or ethnic body ideal standards. The cultural or ethnic body ideals and identities that define the body types that people should have contributes to poor self-awareness when one develops a certain eating habit to fit in the ideals. These ideals affect men and women differently and are accountable for the differences in eating disorders among men and women.

Health professionals, such as psychiatrists and dieticians and other interested parties, such as researchers and people affected with ADHD or eating disorders might ask about common therapeutic strategies that would benefit both the patients with ADHD and those with binge eating. In consideration of this, the relationships between ADHD and eating disorders and the relation-

ship between eating disorders and poor self-awareness influenced by cultural or ethnic identities have not been deeply researched on. Therefore, the answer to this question is still undergoing research.

There is a need for further research to gain an understanding of the link between ADHD and binge eating to establish a more suitable clinical management and, eventually, a better life quality for patients with both conditions. The paper explains a strong connection that exists between eating disorders and ADHD and the link between eating disorders and poor self-awareness influenced by cultural or ethnic identities.

Additionally, further research must be done to establish how this information can be used to treat eating disorders that have arisen because of poor self-awareness.

Furthermore, research should be conducted to establish whether the current therapeutic methods, such as behavioral therapy and cognitive-behavioral therapy could be applied in the treatment of the two conditions where they co-exist.

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