

## EATING DISORDERS AND FOOD ADDICTION: A MODERN LOOK AT THE PROBLEM

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**Abstract.** Distinguishing the criteria for distinguishing between the concepts of "eating disorder" and "food addiction" is one of the debates in psychiatry and the psychology of addictive behavior. Modern researchers distinguish two main areas of disagreement: 1) the perception of food addiction as addiction or behavioral addiction; 2) the difference in food addiction from established eating disorders.

**Key words:** Eating disorders, food addiction, psychoactive substances, anorexia, bulimia, binge eating disorders.

### НАРУШЕНИЯ ПИТАНИЯ И ПИЩЕВАЯ ЗАВИСИМОСТЬ: СОВРЕМЕННЫЙ ВЗГЛЯД НА ПРОБЛЕМУ

**Аннотация.** Разграничение критериев разграничения понятий «расстройство пищевого поведения» и «пищевая зависимость» является одной из дискуссий в психиатрии и психологии аддиктивного поведения. Современные исследователи выделяют два основных направления разногласий: 1) восприятие пищевой зависимости как зависимости или поведенческой зависимости; 2) отличие пищевой зависимости от устоявшихся расстройств пищевого поведения.

**Ключевые слова:** Расстройства пищевого поведения, пищевая зависимость, психоактивные вещества, анорексия, булимия, компульсивное переедание.

**Introduction.** According to ICD-11, Section 6 distinguishes "eating or eating disorders" (eating or eating disorders) diagnoses. One of the most common and food addiction-like disorders is anorexia nervosa (anorexia nervosa), bulimia (bulimia nervosa), overeating disorder (binge eating disorder), eating restriction prevention disorder (avoidant-restrictive food intake disorder) [1]. Consider the features of behavioral manifestations in eating disorders:

1) anorexia nervosa: an excessive low body weight is characteristic, the behavior is aimed at preventing the recovery of normal weight and is associated with reduced energy consumption (limiting food intake), cleansing behavior (self-vomiting, abuse of laxatives), increased energy consumption (performing excessive sports exercises), usually associated with fear of gaining weight [2-4];

2) bulimia: characterized by episodes of frequent repeated overeating (for example, once a week or more often for at least a month), they are accompanied by a loss of subjective control over the quality or quantity of nutrition, nutrition; these episodes are accompanied by inappropriate compensatory behaviors aimed at preventing weight gain (for example, self-abuse, laxatives or enemas, physical activity) [5];

3) overeating disorder: characterized by frequent, repetitive overeating episodes (for example, once a week or more often for several months), they are accompanied by negative emotions (feelings of guilt or disgust), but overeating episodes are not always accompanied by inappropriate compensatory behaviors aimed at preventing weight gain [6].

4) food consumption restriction prevention disorder: eating enough or varied foods to meet adequate energy or nutritional needs, resulting in significant clinical weight loss, significant nutrient deficiencies, dependence on oral supplements or tube nutrition, or other adverse effects on a person's physical health [7].

The mechanisms of formation of eating disorders differ from addiction, but some similarities are noted in their neurochemical processes: increased levels of endogenous alkaloids of codeine and morphine [8-11].

Food addiction can manifest itself in two forms: overeating and fasting. In particular, overeating is defined as 1) eating more food than usual in discrete time intervals; 2) feeling of lack of Control; 3) eating food faster than usual; 4) continuing to eat food despite an uncomfortable feeling of satiety; 5) eating food, not eating food hungry, 6) having 10 alone and 7) feeling self-loathing, depression or guilt after it [12].

The issue of classifying food dependence as chemical dependence (as psychoactive substances) or non-chemical (behavioral dependence) remains relevant. Korolenko Ts. P. and Dmitrieva N. V. according to overeating and fasting can be included in a special intermediate drug group, since, on the one hand, food contains chemicals, on the other hand, it is a necessary component of maintaining the functioning of the body, unlike psychoactive substances [13].

However, Hauck C, Cook B, Ellrott T. DSM-5 criteria can be used to identify food addiction, identifying substance use disorders: physical dependence, unsafe use, social problems, and control disorders. Modern research confirms that food addiction can meet both the criteria for substance dependence and the criteria for Substance Use Disorder [14].

A nationwide study in Germany found that increased food dependence in underweight individuals may be associated with a major eating disorder or other forms of eating disorder, including a sub-type of anorexia nervosa associated with overeating. The results of this study add a much needed context to the understanding that food addiction can be one of the causes of overeating, but it is not synonymous with obesity and occurs not only in humans [15].

overweight / obesity. Food addiction may reflect a specific phenotype of problematic eating behaviors.

However, other researchers argue that food addiction and eating disorders are two different structures. In the etiology of eating disorders, disinhibition of cognitive control and eating behavior is established; however, these cognitions are not seen in food addiction. In addition, a variety of neurobiological evidence has been found in the manifestation of food addiction, which allows it to be classified as an addiction disorder rather than part of an eating disorder. These results suggest that overeating disorder is a psycho-behavioral disorder, while food addiction is a biological origin disorder.

But Hauck C, Cook B, Ellrott T. according to, the criteria for bulimia and binge eating disorder are more in line with the criteria for food dependence than the criteria for anorexia nervosa. However, there are fundamental differences between eating disorders and food addiction,

such as the presence of compensatory behavior in bulimia, but not food addiction. Yegorov A. Yu. he also notes that to identify differences between food dependence and bulimia, it is necessary to take into account that patients with bulimia have a normal or reduced body weight, in contrast to food dependence, the weight of which can exceed 300-400 kg (Egorov A. Yu., 2010). One of the modern problems is the increase in people with eating disorders. The most common consequence of these disorders is overweight and obesity, which are described as abnormal and can cause health damage [15].

The importance of studying and developing modern methods of diagnosing and psychological support for obese patients is determined by the fact that this disease is widespread and leads to a decrease in the ability to work, disability and death of this category of people [16].

Analysis of Statistics shows that in most developed countries of Europe, 15-25% of the adult population is obese. The World Health Organization (WHO) considers obesity to be a global epidemic that covers millions of people. The study of the problem is relevant because overweight and obesity are the fifth risk factor for death in the world. It is known that 2.8 million adults die each year due to overweight and obesity [17]. In addition, obesity reduces life expectancy by an average of 3-5 years with a slight excess weight, and up to 15 years with severe obesity.

The listed risk factors lead to the appearance of severe joint diseases: arterial hypertension, Type 2 diabetes, atherosclerosis and related diseases. Obesity increases the risk of reproductive disorders. Obesity is one of the risk factors for female infertility, affecting pregnancy outcomes and increasing the number of spontaneous abortions [18].

Obesity reduces infectious and cold resistance, sharply increases the risk of complications in injury and surgical interventions. This and other well-known information, unfortunately, does not allow to stop or minimize the stable growth of obese patients [19].

An analysis of the problem under study shows that, in addition to problems with physical condition, there are many risk factors for psychological order in people with eating disorders. In particular, one such problem was the problem of the well-being of overweight and obese people [18].

What complicates the problem is that today society involuntarily causes obesity in its citizens, contributes to the consumption of high-fat, high-calorie foods, and at the same time stimulates a sedentary lifestyle due to technical progress. These man-made and social factors contribute to the increase in obesity in recent decades. The World Health Organization states that the main cause of the world's obesity epidemic is the lack of spontaneous and labor physical activity of the population, excessive consumption of high-calorie fatty foods, as well as a lack of nutritional culture, food addiction [20-22].

To solve the existing problem, it is necessary to combine the efforts of not only medical representatives, but also other specialists who are ready to work with social, psychological economic reasons for eating disorders. In particular, psychologists study the causes that cause food addiction and lead to eating disorders, identify individually effective ways to correct it [23-26].

For example, most people in this "risk group" are known to suffer not from diseases and restrictions on mobility, but from reasons with a psychological basis: low self-esteem, negative self-attitude, the presence of non-constructive copy strategies, shyness, self-criticism, dependence,

insecurity, self-social attractiveness, the predominance of negative emotions, in addition, such people are characterized by great dissatisfaction with personal and family life [27-29].

Often, the lives of these people are accompanied by depression, emotional distress and other psychological problems caused by the prejudice, discrimination and isolation that exists in society towards them. In this regard, there is a need for scientific developments that allow us to define ways to improve the quality of life of overweight people and change their attitude towards themselves [30-33].

**The purpose of the study** is to determine the developmental characteristics of an individual with an eating disorder.

The object of study is the behavioral sphere of the individual; the topic is the content and specific features of the development of the personality in which the eating behavior of adults is disturbed. The following position is considered as a hypothesis. Eating disorders prevent an individual from developing effectively as a result of the interaction of risk factors, both internal and external to health. It can be successfully eliminated when creating social and psychological-pedagogical conditions aimed at improving public policies in the field of healthy nutrition, demonstrating a person's physical and social activity, improving the culture of nutrition and developing programs that allow minimizing the manifestation of disorders in the field of behavior [34-37].

The main task of the study is to study the psychological characteristics of the development of the concept of self-awareness of an individual with an eating disorder and determine the conditions for minimizing disorders [38-40].

Theoretical justification of the problem is most common in works. The research of scientists makes it possible to draw conclusions about uncertainty in the clinical assessment of the main forms of eating disorders. Eating disorders mean duration-from clear clinical manifestations in the form of bulimia nervosa or anorexia to the mildest ones that manifest as eating disorders [41-45].

Analysis of various points of view of the declared problem shows that eating behavior disorders in general are considered as a type of deviant behavior, more precisely, are characterized by a stable behavior of the individual, which deviates from the most important social norms, harms society or the individual himself, as well as accompanies his social adaptation [46-49].

There is an opinion that personality behavior disorders are the result of existing dispositions formed as a result of the interaction of value orientations at the previous stage of age development, as well as factors determined internally and externally [50-53]. And the more unfavorable conditions, risk factors accompany the development process of an individual, the more serious disorders are manifested in his behavior.

Pyatnitskaya I.N. it is noted in the studies of unfavorable conditions of upbringing and life in the family, problems of mastering general and professional knowledge, inability to build relationships with others, conflict situations arising on this basis, psychophysical deviations in health, as a rule, lead to loss of meaning of existence, mental crisis, dependence [54-59].

We are interested in addictive behavior as one of the types of deviations. Addictive behavior (predisposition, addiction) is associated with the acquisition of desired emotions and distance from reality, the use of any substances that contribute to the change in activity to form

addiction. In this case, the following types of dependence are distinguished: chemical, food, alcohol, gaming, sexual, religious, internet addiction, etc [60-64].

The term "Addictus" refers to the legal field (Wursmer, 1995). And means "condemning a free man to slavery for debt", meaning that a drug addict (dependent person) is a person associated with debt (Stowasser, 1940). Mendelevich metaphorically calls for addictive (addictive) behavior, a deep, slave dependence on the force of force-major, which is usually experienced and perceived externally. At the same time, the researcher noted that the object of dependence requires complete obedience from a person in behavior similar to voluntary submission from the outside [65-70]. Based on this, eating disorders can be considered food subordination or food addiction. And here the content of addiction is dominated by emotional eating behavior. Available evidence suggests that overeating is observed in every third person who is overweight [71-75].

The most difficult thing when working with drug addicts is that a person prone to addictive behavior cannot find in real life an activity for him that will attract attention, interest him for a long time, cause a clear and noticeable emotional reaction. At the same time, studies conducted show that these people can show high activity to achieve addictive forms of pleasure, which temporarily relieves him of emotional indifference and creates satisfaction [76-81].

To organize work to minimize eating disorders, it is necessary, first of all, to identify and analyze the psychological characteristics of individuals with such developmental disabilities [82-85].

They included Segal (1989) with a good tolerance of crisis situations, as well as a decrease in tolerance for difficulties in everyday life; a hidden inferiority complex combined with an advantage manifested from the outside; external socialism combined with a fear of constant emotional ties; the desire to lie and blame the innocent; the desire to give up responsibility in making decisions; stereotyping, repetition of behavior; dependence; anxiety [86-90].

This addiction is the main characteristic of an addicted person. V. D. Mendelevich describes several signs for assessing an individual and assigning it to a dependent species:

- the inability of an individual to make decisions without the advice of others and the willingness to allow others to accept for them;
- lack of independence;
- willingness to voluntarily perform unpleasant types of work to gain the support and love of others;
- Poor tolerance of loneliness;
- feeling of emptiness or helplessness;
- slight weakness, tendency to the slightest criticism or dissatisfaction with the outside, etc [91-95].

The presence of five of them is enough to start diagnosing and correcting clinical dependence [96].

Identifying these causes allows professionals to provide more accurate and targeted assistance to people with certain behavioral disorders [97].

Thus, eating disorders and food addiction can have similar properties, but are not suitable. Further research is needed to identify specific differential diagnostic criteria to determine the uncertainties between food addiction and eating disorders [98].

**Conclusions.** Modern man, being a subject and object of a certain social state of development, is experiencing the influence of a huge number of factors that come with this process.

Many factors negatively affect his life activity and lead to changes in the psyche and behavior. Eating disorders, being the result of such an effect, prevent the harmonious and effective development of an individual at all stages of age-related development, become an obstacle to effective personal self-awareness. Such violations can be avoided and minimized when creating conditions for a social and psychological-pedagogical plan. Their main goal is to develop programs aimed at changing the public policy of people in the field of healthy nutrition, increasing physical and social activity, forming a culture of nutrition, changing the consciousness of such people and minimizing the manifestation of eating disorders.

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