

SOMATIC AND EATING DISORDERS UNIT 4

Question 1: Explain Munchausen Syndrome:

Munchausen syndrome was named after German Aristocrat, Karl Friedrich Hieronymus, Baron Munchausen (1720-1797). He was famous for lying about his health conditions in order to drum up affection. Munchausen syndrome or Factitious Disorder is a mysterious mental disorder, the sufferer deceives people around him by presenting himself as not being well. Those with this disorder falsify psychological symptoms or illnesses such as schizophrenia or hallucination or that they hear voices. They can even go to the extent of harming himself such as cutting their wrist with sharp razorblade. Syndrome sufferers derive joy in being looked-after, attracting attention from both the family members and medical professionals and feeling of self-worth. They can go at length to inflict and putting themselves in danger all in the name of attracting attention to themselves.

Munchausen syndrome are of two types; Munchausen syndrome or Factitious Disorder in adults (imposed on oneself) and Munchausen syndrome by Proxy (imposed on others especially on children).

However, the main focus is the disorder in the adult person. They are very manipulative, for instance a woman madly in love can do worst things in order to get her lover's or husband's attention in most serious cases, they may even go as far as undergoing painful and life-threatening surgery in order to achieve their goal.

How to deal Munchausen Syndrome sufferer

Counselling: Discuss the problem, let the patient know that you really care.

- i. Avoid irritable words or letting them know that you are feeling disgusted.
- ii. Encourage the person to socialize, make new friends and engage in outdoor game or exercises.
- iii. Encourages the sufferer to focus more on productive activities than constantly reminding him/herself of the situation.
- iv. Since the patient is seeking for attention, then the loved ones may take turns in giving him care and reassuring him constantly of how much they all care for him/her.

Symptoms of Munchausen syndrome can range from mild, to slight exaggeration of medical symptoms, to severe where the person may makeup medical symptoms or even tamper with medical tests to convince others. The disorder is not generic, it be caused be the individual's upbringing or due to environmental factors.

The main way they fake or induce illnesses: Lying about the symptoms, tampering with test results, Self-infliction, Aggravating pre-existing conditions.

They are at risk of many serious health complications such as; Side effects from prescription medicines/overdose or allergic reactions, complications from poisoning or self-harm practices, complication from medical procedures or surgeries, and death from self-harm or complications of medical interventions.

b. Discuss populations prone to developing the disorder:

According to reports it is not known how many people the disorder have, most of them fake their names and avoid being detected or identified when seeking for treatment in the hospitals in the country. There is no reliable statistic of estimated numbers of people affected with the disorder.

However, according (Evie Lee, 27th May 2022), the official statistics, of the 95 patients who were officially diagnosed with the disorder, 59 were women and 36 were men, with an average age of 39 years. On the other hand, Wikipedia, Estimated Munchausen Syndrome by Proxy between 1-28% per a million children.

c. Causes of Munchausen syndrome include.

- i. Those who have experienced childhood trauma e.g. prolonged illness, child abuse/sex, loss of loved one or neglect
- ii. The sufferer desire for attention from family, friends, health professional.
- iii. It may be caused by problem of inferiority complex, lack of self-esteem.
- iv. People having difficulty in their relationships.
- v. Depression and loneliness
- vi. Post-traumatic stress such as trauma of sex abuse
- vii. If a person does not want to associate with certain group of persons such as going to a particular school

Question 2:

COMPARE AND CONTRAST CONVERSION DISORDER AND SOMATIC SYMPTOMS DISORDER

IN CONTRAST:

- a. Conversion disorder (functional neurological symptom disorder) is a condition involving the function of nervous system with no evidence of physical or neurological causes. Which may cause symptoms that affect a person's perception, sensation or movement with no evidence of a physical cause. An individual could have numbness, blindness, loss of voice, loss of senses or trouble moving about. The person's symptoms may come on suddenly. Sufferers often experience depression or anxiety disorders, excessive worrying and distress about physical symptoms. The symptoms most time starts after serious emotional or physical trauma.
- b. Somatic symptoms disorder (it's a mental health disorder) involves people who pay too much attention to the physical symptoms such as abnormal thoughts, pain, weakness or shortness of breath which may results into serious health condition such as distress, high blood pressure, diabetic or may have problems functioning well. In this case the person has an exaggerated feelings and behaviors in other words magnified the situation relating to the physical symptoms. For instance, lots of people diagnosed with HIV/AIDS or COVID 19 died out of fear not the disease condition. Meaning that the physical symptoms may or may not be related to the aforementioned diagnosed medical condition, but the person is experiencing symptoms and believes that they are sick. The argument here is not that the symptoms associated with HIV/AIDS for instance has not manifested but the issue is that the individual has already begin to think of death. The disorder can

manifest in all class of people, the adult, children and adolescents, usually within the age bracket of 30. Somatic symptom disorder occurs to 5% to 7% of the adult population.

- c. Conversion disorder affects the central nervous system while somatic symptoms do not affect the central nervous system, though the two exhibits symptoms that cannot be explained.
- d. In Conversion disorder the sufferer experience mental and emotional symptoms while somatic symptoms disorder the individual experience psychological stress and physical symptoms manifest themselves in the form of physical symptoms

IN COMPARISM:

- i. The two conditions include people experiencing symptoms of a physical illness without any tangible evidence of the disease.
- ii. Both of the disorders are characterized by mental stress manifesting as physical pain and illness.
- iii. Both conversion disorder and somatic symptoms disorder are considered as somatoform disorders. They are characterized by mental stress manifesting as physical pain.
Therefore, somatization is considered as part of conversion disorder as well as somatic symptom disorder.

Question 3: LIST OF DSM-5 CRITERIA USED IN DIAGNOSING SOMATIC SYMPTOM DISORDER

The DSM-5 criteria are used to ascertain whether an individual is suffering from somatic symptom disorder or not are list here below.

- i. One or more physical symptoms cause significant distress and anxiety.
- ii. Excessive worry, thoughts, and anxiety about physical symptoms, often beyond the amount that would be generally considered reasonable.
- iii. Excessive time and energy are spent on the physical symptoms or trying to remedy them.
- iv. At least one symptom is present at the time of diagnosis.

Question 4: DISCUSS THE PATTERN OF SOMATIC SYMPTOM DISORDER

- a. **Somatization:** can be described as mental factor where stress cause physical symptoms in an individual through mental (psychological) or emotional condition. The condition can manifest itself through headaches caused by mental stress which on the other hand, cause much more physical and bodily symptoms such as; chest pain, tiredness, Dizziness, Back pain etc.
- b. **Somatoform Disorder:** can be described as when a severe form of somatization occurs, where physical symptoms may cause great distress usually long-term which may not produces physical disease that can be explained. Somatoform Disorder include; Somatization disorder, Hypochondriasis, Conversion disorder, Body dysmorphic disorder and pain disorder.

CHAPTER NINE

Question 18: Describe the behaviors displayed by those with Bulimia Nervosa

- a. Bulimia is an eating disorders and a mental health condition that can be potentially life-threatening. Bulimia is an eating disorder described as condition by which an individual have no control to what they eat especially a particular set of food, they overeat and then go ahead to vomit, known as “bingeing”. They also relief themselves through purging by vomiting, inducing vomiting by putting their hand in their throat to force out the food. They may also use laxatives. Take for instance an individual who love eating chocolate can finish a whole box of chocolate and immediately she finishes eating goes to the toilet to through it all out (binge). The person cannot not restrict herself once she sees the food, it’s an urge that controls their action. The binge-purge action can occur many times a day all year round. In most cases people with bulimia disorder maintain a normal or above normal body weight. This helps them hide their condition for many years. This condition most times starts when at a very tender age of 18 to 30 year. Because it’s a mental disorder which they do not know at the time, when eventually it gets out it may be very hard to correct or treat. It affects mostly female; males are on the minority. A person can develop from family with a history of eating disorder, anxiety disorder. It has been observed that when people are anxiety, they tend to eat more food. Those with bulimia nervosa may show signs of binge eating, such as hiding food or leaving empty wrappers or containers.

There are 2 main ways people with bulimia control/burn calories:

- i. Purging type. Those with bulimia engages in self-induced vomiting or misuse of laxatives, diuretics, or enemas, or other medicines that clear the intestines.

- ii. Non-purging type. They can engage in fasting or excessive exercise, rather than purging behaviors.

Below are the behavior or most common symptoms of bulimia:

They usually have a normal or above average body weight.

They show recurrent episodes of binge eating and fear of not being able to stop eating.

They self-induced vomiting in the hiding places

They engage in excessive exercise.

They excessively fast

They have peculiar eating habits or rituals

They mis-use laxatives or diuretics

They sometimes have irregular or absence of menstruation.

They experience Anxiety

They feel discouraged as a result of dissatisfaction with themselves and the way their body looks.

They are always preoccupied with food, weight, and body shape.

They always have throat inflammation or sores due to inducement.

Dental problems due to erosion of enamel from vomiting.

- b. **Anorexia nervosa:** Anorexia nervosa is an eating disorder whereby an individual usually young teenage girls or young adults starve their bodies of food to avoid weight gain - an abnormally low body weight with an intense fear of gaining weight. People with anorexia place a high premium on the thinness of their weight, stature, and shape. They make extreme efforts to control their weight that tend to significantly interfere with their well-being. people with anorexia disorder seriously restrict the amount of food they consume. To prevent weight gain or to continue losing weight, control calorie intake by vomiting after eating or by misusing laxatives, diet aids, diuretics or enemas. They put more energy to lose weight by exercising excessively. They undermine the amount of weight lost yet, the individual continues to fear weight gain.

To prevent weight gain or to continue losing weight, people with anorexia usually severely restrict the amount of food they eat. They may control calorie intake by vomiting after eating or by misusing laxatives, diet aids, diuretics or enemas. They may also try to lose weight by exercising excessively. No matter how much weight is lost, the person continues to fear weight gain.

Anorexia nervosa physical signs and symptoms are associated to starvation. Anorexia also includes emotional and behavioral issues involving an unrealistic perception of body weight and an extremely strong fear of gaining weight or becoming fat. Some people who have anorexia binge and purge, similar bulimia.

They may be identified with emotional and behavioral signs and symptoms such as:

Preoccupation with food, which sometimes includes cooking elaborate meals for others but not eating them, Frequent skipping meals or refusing to eat, Denial of hunger or making excuses for not eating, Eating only a few certain "safe" foods, usually those low in fat and calories, Frequent checking in the mirror for perceived flaws, social withdrawal etc.

Question 19

IDENTIFY SIMILARITIES AND DIFFERENCES IN ANOREXIA

NERVOSA AND BULIMIA NERVOSA

The difference starts with the definitions of bulimia nervosa and anorexia nervosa, the two disorders. Both are serious conditions. Bulimia nervosa is a cycle of binge eating followed by relief behaviors, such as self-induced vomiting, excessive exercise, or severely restricting food intake. Anorexia nervosa is characterized by severe food restriction i.e. limiting the amount of food or types of food.

Bulimia and Anorexia show some differences, many of the symptoms and signs are the same. Their Symptoms may show behaviorally, physically, or both. Behavioral symptoms include:

Similarities between Anorexia and Bulimia

Eating disorders in both Anorexia and Bulimia are somewhat different but most of the symptoms and sign are the similar. The Symptoms for both disorders may show behaviorally, physically, or both. Behavioral symptoms include:

- i. The two disorders are preoccupied with food, body size, and/or dieting.

- ii. They most often focused on body size or weight.
- iii. They like to Skip meals or eating very small meals.
- iv. They restrict their food consumption to certain food types or groups.
- v. They tend to withdraw from friends and family.
- vi. They withdraw and make excuses from activities previously enjoyed.
- vii. They frequently experienced changes in mood.

Both anorexia and bulimia experiences similar physical symptoms including:

- i. Gastrointestinal issues.
- ii. Dizziness.
- iii. Difficulty sleeping.
- iv. Weight fluctuations.
- v. Missing periods.
- vi. Difficulty concentrating.

People experiencing Bulimia and those of Anorexia disorders also have common Causes and Risk Factors including.

It is suggested they have a combination of genetics, psychological factors, and societal influence. For example, according to NEDA, those with a close relative with an eating disorder are more likely to develop one themselves. In the same vein, those with a close relative with a mental

health condition, such as depression, anxiety, or addiction, are more likely to develop an eating disorder.

The eating disorder occurs more teenage girls. Adolescent girls are particularly vulnerable to eating disorders, that notwithstanding, other genders, orientations, sizes, and backgrounds can have it.

Recovering from Anorexia or Bulimia

To receive treatment usually involve supportive family members in counseling and education.

Differences:

People showing Anorexia nervosa disorder most often skip meals, involves in highly restrictive and unhealthy diets, obsess over thinness and food and present abnormal eating habits or rituals

While bulimia nervosa disorder patients manifest itself in the form of binge or overeating, purging- through vomiting or use laxatives.

People with anorexia usually avoid eating, go on restrictive diets or lengthy and frequent fasts, and hesitate or delay eating even small portions of food,

while people with bulimia go through periods of binge eating and periods of purging. In other words, bulimia give the feeling of seeing evidence of excessive eating habits in the case, they buy lots of food and eat it in a very short time and in the next minute vomit it.

While evidence of undereating in the case of anorexia, they may buy little food, and then not even being able to eat small amount.

People with anorexia may not binge eat at all and will not necessarily go through the excessive purging stages that a person with bulimia will.

While an anorexia, a person makes sure to avoid food altogether. They can even make strict rules on when, where, what, and how to eat, most of them hides their eating habits from others and avoiding eating altogether.

Those with bulimia will often exhibit near-normal dietary habits, but will use the bathroom directly after eating (often to force vomiting).

The two classes of individuals (bulimia or anorexia) are always unwilling to admit they have a health problem.

Treatment

Those suffering from either Bulimia and Anorexia Nervosa can be treated with the help of a team of specialists including dietitians and mental health professionals. Treatments may include:

Psychotherapy: Cognitive-behavioral therapy is a type of individual counseling. It focuses on changing your thinking (cognitive) and behavior (behavioral). Treatment includes techniques for developing healthy attitudes toward food and weight. It also includes approaches for changing the way you respond to difficult situations.

Nutritional counseling: Nutrition counseling involves learning healthier ways to eat. The people will have to work with a registered dietitian or counselor to get back on living right. The with the condition may require hospitalization especially people with Anorexia disorder.

Question 23

DISCUSS THREE FACTORS INVOLVED IN HOW FAMILIES PLAY A ROLE IN THE DEVELOPMENT AND MAINTENANCE OF EATING DISORDERS

Disorder eating refers to maladaptive attitudes, behaviors and cognitions related to eating and weight and has been broadly applied to both clinical and subclinical populations. Three family factors include; marital discord, domestic violence and divorce.

Question 32

EXPLAIN GENDER DIFFERENCE IN EARLY DISORDER PREVALENCE RATE.

Depending on how they manifest, mental illnesses are often broadly classified as either internalizing or externalizing disorders. Internalising disorders are characterized by thoughts and emotions within oneself and include mood disorders and anxieties. Externalizing disorders are primarily denoted by actions in the external world and include SUDs and attention-deficit hyperactivity disorder (ADHD). Across the EU, women have consistently higher rates of internalizing disorders, for example depression, anxiety, phobias and suicidal thoughts and attempts. Men self-report twice as high levels of externalizing disorders, such as alcohol abuse, ADHD, and conduct and drug-use disorders.

According to World Health Organization (WHO), half of all mental health conditions begin by 14 years of age, but most are undetected and untreated. WHO estimated that between 10% to 20% of adolescents globally experience mental health conditions....

Evidence on gender differences available for 10-19 year-olds states that boys are generally more affected by autism, particularly Asperger's syndrome, anxiety and conduct disorders, while girls tend to suffer from anxiety, conduct disorders and depression. Among children and adolescents aged 6-17 years and 5-17 years, the prevalence of ADHD and conduct disorders is estimated at around 5% and 3%, respectively. Boys are three times more likely to be affected by both ADHD and conduct disorders than girls

