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A systematic review on anorexic voice relationship with self and disorder (*anorexia nervosa*) influencing recovery

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Overall, ED recorded 60% mortality due to suicide, malnutrition, organ failure, or cardiac arrest while 25% relapse rates are expected within 60% of recovered ED (Arcelus et al., 2011; Brambilla et al., 2014; Brockmeyer, Friederich, and Schmidt, 2018). The Global Burden of Disease Study (2013), highlighted the cultural transition in developing countries towards a western lifestyle as a potential factor in rising AN and BN alike high-income countries (Erskine, Whiteford, and Pike, 2016). The commonly diagnosed ED sub-types are Anorexia Nervosa (AN), Bulimia Nervosa (BN), Binge Eating Disorder (BED), Other Specified Feeding and Eating Disorder (OSFED), Pica, Rumination Disorder, Avoidant or Restrictive Food Intake Disorder (ARFID), Unspecified Feeding or eating disorder (UFED), muscle dysmorphia and Orthorexia Nervosa (ON) (American Psychiatric Association, 2013).

A review of AN interventions yielded 11 published and 24 registered yet unpublished trials (Fichter and Quadflieg, 2016). The broad analysis of nutritional, pharmacological, psychological, and miscellaneous treatments with novel comprehensive emerging interventions collectively concluded less than 50% recovery rates within all AN intervention (Fichter and Quadflieg, 2016). The denial or non-disclosure of auditory-verbal hallucination did observe stigmatized links with schizophrenic symptom (Vilhauer, 2017; Aya, Ulusoy, and Cardi, 2019). This caused psychological distress in AN patients, which is also associated with other psychotic comorbidities besides ED (Langlois et al., 2020). The voice hearing experience was also common in the psychologically healthy population (Langlois et al., 2020). The 'inner voice' or 'anorexic voice' or 'anorexic thought' has been reported to change the course of AN nature and patient's reaction towards AN which is reflected in their psychological and behavioral patterns (Pugh and Waller, 2017; Solhaug Storli and Alsaker, 2021). The externalizing of AV as a separate entity motivated AN patients with improved hope for AN recovery (Hibbs, Pugh, and Fox, 2021). Therefore, the patient's acceptance and dissociation of AV should be a vital factor for self-recovery (Tokarska and Ryżanowska, 2018; Hampshire et al., 2020). However, the cases of unidentified AV required a transformed AN recovery plan focusing on subjective AN attitude (Hibbs, Pugh, and Fox, 2021). The framework below is the generic overview of concepts collaborated from published previous articles.

The rising mortality, complex aetiology, and process of AN recovery awareness improved understanding of AV and therapeutic transformations (Thomas, 2009; Graham et al., 2020). A comprehensive analysis of inner voices indicated a clear shift in relations between individuals and voices (Aya, Ulusoy, and Cardi, 2019). The professionals, carers, patients, and loved ones need a more transparent outlook toward AV. This improved their alliance with therapies, awareness of AV, inclusion in treatment, and empathy towards illness which aids better recovery (Graham et al., 2020).

This is the first systematic review exploring AV specifically within all EDV. The ultimate objective is to aid therapies in understanding to improve recovery rates and prevent relapse.

Biography

Athulya Thankamoney Dev is a certified AfN Nutritionist and a dedicated Administrative Officer with the National Health Service (NHS), UK. With a strong background in nutritional science and public health, she combines her expertise to support healthcare initiatives and improve patient outcomes. Athulya's role involves managing administrative operations while