



Personality Traits and Binge Eating Disorder in Adolescents

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DESCRIPTION

Anorexia nervosa and bulimia nervosa have received a lot of attention from researchers and clinicians who study eating disorders. One of the major issues facing the care of adolescents and even young children is eating disorders. Numerous risk factors are thought to interact to cause these complicated illnesses. Eating disorders are characterized by irregular eating patterns, which can involve either an excessive or inadequate intake of calories.

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM), the three most prevalent eating disorders are bulimia nervosa, anorexia nervosa and binge eating (DSM-IV). According to the DSM-IV, anorexia nervosa is characterized by a persistent attempt to maintain body weight below the minimally normal weight (85%) or Body Mass Index (BMI) of 17.5 for age and height, along with a severe fear of gaining weight despite being underweight and an incorrect perception of one's own body size, shape or weight. After menarche, it may coexist with amenorrhea in girls and women. Bulimia nervosa is additionally described in the DSM-IV as recurrent binge eating followed by recurrent purging, extreme activity or protracted fasting at least twice per week for three months. In bulimia nervosa, excessive worry over one's appearance or weight is also highly prevalent. Binge eating disorder is another category of eating disorders and is defined by frequent binge eating without fasting, intense activity or purging. A typical eating disorders, which do not satisfy the criteria for anorexia nervosa, bulimia or binge disorder are important eating disorders that are accompanied with unexplained weight loss, rumination, unexplained food intolerances or a highly fussy eating habit.

Personality traits

People with eating disorders frequently exhibit personality traits such as impulsivity, novelty seeking, stress reactivity, harm avoidance and perfectionism. Only a few weeks after restricting food consumption can cause previously normal adults to acquire anxiety, social disengagement and irritability. The evaluation of

specific cognitive and behavioral aspects of eating disorders like the thinness, bulimia, body dissatisfaction ineffectiveness, perfectionism and interoceptive awareness are using personality inventories like the Eating Disorder Inventory (EDI). The purpose of personality inventories is to evaluate adult populations. Therefore, it may not be suitable to utilize these inventories to evaluate personality traits in the majority of people with eating disorders, who are often in their early adolescent years.

Adolescent binge eating disorder

An eating disorder with empirical support is Binge Eating Disorder (BED). BED is defined by recurrent bouts of exceptionally high food consumption without compensatory activities and it is linked to subjective feelings of Loss of Control (LOC) and severe distress. The most common type of ED and one of the most common chronic disorders among teenagers is BED. Adolescence is a transitional developmental stage marked by quick and profound changes in the body, mind and brain. It also marks a crucial time for the emergence of EDs, including BED. As relationships with peers and awareness of cultural demands to be thin grow more significant during this time, youngsters encounter rapid neurobiological and physical changes that may be accompanied by an increase in concern and attention for body size and shape. Due to these factors, adolescence marks the lifetime phase of greatest heightened risk for the beginning of EDs, even though EDs can afflict people of all ages. Particularly, the adolescents between the ages of 14 years and 16 years are more likely to experience ED symptoms. There are two peaks in the onset of BED, with the first occurring right after puberty at a mean age of 14 years and the second occurring in late adolescence (19 years to 24 years) between the ages of 18 years and 20 years.

According to international research, 26% of female and 13% of male adolescents in the general population have binge eaten at least once in the previous 12 months and subclinical BED symptoms can be linked to a higher risk of developing BED as well as other negative outcomes, such as lower self-esteem and a higher level of body dissatisfaction.

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