
ORTHOREXIA AND THE IMPLICATIONS OF FOOD SHAMING

BRI SRNSKY, RD,LRD, CEDRD-S



OBJECTIVES

- Define Orthorexia and the differentiating factors from an eating disorder
- Identify the nutritional implications of Orthorexia
- Discuss implications of food shaming in relation to the development of disordered eating or an eating disorder
- Review the benefits in developing a healthy relationship with food

OBESITY IN THE HEADLINES

- A World Report from U.S News states “Obesity in America: A Public Health Crisis”...”**Obesity is a public health issue that impacts more than 100 million adults and children in the U.S.**“
- In March, the American Academy of Pediatrics and the American Heart Association offered several PUBLIC POLICY RECOMMENDATIONS, including raising the price of sugary drinks...and supporting hospitals in establishing policies to discourage the purchase of sugary drinks in their facilities.
- Various States have implemented **LAWS**, largely through early childhood education settings, to improve access to healthy food and increase physical activity in order to promote a healthy weight.
- Per AMA, “With the latest data from the NHANES showing that 39.6 percent of adults and 18.5 percent of children ages 2 to 19 in America have obesity, the *State of Obesity* report noted that “***these are the highest rates ever documented by NHANES.***””
- WARNING from CNN Health, “More than 250 million school-aged children and adolescents will be classed as obese by 2030”

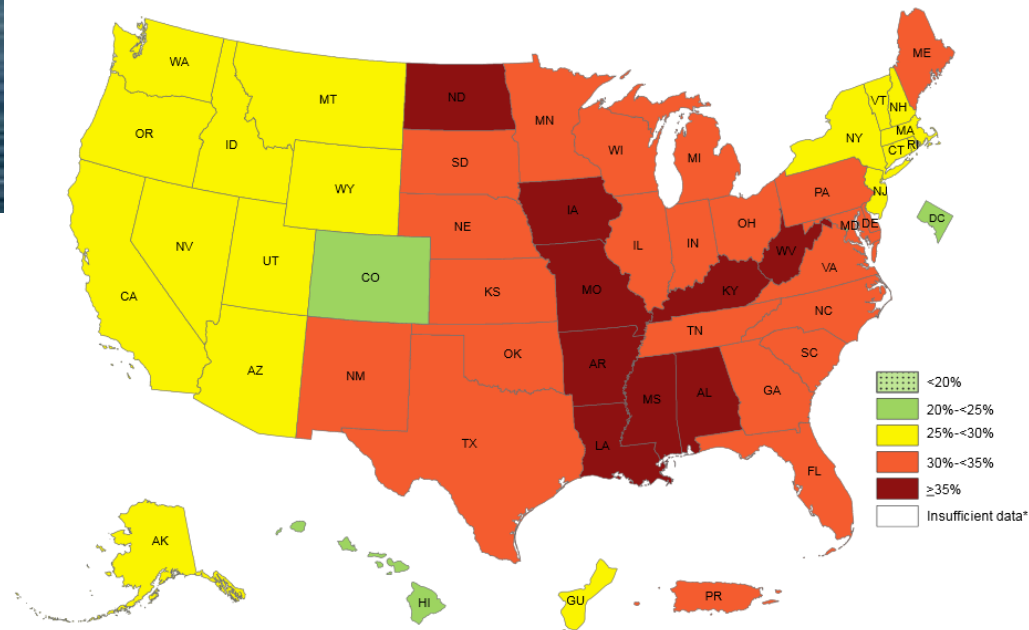
OBESITY IN THE HEADLINES

“Should parents be punished for obese kids?”



**“It’s not fine to be fat.
Celebrating Obesity
is Irresponsible”**

WARNING!

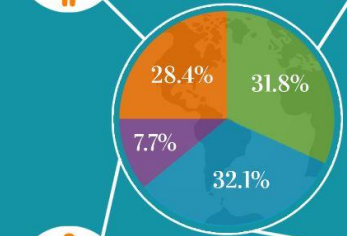


“How Fat is America?”

According to the National Center for Health Statistics

28.4% of Americans over 20 years old have a normal weight or are underweight

31.8% of Americans over 20 years old are overweight



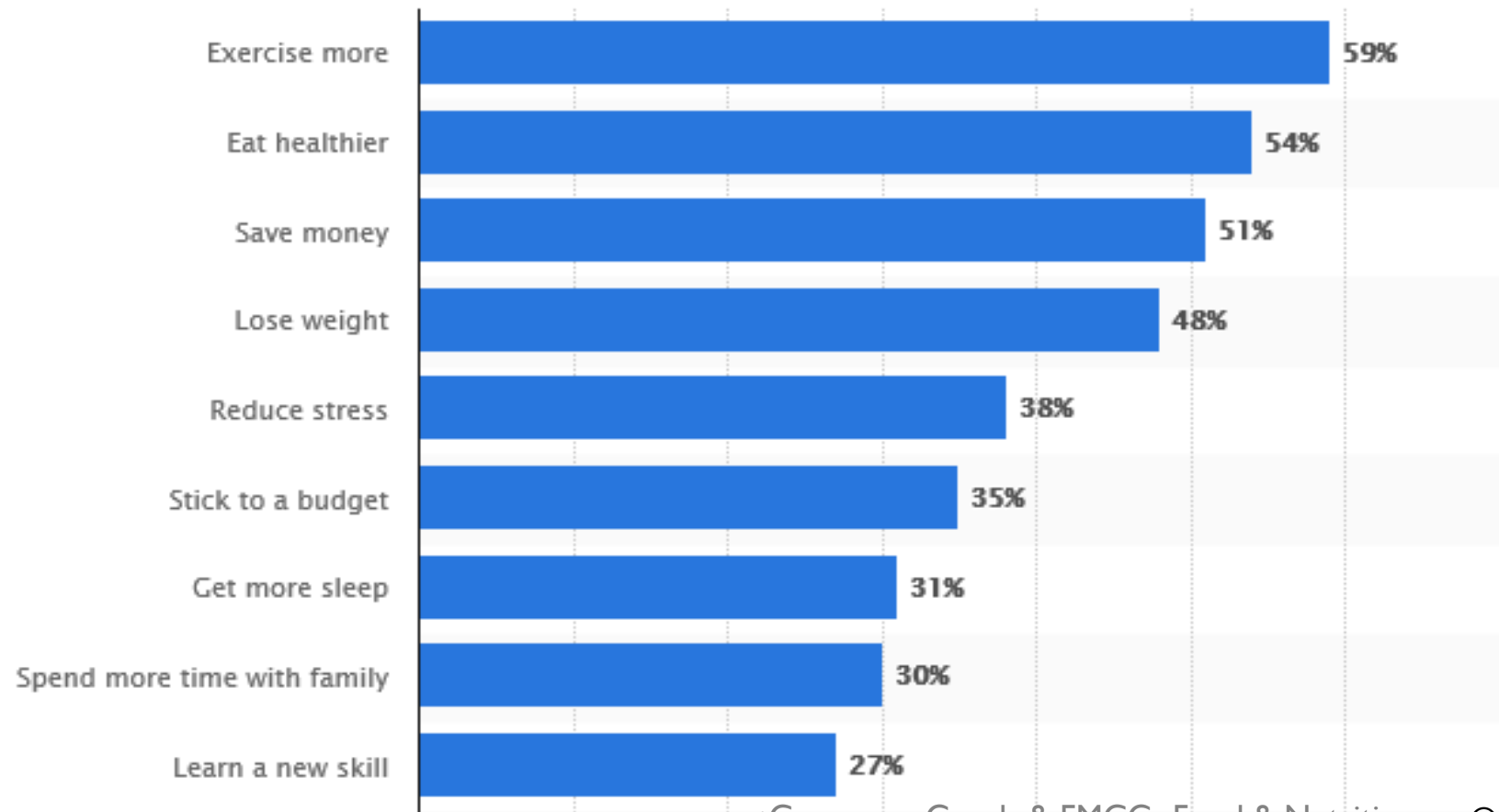
7.7% of Americans over 20 years old are severely obese

32.1% of Americans over 20 years old are obese

“WHAT CAN I DO TO BE HEALTHIER”



2019 Resolutions



“HEALTHY CHANGES”

- Americans spend over \$60 billion on dieting and diet products each year.
- According to NEDA, 62.3% of teenage girls and 28.2% of teenage boys are trying to lose weight;
- According to the CDC, in a survey completed from 2013–2016, 49.1% of U.S. adults had tried to lose weight in the last 12 months
- Data from the NHANE survey noted that among adults who tried to lose weight, the most commonly reported methods were exercising (62.9%) and eating less food (62.9%), followed by consuming more fruits, vegetables, and salads (50.4%).

HEALTHY BEHAVIORS BECOMING EXTREME

- According to NEDA, of the 62.3% of teenage girls and 28.2% of teenage boys are trying to lose weight; **58.6% of the girls and 28.2% of the boys are ACTIVELY dieting**
- According to NEDA, approximately 50% of teenage girls and nearly 33% of teenage boys are using EXTREME measures to control weight (skipping meals, fasting, smoking cigarettes, vomiting, taking laxatives)
- Children of mothers who are overly concerned about their weight are at increased risk for modeling their unhealthy attitudes and behaviors.
- A content analysis of weight-loss advertising in 2001 found that more than half of all advertising for weight-loss product made use of false, unsubstantiated claims.

ORTHOREXIA

- Orthorexia is a “***pathological obsession with proper nutrition that is characterized by a restrictive diet, ritualized patterns of eating, and rigid avoidance of foods believed to be unhealthy or impure***” ⁽⁷⁾
- Term “Orthorexia” coined by American physician Steven Bratman, MD, in 1977.
- Words associated with Orthorexia include “pure”, “clean eating”, “natural”, “whole foods”, “minimally processed”
- Prompted by a desire to achieve optimum health
- There is NO formal diagnostic criteria and not formally recognized in the DSM-5

UNDERSTANDING ORTHOREXIA

- “To my classmates, I was a super-healthy eater. I even had some people tell me they wished they had my willpower.”
- “I often felt that when I ate something outside of my restricted food realm, I would feel unclean and guilty.”
- “In the beginning, my plan to eat healthier started off innocently. But as the days, weeks, and months progressed, I spent my time reading articles about “good” foods and “bad” foods for your body, purchasing books about organic foods and pesticides, and eliminating foods from my diet that my mind deemed “unhealthy” and “toxic.””
- “My energy plummeted, my hair fell out, and my skin took on a grayish tone. Yet I continued to be praised for how healthy I was eating.”

UNDERSTANDING ORTHOREXIA --- HOW CAN HEALTHY EATING BE BAD?



UNDERSTANDING ORTHOREXIA

- Views towards a “clean diet” are rigid and obsessive
- Exaggerated attitudes and behaviors
- REFUSAL to eat foods deemed impure
- Restriction of intake
- Isolation from friends and family
- Strong emotional reactions to food
 - Satisfaction and Happiness
 - Guilt and Shame
 - Excessive amounts of time spend planning meals, thinking about food, researching
 - Judgmental thoughts – towards self and/or others

NUTRITIONAL IMPLICATIONS OF ORTHOREXIA

- **Nutritional deficiencies**
- **Severe weight loss**
- Hair loss
- Skin problems
- Loss of menstruation
- Social isolation
- Emotional distress
- **Development of a clinically diagnosable Eating Disorder**

UNDERSTANDING ORTHOREXIA

- Orthorexia is not a formally recognized diagnosis in the DSM-5; HOWEVER, it does share some characteristics with formally diagnosed eating disorders.
- Extreme behaviors can be a precursor in the development of an eating disorder
 - In a large study of 14- and 15-year-olds, dieting was the most important predictor of developing an eating disorder. Those who dieted moderately were 5x more likely to develop an eating disorder, and those who practiced extreme restriction were 18x more likely to develop an eating disorder when compared to those who did not diet.
 - Studies suggest that symptoms of Orthorexia are highly prevalent among patients with AN and BN, and tend to increase after treatment. Orthorexia seems associated both with the clinical improvement of AN and BN and the migration towards less severe forms of Eating Disorders – ongoing question as to whether the Orthorexia leads to greater incidences of relapse or reoccurrence.

ANOREXIA NERVOSA

According to the DSM-5:

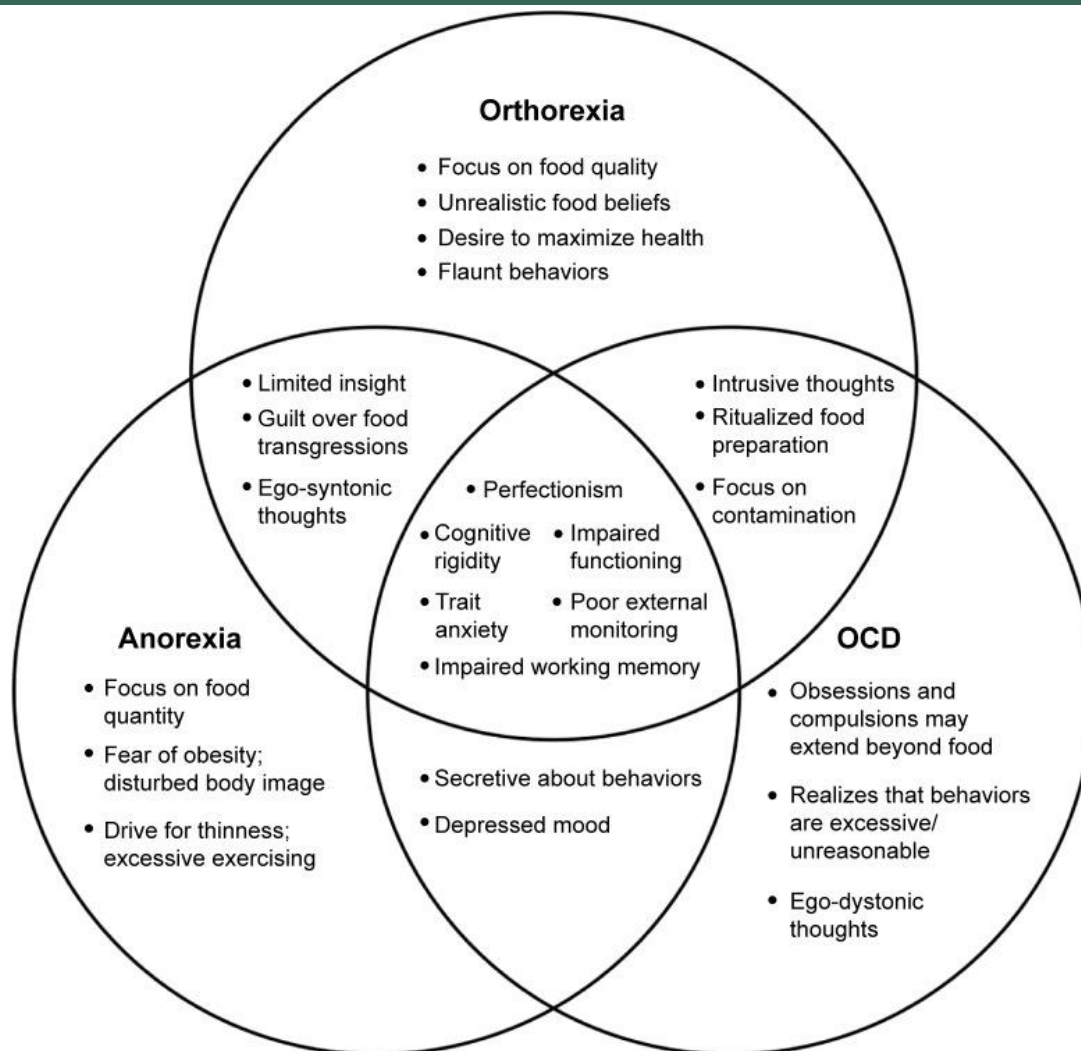
- Restriction of energy intake relative to requirements leading to a significantly low body weight in the context of age, sex, developmental trajectory, and physical health.
- Intense fear of gaining weight or becoming fat, even though underweight.
- Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight.

BULIMIA NERVOSA

According to the DSM-5:

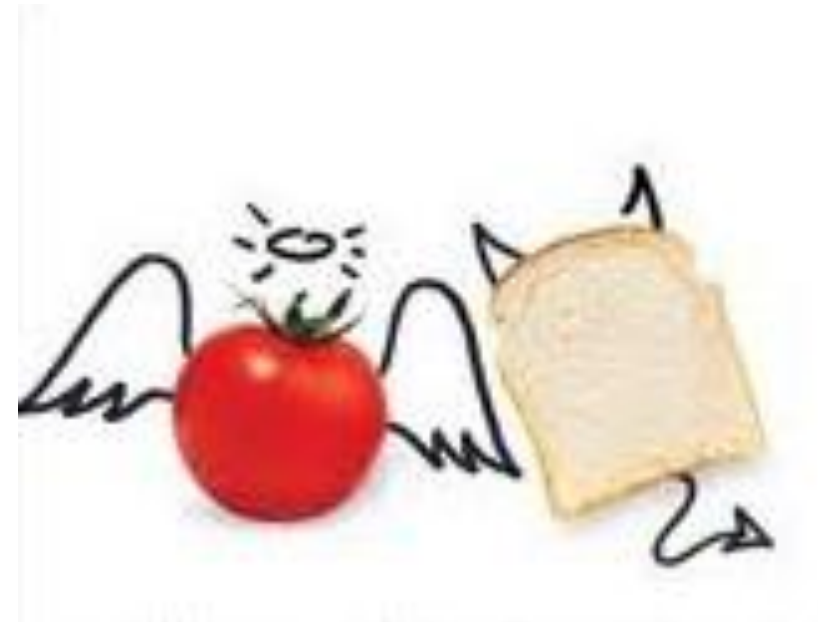
- Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:
 - Eating, in a discrete period of time (e.g. within any 2-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances.
 - A sense of lack of control over eating during the episode (e.g. a feeling that one cannot stop eating or control what or how much one is eating).
- Recurrent inappropriate compensatory behavior in order to prevent weight gain, such as self-induced vomiting, misuse of laxatives, diuretics, or other medications, fasting, or excessive exercise.
- The binge eating and inappropriate compensatory behaviors both occur, on average, at least once a week for three months.
- Self-evaluation is unduly influenced by body shape and weight.
- The disturbance does not occur exclusively during episodes of anorexia nervosa.

SHARED CHARACTERISTICS OF ORTHOREXIA



FOOD SHAMING

- Non-nutritional labeling of foods
 - Good foods versus Bad foods
 - Cheat foods
- Objective versus Subjective food labels
- Incorporates emotions, which are generally negative



IMPLICATIONS OF FOOD SHAMING

- The way in which we describe food can become the way we describe ourselves for eating the food
- Intake and food choices are based on reasons other than normal biological cues; discouraging of mindful eating
- Promotes an “all or nothing” approach
- Ignoring preferences leading to obsessive thinking and, potentially, extreme behaviors



REDEFINING OUR RELATIONSHIPS WITH FOOD



What if we looked at
the healthfulness of
food using

FACTS versus
judgements??

WOULD YOU EAT THIS?

This food item will provide you with about 300 calories (aka ENERGY).

This food item will provide you with all 3 macronutrients (carbohydrate, protein, and dietary fat); you will also be provided with some fiber!

The dietary fats in the item are a balance of saturated and unsaturated fats. In addition to the energy it provides, it will also provide you with calcium, iron, and B vitamins.

There are many varieties and it is a food commonly enjoyed by people of all ages 😊

WOULD YOU EAT THIS?

This food is a poor source of energy with very limited amounts of any macronutrient and dietary fat at all. no

This food provides you with minimal supplies of most vitamins; its most abundant vitamin it will supply is vitamin A, but remember, unless you add a source of dietary fat, you will absorb limited amounts of it.

WOULD YOU EAT THIS?

This food item will provide you with energy from carbohydrates, protein, and dietary fats.

When consuming this food, you will be eating from all food groups, therefore, the variety of vitamins and minerals is abundant and will support your body being able to work properly.

This food can be made to fit the preferences of all.

FINAL THOUGHT

When "clean eating" becomes a socially accepted form of food restriction, it might be time to reconsider just how "clean" it is."

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