



Orthorexia Nervosa: Beyond Healthy Eating to Compulsive Behavior

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Received date: 26 March, 2024, Manuscript No. JABTR-24-136976;

Editor assigned date: 28 March, 2024, PreQC No. JABTR-24-136976 (PQ);

Reviewed date: 15 April, 2024, QC No. JABTR-24-136976;

Revised date: 22 April, 2024, Manuscript No. JABTR-24-136976 (R);

Published date: 29 April, 2024, DOI: 10.4172/2324-9005.1000093

Description

Orthorexia nervosa, characterized by an excessive preoccupation with healthy eating to the point of detriment to physical and psychological well-being, has garnered increasing attention within the field of eating disorders. This article provides a comprehensive examination of orthorexia nervosa, encompassing its definition, prevalence, risk factors, clinical manifestations, diagnostic considerations, and treatment approaches. Through an interdisciplinary lens, this manuscript aims to elucidate the complexities of orthorexia nervosa and its implications for clinical practice, public health interventions, and societal discourse. Orthorexia nervosa, a term coined to represent a distinct pattern of disordered eating characterized by an obsessive fixation on consuming foods perceived as healthy or pure. While the pursuit of a nutritious diet is generally regarded as a positive endeavour, orthorexia nervosa entails a pathological obsession with food quality, purity, and dietary practices, often leading to significant impairment in various domains of life.

Despite its growing recognition, orthorexia nervosa remains a contentious diagnosis, with debates surrounding its classification, diagnostic criteria, and clinical significance. This manuscript endeavours to elucidate the multifaceted nature of orthorexia nervosa, shedding light on its epidemiology, etiological factors, clinical manifestations, and treatment considerations. Orthorexia nervosa is characterized by an excessive preoccupation with healthy eating, accompanied by rigid dietary rules, compulsive behaviors, and pervasive anxiety surrounding food choices. Individuals with orthorexia nervosa typically prioritize the perceived healthfulness of foods over other considerations, such as taste, social enjoyment, or nutritional balance. While not formally recognized as a distinct eating disorder in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), orthorexia nervosa shares overlapping features with other eating disorders, particularly anorexia nervosa and Obsessive-Compulsive Disorder (OCD).

Epidemiological studies suggest that orthorexia nervosa may affect up to 1%-3% of the general population, with higher prevalence rates observed among certain demographic groups, such as health-conscious

individuals, athletes, and those with a history of eating disorders. The etiology of orthorexia nervosa is multifactorial, encompassing genetic, psychological, sociocultural, and environmental influences. Genetic predispositions, including temperament traits such as perfectionism, neuroticism, and obsessive-compulsive tendencies, may confer vulnerability to orthorexic behaviors. Psychological factors such as low self-esteem, body dissatisfaction, and a drive for thinness may exacerbate the development of orthorexia nervosa, particularly in individuals with a history of disordered eating or psychiatric comorbidities. Sociocultural factors, including societal emphasis on health and wellness, media portrayals of idealized bodies, and pervasive food trends, contribute to the normalization and perpetuation of orthorexic behaviors.

Moreover, environmental stressors such as dietary fats, food allergies, and food intolerances may precipitate or exacerbate orthorexic symptomatology. Orthorexia nervosa manifests through a constellation of cognitive, behavioral, and emotional symptoms revolving around food and eating behaviors. Cognitive features include obsessive thoughts about food quality, purity, and nutritional content, as well as rigid dietary rules and beliefs regarding "good" and "bad" foods. Behavioral manifestations encompass meticulous food preparation, avoidance of certain food groups deemed unhealthy or impure, and social isolation due to dietary restrictions. Emotional symptoms may include anxiety, guilt, and distress surrounding food choices, as well as a sense of moral superiority or self-righteousness regarding one's dietary practices. Physical consequences of orthorexia nervosa may include nutritional deficiencies, weight loss, gastrointestinal disturbances, and impaired social functioning.

The absence of formal diagnostic criteria for orthorexia nervosa poses challenges for its recognition and classification within the spectrum of eating disorders. Clinicians often rely on clinical interviews, self-report measures, and standardized assessments, such as the orthorexia self-test and the bratman orthorexia test, to evaluate orthorexic symptomatology. Differential diagnosis entails distinguishing orthorexia nervosa from other eating disorders, particularly anorexia nervosa, bulimia nervosa, and Avoidant/Restrictive Food Intake Disorder (ARFID), as well as obsessive-compulsive and anxiety disorders. Given the lack of consensus on diagnostic criteria, efforts to develop standardized assessment tools and diagnostic guidelines are warranted to facilitate accurate identification and classification of orthorexia nervosa.

The treatment of orthorexia nervosa necessitates a multidisciplinary approach encompassing medical, nutritional, and psychological interventions tailored to the individual's needs and clinical presentation. Medical management focuses on addressing nutritional deficiencies, restoring weight and metabolic balance, and managing comorbid medical conditions. Nutritional interventions aim to normalize eating patterns, challenge rigid dietary beliefs, and promote a balanced approach to food and nutrition. Psychological therapies, including Cognitive-Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), and Dialectical Behavior Therapy (DBT), target maladaptive cognitions, behaviors, and emotional responses associated with orthorexia nervosa. Moreover, psychoeducation, group therapy, and family-based interventions may enhance social support, coping skills, and relapse prevention strategies.

Citation: Oberle N (2024) Orthorexia Nervosa: Beyond Healthy Eating to Compulsive Behavior. *J Addict Behav Ther Rehabil* 13:2.