

Mendoza Hernández, N. G., Plascencia Molina, K. A., y Ramos Ramos, P. Y. (2025). Prevalence of eating disorders: Anorexia and Binge-eating disorders. En G. Mercado Mercado y M Del R. Moyeton Hernández (Coords). *Nutrition: Challenges, Opportunities, and Essential Strategies in the Prevention and Management of Chronic Diseases*. (pp. 153-163). Religación Press. <http://doi.org/10.46652/religacionpress.280.c478>



Chapter 10

Prevalence of eating disorders: Anorexia and Binge-eating disorders

Norma Guadalupe Mendoza Hernández, Krystal Ankaret Plascencia Molina, Paulina Yerenni Ramos Ramos

Abstract

Eating disorders are complex issues impacting both the physical and mental health of those who suffer from them. These disorders can be linked to difficulties in managing emotions and require comprehensive treatment for successful recovery. Teenagers often struggle with emotional regulation, worsening symptoms and affecting their mental health. Intense emotions like anxiety, sadness, or frustration may lead to problematic eating behaviors as a coping mechanism. Moreover, individuals with an eating disorder tend to ruminate on emotions and avoid emotional experiences, contributing to the disorder's persistence. Therapies focusing on emotional regulation have shown promising results in treating eating disorders.

Keywords: Nutrition, Mental Health, Eating Disorders, Teenagers, Self-Esteem.

Introduction to Eating Disorders

Eating disorders are psychological conditions involving drastic changes in eating-related attitudes and behaviors, driven by distorted body perceptions and intense fear of weight gain. These conditions affect not only health and nutrition but also interpersonal relationships (Guerrero Mothelet, 2025).

They predominantly affect teenagers undergoing physical, emotional, and social changes. Some studies show that up to 5% of young women may exhibit symptoms of anorexia nervosa. Women are more prone, with a 5-10:1 female-to-male ratio (Vaz Leal, 2005, p. 4). Individual factors include low self-esteem, body dissatisfaction, and perfectionism. Social factors like media pressure, beauty standards, and bullying also play crucial roles. Family environments with high expectations, conflict, or negative attitudes toward body image and food further contribute (Cortez et al., 2016). The National Institute of Psychiatry Ramón de la Fuente Muñiz (2023) notes a recent rise in eating disorders, attributed partly to social media influence and globalization of unrealistic beauty standards.

Prevalence of Eating Disorders in Teenagers

Globally, eating disorders are a significant problem, especially among teenagers. Prevalence varies by age and gender, being higher among females. In Mexico, the prevalence is 5.7% in recent years, and 8.6% in Chihuahua (Villalobos-Hernandez et al., 2022). At least 25% of Mexican teenagers fall within different risk ranges for eating disorders. Teenagers with eating disorders often also suffer from conditions like depression, social anxiety, generalized anxiety, or PTSD. Notably, for every male affected, there are about ten females (Health Ministry, 2023).

Factors include upbringing, culture, family relationships, social environment, and poor food interaction. Prevalence has been rising, partly due to updated diagnostic criteria. It is estimated that prevalence could rise to 25% in Mexico, driven by psychological issues like depression, anxiety, bipolar disorder, schizophrenia, and even feeding difficulties in hospitalized teenagers (Arija-Val et al., 2022).

Risk Factors for Eating Disorders

Currently, eating disorders are of unknown origin because most research focuses on a limited number of factors. It is necessary to thoroughly understand

the factors that affect them in order to establish prevention strategies and more specialized and personalized treatment for teenagers. To date, the factors that have been identified are biological, psychological, and sociocultural (Portela de Santana et al., 2012).

Among biological factors, these factors are highly involved in the development and maintenance of eating disorders. Genetics plays an important role, as it is estimated that during adolescence, genetic variations are responsible for 50 to 85% of the risk factors for eating disorder symptoms. Family studies have described an increased risk of eating disorders, up to 10 times higher, when a family member has a disorder. This makes the person more vulnerable but does not necessarily cause the disorder; in other words, additional factors are required to develop an eating disorder (Portela de Santana, 2012).

Regarding psychological factors, the construction of body image begins in adolescence because it is the stage where the most changes and most vulnerable people experience. Perfectionism leads to distorted thinking, and after all, they always have an excessive need for external approval. This is where concern about weight begins, the desire to have a perfect body, whether thin or muscular. They begin at a stage where they want to fit into the beauty standards dictated by society, but instead of being a positive influence, it becomes a risk for body dissatisfaction that leads to an eating disorder. Body dissatisfaction is present in 25% to 81% of women and 16% to 55% of men, and this contributes to behaviors such as lack of motivation to diet, compulsive eating, weight gain, depression, and anxiety (Portela de Santana, 2012).

Finally, sociocultural factors are currently one of the main factors that greatly influence an eating disorder in teenagers, considering that society and the media have sold and shown us the idea that the model of thinness is synonymous with beauty, freedom, youth, health, willpower and control over oneself and success, with this they encourage the most vulnerable population, in this case mainly teenagers, to carry out unhealthy behaviors, related to weight and eating only with the purpose of fitting in and reaching the ideal of beauty, regardless of the consequences. It is difficult to have control over the stereotypes dictated by society, that is why it is important from childhood that the family should guide boys and girls to say and inform them correctly about what is shown on television what is really in their environment, given that the media can negatively affect the body image and health of teenagers by transmitting contradictory messages and unattainable beauty standards. In the end, every practice and behavior carried out by teenagers to comply with the ideal stereotypes to achieve the perfect body, results in a risk factor that results in an eating disorder, because they do not feel totally satisfied with what they have achieved and this is where behaviors such as taking refuge in food begin, and then feeling guilt and regret (Mancilla Diaz et al., 2010).

Relationship Between Eating Disorders and Teenager Mental Health

Teenagers with eating disorders often experience difficulty regulating their emotions, which can exacerbate their symptoms and affect their mental health. The inability to manage intense emotions such as anxiety, sadness, or frustration can lead to resorting to dysfunctional eating behaviors as a coping mechanism. Furthermore, studies have shown that people with eating disorders have a greater tendency toward emotional rumination and experiential avoidance, which contributes to the maintenance of the disorder (Jáuregui, 2015).

Anorexia Nervosa

Mental behavioral disorder is the desire for thinness and the fear of gaining weight. This disorder is life-threatening because people avoid eating, restricting their food almost entirely, and resulting in excessive weight loss. People have an intense fear of gaining weight; they see themselves as overweight when they are actually very thin, and this is what drives them to extreme measures to achieve that “perfection.” (Ibarzábal Ávila et al., 2015).

Anorexia is divided into two types: restrictive anorexia and binge-purging. Restrictive anorexia: People severely restrict the amount and type of food they eat and engage in excessive exercise, as a way of controlling or losing weight. Binge-purging: People severely restrict the amount and type of food they eat. However, they binge eat, followed by purging behaviors such as vomiting or using laxatives to eliminate what they have eaten (Ibarzábal Ávila et al., 2015).

Diagnosing it can be complicated, primarily due to denial and shame. This is why people with disorders should be referred to psychiatrists and psychologists to evaluate and diagnose the illness, with a special evaluation for people with eating disorders. In the following table, we can analyze the symptoms presented by a person with anorexia (Table 1). Risk factors are both physical and emotional, and it is very important to be aware of them and not normalize them (Ibarzábal Ávila et al., 2015).

Table 1. Behavior based on anorexia symptomatology.

Physical symptoms	Emotional symptoms	Behavior
A significant weight loss in a very fast way in just a few weeks	Intense fear of gaining weight (even if you're very thin or at an ideal weight)	Continue following restrictive, low-calorie diets, even when you are already very thin.
Abdominal pain	Excessive concern for self-appearance	Over-exercise
Fatigue and weakness	Feelings of guilt after eating	Use of laxatives, weight loss medications, vomiting
Brittle hair and nails	Anxiety and stress, due to lack of self-restraint	Wearing loose clothing to avoid showing your body
Loss of muscle mass	Depression	Avoid certain unhealthy foods
Amenorrhea (in women)	Obsession for food, kcal	Eating alone, avoiding company at mealtimes to avoid feeling judged or avoiding foods
Osteoporosis	Obsession with weight	Restriction of food groups, such as carbohydrates, fats and proteins
Dry skin	Social isolation	Count calories, look at product labels

Source: Lerro, 2024.

Treatment for anorexia nervosa should be individualized according to the patient's needs and clinical situation. The main goal is to return the patient to a healthy weight, while also addressing emotional issues and behavioral issues in order to break the pattern. This is done with the help of a specialized team such as (Ibarzábal Ávila et al., 2015):

- Psychotherapy: Helps change the thinking and behavior of a person with eating disorders.
- Doctors: The prescribed medicine helps treat anxiety and depression.
- Nutritionist: Restores and teaches the importance of a balanced and healthy diet.
- Hospitalization in case of very severe weight loss.

Bulimia Nervosa

Bulimia nervosa is an eating disorder characterized by compulsive episodes of uncontrolled, excessive food intake in very short periods of time. This is

associated with excessive concern about controlling body weight, followed by feelings of guilt and attempts to remedy the problem with self-induced behaviors such as vomiting, excessive exercise, and fasting (Rava & Silver, 2004). It is diagnosed when an affected person presents the following aspects (Attia & Walsh, 2022):

Reports having binge-eated at least once a week for at least three months and feels a loss of control during and after the binges. Compensates for binges by purging (e.g., inducing vomiting or using laxatives), fasting, or exercising excessively. Expresses marked concern about weight gain and bases her self-image largely on her weight and body shape.

Table 2. Physical and emotional effect from behavioral behavior due to bulimia nervosa.

Physical symptoms	Emotional symptoms	Behavior
Weight loss	Anxiety	Uncontrolled eating
Dental issues	Low self-esteem	Use of laxatives, vomiting
Reflux, indigestion, bloating	Depression, mood swings	Excessive exercise to compensate for overeating
Irregular menstruation (women)	Feelings of guilt	Wear loose clothing
Weakness, fatigue	Obsessive thoughts about food	Use the bathroom frequently after meals
Fainting, dizziness.	Intense fear of gaining weight	Avoid eating in front of other people.
Malnutrition	Insecurity	Food restriction

Source: Sandhya Pruthi, 2024.

Treatment includes proven therapies and medications that can help you get better.

Treatment typically involves a team effort that includes you, your family, your primary care provider, a mental health professional, and sometimes a dietitian who is knowledgeable about eating disorders.

Studies show that these types of talk therapy can reduce symptoms of bulimia nervosa. (Sandhya Pruthi, 2024):

- Enhanced cognitive behavioral therapy
- Family-based treatment

- Dialectical behavior therapy

The binge-eating disorder is the most common disorder in obese people. This has rapidly increased its prevalence compared to the general population. (Cuadro & Baile I., 2015).

It is diagnosed with the following aspects (Attia & Walsh, Binge-eating disorder, 2022):

- Eating much faster than normal
- Eating until uncomfortably full
- Eating large amounts of food when there is no feeling of physical hunger
- Eating alone because you are embarrassed
- Feeling upset, depressed, or guilty after overeating

Table 3. Emotional aspects derived from bulimia nervosa symptoms.

Physical symptoms	Emotional symptoms	Behavior
Weight gain	Feeling of guilt and shame	Recurrent binges
Abdominal pain, diarrhea	Low self-esteem	Loss of control over eating
Obesity, diabetes	Anxiety and stress	Eating until uncomfortably full
Fatigue, weakness	Depression	Eating alone
Dental problems	Social isolation	Eating quickly

Source: Ragnhildstveit et al. (2024).

Treatment includes therapies such as (Attia & Walsh, Binge-eating disorder, 2022):

- Cognitive-behavioral therapy
- Sometimes, interpersonal psychotherapy
- Consideration of pharmacological treatment, generally with SSRIs or lisdexamfetamine

Conclusion

Eating disorders represent a public health problem, the repercussions of which go beyond the psychological level and directly impact the nutritional and physical status of those who suffer from them. It is essential to recognize that these disorders generate significant imbalances in nutrition, metabolism, and body function, seriously compromising overall health. Adolescence is a vulnerable stage for the development of eating disorders, as it coincides with significant physical, emotional, and social changes. Individual factors such as low self-esteem, perfectionism, and body dissatisfaction are common triggers. Likewise, early detection is necessary to identify warning signs, such as excessive dietary restrictions, compensatory behaviors (vomiting, laxative use, prolonged fasting), fear of gaining weight, weight fluctuations, among others.

The role of the social environment is crucial, as unrealistic expectations about physical appearance and “idealized” eating behaviors reinforce problematic behaviors related to food. This becomes even more acute in adolescence, where the search for belonging, acceptance, and external validation can lead young people to adopt extreme behaviors as a form of control. The consequences not only affect physical health but are also linked to psychological disorders such as anxiety, depression, and social isolation.

References

- Arija-Val, V., Santi-Cano, M. J., Novalbos-Ruiz, J. P., Canals, J., & Rodríguez-Martín, A. (2022). Caracterización, epidemiología y tendencias de los trastornos de la conducta alimentaria. *Nutrición Hospitalaria*, 1-8.
- Attia, E., & Walsh, T. (2022). Bulimia nerviosa. *Manual MSD*.
- Attia, E., & Walsh, T. B. (2022). Trastorno por atracones. *Manual MSD*.
- Cortez, D., Gallegos, M., Jiménez, T., Martínez, P., Saravia, S., Cruzat-Mandich, C., ... Arancibia, M. (2016). Influence of sociocultural factors on body image from the perspective of adolescent girls / Influencia de factores socioculturales en la imagen corporal desde la perspectiva de mujeres adolescentes. *Revista Mexicana De Trastornos Alimentarios Mexican Journal of Eating Disorders*, 7(2), 116-124. <https://doi.org/10.1016/j.rmta.2016.05.001>
- Cuadro, Eva, & Baile, José I. (2015). El trastorno por atracón: análisis y tratamientos. *Revista mexicana de trastornos alimentarios*, 6(2), 97-107. <https://doi.org/10.1016/j.rmta.2015.10.001>.
- Guerrero Mothelet, V. (2025). Relaciones peligrosas con la comida. ¿Cómo ves? Divulgación de la *Ciencia*.

- Ibarzábal Ávila, M. E., Hernandez Martinez, J. A., Luna Domínguez, D., Vélez Escalante, J. E., Delgadillo Díaz, M., Manassero Baeza, V., . . . Ramos Ostos, M. H. (2015). Anorexia nerviosa. *Revista de Investigación Médica Sur México*, 22(3): 112-117.
- Ávila Sánchez, María de Jesús, & Jáuregui Díaz, José Alfredo. (2015). Comportamientos de riesgo de trastorno alimentario entre los adolescentes y jóvenes de Nuevo León. *Revista mexicana de trastornos alimentarios*, 6(1), 1-12. <https://doi.org/10.1016/j.rmta.2015.06.002>
- Lerro, E. (2024). Anorexia nerviosa: Síntomas, causas, consecuencias y posibles tratamientos. *uno bravo*.
- Portela de Santana, M. L., da Costa Ribeiro Junior, H., Mora Giral, M., & Raich, R. M.^a. (2012). La epidemiología y los factores de riesgo de los trastornos alimentarios en la adolescencia: una revisión. *Nutrición Hospitalaria*, 27(2), 391-401. http://scielo.isciii.es/scielo.php?script=sci_arttext&pid=SO212-16112012000200008&lng=es&tlng=es.
- Mancilla-Díaz, Juan M., Lameiras-Fernández, Maria, Vázquez-Arévalo, Rosalía, Alvarez-Rayón, Georgina, Franco-Paredes, Karina, López-Aguilar, Xochitl, & Ocampo Téllez-Girón, Maria T.. (2010). Influencias socioculturales y conductas alimentarias no saludables en hombres y mujeres de España y México. *Revista mexicana de trastornos alimentarios*, 1(1), 36-47.
- Portela de Santana, M. L., da Costa Ribeiro Junior, H., Mora Giral, M., & Raich, R. M. A. (2012). La epidemiología y los factores de riesgo de los trastornos alimentarios en la adolescencia: una revisión. *Nutrición Hospitalaria*, 27(2), 391-401.
- Ragnhildstveit, A., Tuteja, N., Seli, P. (2024). Transitions from child and adolescent to adult mental health services for eating disorders: an in-depth systematic review and development of a transition framework. *J Eat Disord* 12, 36. <https://doi.org/10.1186/s40337-024-00984-3>
- Rava, D. F., & J. Silver, T. (2004). Bulimia nerviosa. Historia. Definición, epidemiología. *Sociedad Argentina de Pediatría*.
- Salud, S. d. (2023). Trastornos de la conducta alimentaria afectan a 25% de adolescentes. *Gobierno de México*.
- Sandhya Pruthi, M. D. (2024). Bulimia Nerviosa. *Mayo Clinic*.
- Trastornos de la conducta alimentaria afectan a 25% de adolescentes. (s.f.). <https://acortar.link/OwLUQK>
- Vaz Leal, F. J. (2005). Trastornos alimentarios anorexia y bulimia. *Con salud mental*.
- Villalobos-Hernández, A., Bojórquez-Chapela, I., Hernández-Serrato, M. I., & Unikel-Santoncini, C. (2023). Prevalencia de conductas alimentarias de riesgo en adolescentes mexicanos: Ensanut Continua 2022. *Salud publica de Mexico*, 65, s96-s101. <https://doi.org/10.21149/14800>

Prevalencia de los trastornos alimentarios: Anorexia y trastornos por atracón

Prevalência de transtornos alimentares: Anorexia e transtornos da compulsão alimentar

Norma Guadalupe Mendoza Hernández

Universidad Vizcaya de las Américas | Chihuahua | México

<https://orcid.org/0009-0008-0489-9056>

lupita1312mendoza@gmail.com

Estudiante de la licenciatura en Nutrición, en la Universidad Vizcaya de las Américas, actualmente cursando el octavo cuatrimestre de estudios.

Krystal Ankaret Plascencia Molina

Universidad Vizcaya de las Américas | Chihuahua | México

<https://orcid.org/0009-0003-7911-7788>

Krystalplascencia4@gmail.com

Estudiante de la Licenciatura en Nutrición, actualmente cursando el octavo cuatrimestre, en la Universidad Vizcaya de las Américas.

Paulina Yerenni Ramos Ramos

Universidad Vizcaya de las Américas | Chihuahua | México

<https://orcid.org/0009-0001-2822-9531>

paulinadt551@gmail.com

Estudiante de la Licenciatura en Nutrición, actualmente cursando el octavo cuatrimestre en la Universidad Vizcaya de las Américas.

Resumen

Los trastornos de la conducta alimentaria son problemas complejos que afectan tanto a la salud física como mental de quienes los padecen. Estos trastornos pueden estar relacionados con dificultades en la gestión de las emociones y requieren un tratamiento integral para una recuperación satisfactoria. Los adolescentes suelen tener dificultades con la regulación emocional, lo que empeora los síntomas y afecta a su salud mental. Las emociones intensas como la ansiedad, la tristeza o la frustración pueden conducir a conductas alimentarias problemáticas como mecanismo de afrontamiento. Además, los individuos con un trastorno alimentario tienden a rumiar las emociones y a evitar las experiencias emocionales, lo que contribuye a la persistencia del trastorno. Las terapias centradas en la regulación emocional han mostrado resultados prometedores en el tratamiento de los trastornos alimentarios.

Palabras clave

Nutrición, salud mental, trastornos alimentarios, adolescentes, autoestima.

Resumo

Os transtornos alimentares são questões complexas que afetam tanto a saúde física quanto a mental de quem sofre com eles. Esses transtornos podem estar ligados a dificuldades no controle das emoções e exigem tratamento abrangente para uma recuperação bem-sucedida. Os adolescentes geralmente lutam com a regulação emocional, piorando os sintomas e afetando sua saúde mental. Emoções intensas como ansiedade, tristeza ou frustração podem levar a comportamentos alimentares

problemáticos como mecanismo de enfrentamento. Além disso, os indivíduos com transtorno alimentar tendem a ruminar as emoções e a evitar experiências emocionais, o que contribui para a persistência do transtorno. As terapias com foco na regulação emocional têm mostrado resultados promissores no tratamento de transtornos alimentares.

Palavras-chave

Nutrição, Saúde Mental, Transtornos Alimentares, Adolescentes, Autoestima.