# 102 - SOCIAL ASPECTS AND IMPLICATIONS OF ORTHOREXIA

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## INTRODUCTION

Eating disorders are quantitative or qualitative derivations of conduct food as normal situations that cause deficiencies, organic changes, changes in body composition and misfit's important individual's relationship with food (BARTRINA, 2007). According to Alén (2006), eating disorders are present in more developed societies, considering that these societies there are no problems of food shortages.

The most common eating disorders are anorexia nervosa and bulimia, which are the focus of a massive amount of scientific publications on the subject, and are often covered by common sense media. However, lately it has been discussed on other behavioral disorders food, orthorexia, whose implications for the lives of the subjects also worrying.

Orthorexia constitutes an excessive preoccupation with food or healthy food, leading to an extremely restrictive diet (CASTRO & FERREIRA, 2007). That is, the power becomes a key concern, the individual passing much of their time thinking about it and feeling guilty if they do not comply with such a diet. Orthorexia is not recognized as a disease, and there is therefore validated or frames present in psychiatric diagnostic manuals (CAMARGO, COSTA, UZUNIAN & Viebig, 2008; ZAMORA, BONAECHEA, SANCHEZ & RIAL, 2005). However, given its implications, it is important to approach the subject.

In this perspective, the present work aims to characterize orthorexia, from the discussion of its social aspects, covering the topics: definition, clinical characteristics, criteria for making the diagnosis, risk groups, factors influencing the onset of disorders, cultural aspects (cult of the body) and social implications for individuals.

## ORTHOREXIA

Derived from the Greek word meaning “correct appetite", orthorexia has its recently inclusion in eating disorders. Such a diet is to achieve health through body detoxification substance "impure", as food additives, heavy metals from water, food and chemicals industrially or manipulated (transgenic or processed), devitalized products (refined or not full), no fresh food or frozen, colorings and preservatives (ARNAIZ , 2008) . In orthorexia, individuals consume only food coming from organic farming, free transgenic components, artificial pesticides or herbicides, consisting therefore an obsession and concern for healthy, natural or organic.

The way of preparing food and materials used for it are also part of an obsessive ritual. People are meticulous, organized, with an exaggerated need for self-care and protection. People with this disorder center their lives in power, conceived as a ritual on the value of purity of body and mind. This "spiritual food" causes distress when they spend much of their time on planning, purchasing and food intake. Individuals often use only in the preparation of meals utensils wood or ceramic, and also personally supervise the preparation of food. Read also completely nutritional composition of all the labels, do not eat outside the home , or stop eating for fear that the foods are not suitable (CADAVAL, ESCAURIAZA, BARRUTIA, RODRIGO & ARANCETA, 2005).

The result of these practices diet is radically different from those followed in their own cultural context, requiring such a large force of will (ARNAIZ, 2008). Thus, considering that the common foods from your diet differ from the majority of the population, this can lead to serious implications as “institutionalization" social.

Bartrina (2007) considers orthorexia an obsessive compulsive disorder, while Alén (2006) points out that the restriction of food leads to malnutrition, with consequences as major weight loss, moodiness, and metabolic imbalances, cardiovascular and loss immune capacity, thus allowing the occurrence of opportunistic infections. Due to this situation, it resembles other eating disorders, such as anorexia and bulimia. However, it differs from these because the concern is not the amount of food consumed, but the quality of them.

According to Arnaiz (2008), there is no consensus among authors about the prevalence of orthorexia. Some suggest that this mainly affects young women (such as anorexia and bulimia), and is believed to manifest both in men and women (considering that the goal is not weight loss, but having a healthy diet). However, Alén (2006) provides estimates that in Spain the prevalence is less than 1% of the population and is more common in women, especially those vegetarian, macrobiotic, and people who eat only fruits and raw foods.

Importantly, as the sensible limit of what is considered normal or pathological, Sanchez and Moreno (200) argue that one should not confuse a concern for a healthy life with an obsession They cite, therefore, that an individual vegetarian or macrobiotic not necessarily suffer from this disease.

The individual with orthorexia dedicated to think carefully and with concern in going to eat on the day and the following days, thus characterizing a phase of buying meticulous and hypercritical of each ingredient, no other phase related to the preparation of these food ingredients, having to be present techniques and procedures that are not related to health hazard. And finally, the stage of satisfaction, comfort or guilt due to the proper fulfillment of the preceding phases (Bartrina, 2007).

Therefore, it can be cited as diagnostics for ortorexia directions, a questionnaire with 10 questions suggested by Bartrina (2007), which is answered affirmatively 4 or 5 issues a need for means to supply relaxation. Or, if you answered yes to all questions, indicating a major obsession with healthy eating and should report this conduct to a qualified professional. The main issues are related to: (a) spend more than three hours a day thinking about your diet, (b) be more concerned with the quality of food than with the pleasure of consuming them, (c) decreased their quality of life increases as the "quality " of their food, (d) feelings of guilt when it meets their dietary beliefs, (e) excessive planning to be eaten the next day, (f) social isolation caused by its type supply (BARTRINA, 2007).

Finally, as regards the intervention of orthorexia, as well as other disorders (not only order food), it is very important to prevention and early diagnosis, with a view to a better prognosis. The first step of physiological point of view is to meet the nutritional requirements of the individual, while simultaneously restructures eating habits, so that the new diet is complete, well-

balanced and is distributed throughout the day. The introduction of food initially rejected should be achieved gradually, as it explains the importance of a varied diet and complete, covering the basic food in the quantities required (CADAVAL et al., 2005). Such treatment of orthorexia requires the intervention of a support team involving physicians, psychotherapists and nutritionists. Exploration is required initial medical consensus that favors a more balanced diet and comfortable. In some cases it may be necessary concern the use of antiserotoninérgicos. It is likely that most patients do not remain adhered to treatment, especially pharmacological, since people are concerned about the purity and natural diet.

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In terms of physiological and physical consequences that can result from this poor diet are anemia, hypervitaminosis, deficiencies of vitamins, trace elements, etc. It can also cause more serious diseases, such as hypertension and osteoporosis (CADAVAL et al., 2005). In addition to these consequences, the stiffness in the diet brings social implications. The loss of social contact is one of the consequences of eating disorders in general. About orthorexia, besides the restriction on the types of food, eating causes anxiety and social withdrawal. It causes too an abandonment of leisure and recreation activities, especially the restaurants, which are converted into forbidden places for their diets. That is, do not eat outside the home, or stop eating for fear that the foods are not suitable.

According Arnaiz (2008). Psychological and biomedical literature indicates a higher prevalence in young women, especially those who desire for social distinction, have adopted vegetarian habits or other "sects" food. The reasons that lead individuals to adopt vegetarian diets are diverse: from a religious, philosophical, health reasons, animal love, humanitarian reasons (Alén, 2006). For some of these reasons, orthorexia comes in socioeconomic levels high and medium-high and does not seem to affect the marginal sectors, considering that this kind of food is much more expensive financially than normal and more difficult to achieve.

Authors such as Del Campo (2003), based on the maxim "Man is what he eats", speculates about the symbolic meanings, sociological and economical food. Highlights the differences between the worlds of food (motioning to developed and developing countries) depend on the profitability of products. That is, that these differences are not related to the nutritional needs of the population, but the profile of these people for whom the product is intended. Already Sanchez and Moreno (2007) insist on the influence of the media, which increasingly devote more time and space to dietary issues, so as to focus on the emerging projection of mental problems and endocrine disorders. Another reason is the applicant's speech "environmentally friendly", which associates these assumptions to lifestyles that promote health.

The influences of the sociocultural context are also present in triggering orthorexia, however, believes that these diktats are more like the oriental cultural assumptions. This is the essence of religious doctrines are very similar: Hinduism and Buddhism, for example, embrace vegetarianism as part of the path that leads to true holiness. However, it is argued that vegetarianism has a balanced philosophical and moral sense of life, which goes far beyond a simple diet of fruits and vegetables (Alén, 2006).

According to Sanchez and Moreno (2007), among the reasons that can lead to orthorexia are obsessed with seeking better health, the fear of being "poisoned" by the food industry and its additives or even have found a spiritual reason to eat a particular type of food. They add that the victims of these changes want to get all sorts of benefits physical, mental and moral. Vera (2007, 2008), which already considers orthorexia a social pathology, is unprecedented, yet the obsession with diets and body worship. The growing interest in diets, as well as a dimension that is reaching the segment of diet products and "lights", is an indicator of the increasingly widespread concern by a body corporate as a physical reality and integration of the triad "health and beauty - image".

Another aspect that may contribute to the framework is the lack of this pathology. Sanchez and Moreno (2007), presenting the results of one of the few studies conducted on the subject in Mexico, suggests a misunderstanding of the term and meaning of orthorexia, and the effects that this can have on health. Finally, Zamora et al. (2005) suggest that the obsession causes a loss of social relationships and leads to emotional dissatisfaction which in turn favors the excessive preoccupation with food. In orthorexia, the patients initially want to improve your health, treating a disease or lose weight until the diet is becoming a "center of your life".

**CONCLUSIONS**

Avoiding making the mistake of attributing that any deviation from the ordinary is considered pathological, this chapter aimed to discuss the main features of orthorexia and its relationship with social issues, are these cultural influences and consequences for interpersonal relationships. Disorders related to conduct food, or more specifically to orthorexia, underlie the physiological consequences (unbalanced diets, deficient in certain substances and excess consumption or other drugs) and psychological, and bring serious implications for the social life of individuals.

In this article, it has been discussed the criteria used for diagnosis orthorexia, although there is no consensus as to their classification. Also there is no agreement about the etiology of these, but researches, according to Molina (2007), point to multi-causal models with social and cultural factors, biological and psychological. Within these social and cultural factors, it emphasizes the cult of the body and distortions in body image disorders as boosters.

Finally, as the implications ortorexia, Zamora et al. (2005) we list the loss of social relationships and abandonment of occupational or leisure activities important for a compulsive need to keep your diet scheme and work. Given these consequences, it is suggested that further research on the topic, to be obtained more information about the disorder, such as prevalence, risk groups, clinical characteristics and implications of a biological and psychological.

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**ABSTRACT**

Orthorexia consists of a excessive worry for food or healthy food, leading to a very restrictive diet, geared mainly to healthy, natural or organic foods. However, this preoccupation with the "quality" of the food ends up generating physiological, psychological and social consequences. In this context, this article aims to characterize orthorexia, from the discussion of its social aspects, covering the topics: definition, clinical characteristics, diagnostic criteria, risk groups, factors that influence the disorder, cultural and social implications for individuals.

**KEYWORDS:** Orthorexia, eating disorders; feeding.

**CARACTERISTIQUES ET CONSEQUENCES DE ORTHOREXIA**

**RÉSUMÉ**

Orthorexia se compose d'un trop s'inquiéter de la nourriture ou des aliments sains, conduisant à un régime très restrictif, axé principalement à des aliments sains, naturels ou biologiques. Toutefois, cette préoccupation de la «qualité» de la nourriture finit par générer des conséquences physiologiques, les avantages psychologiques et sociaux pour les sujets. Dans ce contexte, cet article vise à caractériser orthorexia, de la discussion sur les aspects sociaux, couvrant les sujets suivants: définitions, caractéristiques cliniques, les critères de diagnostic, les groupes à risque, les facteurs qui influencent le désordre, culturels et les implications sociales des individus.

**MOTS-CLÉS**: Orthorexia, troubles de l'alimentation, alimentation.

**ASPECTOS SOCIALES Y CONSECUENCIAS DE LA ORTOREXIA**

**RESUMEN**

Ortorexia consiste en una preocupación demasiado para alimentos saludables, lo que lleva a una dieta muy restrictiva, orientada principalmente a alimentos sanos, naturales y orgánicos. Sin embargo, esta preocupación por la "calidad" de la comida acaba generando consecuencias fisiológicas, psicológicos y sociales a los portadores de este trastorno. En este contexto, el presente artículo tiene como objetivo caracterizar la ortorexia, a partir de la discusión de los aspectos sociales, que abarcan los temas: definición, características clínicas, criterios diagnósticos, grupos de riesgo, los factores que influyen en el trastorno, culturales e implicaciones sociales de los individuos.

**PALABRAS CLAVE:** Ortorexia, trastornos alimenticios, alimentos.

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**RESUMO**

A ortorexia consiste em uma preocupação demasiada por alimentos ou comida saudável, conduzindo a uma dieta extremamente restritiva, voltada preponderantemente para alimentos saudáveis, naturais ou biológicos. Contudo, esta preocupação excessiva com a “qualidade” dos alimentos acaba por gerar conseqüências fisiológicas, psicológicas e sociais para os portadores deste transtorno. Neste contexto, este artigo objetivou caracterizar a ortorexia, a partir da discussão dos seus aspectos sociais, abrangendo os tópicos: definição, características clínicas, critérios para realização do diagnóstico, grupos de risco, fatores que influenciam o desencadeamento do transtorno, aspectos culturais e implicações sociais para os indivíduos.

**PALAVRAS CHAVE:** Ortorexia, transtornos alimentares, alimentação.