



EDO UNIVERSITY IYAMHO

Department of Nursing Science

GST 211 CONTEMPORARY HEALTH ISSUES



Instructor: Chukwuyem N. E

Email: chukwuyem.emmanuelson@edouniversity.edu.ng

Lectures: Tuesday, 8am ó 12.10 pm, LT 3, phone: (+234) 8034826355

Office hours: Wednesday, 2.30 to 3.30 PM (just before class), Office: ICT Floor2 Rm 4

Co instructor: Dr Victor.

General overview of lecture: This course is intended to give the students a thorough knowledge of contemporary health issues. This course covers various aspect of health, including nutritional diseases, cardiac diseases, respiratory diseases etc.

Prerequisites: GST 211: Contemporary health issues is a two (2) unit credit course meant for all the students who are pursuing a degree programme. This course is designed to enlighten students about the Contemporary health issues in the country and the world in general.

Learning outcomes:

At the completion of this course, students are expected to:

1. Understand basic Classes of food.
2. Demonstrate understanding of micro and macro nutrients
3. Understand the principles of balance diets
4. Understand the basic nutritional deficiencies and eating disorders.

Assignments: We expect to have one individual homework assignments throughout the course in addition to a Mid-Term Test and a Final Exam. Home works are due at the beginning of the class on the due date. Home works are organized and structured as preparation for the midterm and final exam, and are meant to be a studying material for both exams.

Grading: We will assign 10% of this class grade to homeworks, 10% for the programming projects, 10% for the mid-term test and 70% for the final exam. The Final exam is comprehensive.

Textbook: The recommended textbook for this class are as stated:

Title: *Compiled*

Modern Nutrition in Health and Disease

9th edition (January 1999): by Maurice E. Shils (Editor),

James A. Olson (Editor), Moshe Shike (Editor),

Catherine Ross (Editor) By Lippincott, Williams &

Wilkins

Title: Metabolism and Nutrition,
Medicine Crash
Appleton & Vanbergen,
Course 4th ed.
Moseby (London: 2013) p.130

Title: Normal childhood nutrition & its disorders
Krebs NF, Primak LE, Hambridge KM.
In: Current Pediatric Diagnosis & Treatment.
McGraw-Hill

Main Lecture: Below is a description of the contents. We may change the order to accommodate the materials you need for the projects.

Nutrition

Nutrition may be defined as the science of food and its relationship to health. It is concerned primarily with the part played by nutrients in body growth, development and maintenance. The word nutrient or 'food factor' is used for specific dietary constituents such as proteins, vitamins and minerals. Dietetics is the practical application of the principles of nutrition; it includes the planning of meals for the well and the sick. Good nutrition means 'maintaining a nutritional status that enables us to grow well and enjoy good health.' Protein, carbohydrate and fat had been recognized early in the 19th century as energy-yielding foods and much attention was paid to their metabolism and contribution to energy requirements.

Classes of Food

Classification by origin:

- Foods of animal origin
- Foods of vegetable origin

Classification by chemical composition:

Proteins

Fats

Carbohydrates

Vitamins

Minerals

Water

Classification by predominant function

Body building foods: -meat, milk, poultry, fish, eggs, pulses etc

Energy giving foods: -cereals, sugars, fats, oils etc.

Protective foods: -vegetables, fruits, milk, etc



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NUTRIENTS

Getting good nutrition is essentially the act of supplying your body with the necessary nutrients you need to thrive. And nutrients are classified into two categories, based on the amount required by our bodies: Macronutrients and Micronutrients.

Both groups of nutrients provide all of the necessary elements to promote our bodies' growth and development and to regulate our bodies' processes. However, since everyone's body is different, it's important to know what the right balance between these nutrients are for your body and for your specific goals

Macronutrients

In the simplest form, macronutrients are the elements in food needed for a person to grow and function. They are needed in large quantities in comparison to other nutrients which is why they are called "macro" nutrients and are commonly referred to as "macros".

Macros provide all of the calories you get from food and beverages - nutrition facts labels actually use macros grams to calculate how many calories are in the food.

Generally, macronutrients are broken into three groups: carbohydrates, protein, and fat. Alcohol is also considered a macro since it provides calories, but it is not considered an important source of nutrition, so it is often left out when counting macros. Each macro provides a different calorie amount per gram - 4 grams per calorie for protein and carbs, and 9 grams of calories for fat (alcohol provides 7 grams per calorie). And even though all macros provide valuable energy, each macro has a different function in your body.

Carbohydrates

We use carbohydrates for quick energy - they are your body's favorite source of fuel because it doesn't take a lot of work to get energy from carbs. Our bodies easily break down this macronutrient into glucose (sugar) which is the same type of sugar found in your blood. Our brains and muscles are the biggest users of glucose, but all cells in our bodies use it to function. But the amount of carbs you need each day can differ from one person to the next based on activity level, weight, muscle mass, overall health, etc.

However, carbs are not essential for survival. Your body has a work-around when carbs are not present for extended periods of time, or possibly forever, using fat and protein instead. This is how the keto diet works! In addition, not all carbs are created equal. Carbs come from all plant based foods and some dairy, but they can also come from directly from added sugar and many processed, unhealthy foods. Because carbs are so easy to get in the diet, they can tend to get a bad rap. But choosing more wholesome sources include whole grains, fruits and vegetables, and beans, can improve your overall nutrition and allow you to still be successful in losing weight.

Protein

Protein is the "builder" macro and unlike carbs, it is essential for good nutrition. In fact, protein plays such a unique role, it is often your last resort for daily energy and instead used to build, repair and maintain your entire self.

We need protein in our diets because it provides us with essential amino acids that we cannot make ourselves. Our bodies are like recycling geniuses that can take an old pallet (plant and animal protein), break it down (into amino acids), and make a bench from the parts (new protein). Proteins play a part in all of our bodies' functions from our nervous system to our digestive system, and our entire body, cells, DNA, etc. is all made up of proteins. Healthy sources include beans, nuts and seeds, lean meats, and eggs. And while animal sources of protein have the highest protein

content per calorie, you can also meet your protein needs without eating animal products on a vegan or vegetarian diet.

Fat

Fats, like protein, are also an essential dietary must - they are a great long-term source of energy and also play a vital role in maintaining healthy skin and hair, insulating body organs against shock, maintaining body temperature, hormone regulation, and promoting healthy cell function.

Fat tends to get a bad rap because it is the most calorie dense macro (providing more calories per volume) and when eaten in excess it can easily be stored as body fat. But other macros can also be stored as body fat and this process requires you to eat more calories than you need - leading to weight gain. There is no need to fear fat as long as your calories are controlled and you are using an overall macro balance that works for you.

Healthy sources of fat include eggs, fatty fish, nuts and seeds, healthy oils, and avocados.

Micronutrients

Called "micro" nutrients because they are needed only in very small amounts, these substances do not provide any calories but enable our bodies to produce enzymes, hormones, and other substances vital to development, disease prevention, and well-being.

Micronutrients are commonly referred to as vitamins and minerals. And it is adequate intake of these micros that help reduce your risk of chronic disease, promote a longer life and improve your overall wellbeing. Some research even indicates that higher intakes of micros is associated with improved mood, energy levels and appetite control. There are 26 essential vitamins and minerals from food that all contribute to endless bodily functions. Which is why correcting even a minor deficiency in a micro can lead to drastic improvements in your health and day to day life.

Choose a variety of nutrient dense whole foods, like fruits, vegetables, whole grains, and lean proteins, to increase your overall intake of micros.

Adequate Diet

A healthy diet means different things to different people. In children's nutrition, an adequate diet aims to promote healthy growth and development. In adult nutrition, it focuses on attaining or maintaining optimal health and preventing chronic degenerative diseases of complex causation (see Nutrition and Human Life Stages). Generally, proper food provides adequate energy, builds new tissue, repairs worn-out tissue, and keeps the body working well. Although the needs of people are rather similar worldwide, the individual lifestyle determines which diet is adequate. In societies where physical labor is still common, the variety of foods of plant and animal origin that covers the energy need, as indicated by body weight, will almost inevitably constitute an adequate diet. This is particularly true if the food is not excessively processed. In highly industrialized societies where foods are usually highly processed, a nutrient-dense diet with limited energy content is considered adequate.

Generally, a balanced diet contains adequate proportions of carbohydrates, fats, and Proteins, along with the recommended daily allowances of all essential vitamins, Minerals, and health-promoting substances.

Nutritional Deficiencies (Malnutrition)

Protein-energy malnutrition

Protein-energy malnutrition (PEM) is a form of malnutrition that is defined as a range of pathological conditions arising from coincident lack of dietary protein and/or energy (calories) in varying proportions. The condition has mild, moderate, and severe degrees. Types include:

É Kwashiorkor (protein malnutrition predominant)

É Marasmus (deficiency in calorie intake)

É Marasmic kwashiorkor (marked protein deficiency and marked calorie insufficiency signs present, sometimes referred to as the most severe form of malnutrition)

PEM is fairly common worldwide in both children and adults and accounts for 6 million deaths annually. In the industrialized world, PEM is predominantly seen in hospitals, is associated with disease, or is often found in the elderly.

Note that PEM may be secondary to other conditions such as chronic renal disease or cancer cachexia in which protein energy wasting may occur.

Protein-energy malnutrition affects children the most because they have less protein intake. The few rare cases found in the developed world are almost entirely found in small children as a result of fad diets, or ignorance of the nutritional needs of children, particularly in cases of milk allergy.

Kwashiorkor is a form of severe protein malnutrition characterized by edema, and an enlarged liver with fatty infiltrates. Sufficient calorie intake, but with insufficient protein consumption, distinguishes it from marasmus. Kwashiorkor cases occur in areas of famine or poor food supply. Cases in the developed world are rare. Jamaican pediatrician Cicely Williams introduced the name into the medical community in a 1935 Lancet article, two years after she published the disease's first formal description in the Western medical literature. The name is derived from the Ga language of coastal Ghana, translated as "the sickness the baby gets when the new baby comes" or "the disease of the deposed child", and reflecting the development of the condition in an older child who has been weaned from the breast when a younger sibling comes. Breast milk contains proteins and amino acids vital to a child's growth. In at-risk populations, kwashiorkor may develop after a mother weans her child from breast milk, replacing it with a diet high in carbohydrates, especially sugar

Marasmus is a form of severe malnutrition characterized by energy deficiency. It can occur in anyone with severe malnutrition but usually occurs in children. A child with marasmus looks emaciated. Body weight is reduced to less than 62% of the normal (expected) body weight for the age. Marasmus occurrence increases prior to age 1, whereas kwashiorkor occurrence increases after 18 months. It can be distinguished from kwashiorkor in that kwashiorkor is protein deficiency with adequate energy intake whereas marasmus is inadequate energy intake in all forms, including protein. This clear-cut separation of marasmus and kwashiorkor is however not always clinically evident as kwashiorkor is often seen in a context of insufficient caloric intake, and mixed clinical pictures, called marasmic kwashiorkor, are possible. Protein wasting in kwashiorkor generally leads to edema and ascites, while muscular wasting and loss of subcutaneous fat are the main clinical signs of marasmus. The prognosis is better than it is for kwashiorkor but half of severely malnourished children die due to unavailability of adequate treatment. The word *marasmus* comes from the Greek *marasmos* ("withering").

Vitamins, Minerals and Deficiencies

Vitamin Deficiencies

Vitamins are a class of organic compounds categorized as essential nutrients. They are required by the body in a very small amounts. They fall in the category of micronutrients.

Vitamins are divided in to two groups: fat soluble vitamins- A, D, E and K and water soluble vitamins: vitamins of the B-group and vitamin C.

Vitamin A (Beta-Carotene): Found in fish and liver, green and yellow fruits and vegetables, Apricots, asparagus, beets, broccoli, butter, cantaloupe, carrots, cheese, garlic, green olives, milk products, mustard (fresh), papaya, parsley, peaches, prunes, red peppers, sweet potatoes, spinach, sweet potatoes, pumpkin and watercress.

Body parts affected:

Bones, eyes, hair, immune system, skin, soft tissues and teeth.

Deficiency symptoms:

Acne, allergies, loss of appetite, blindness, colds, dry hair, eye sties, fatigue, insomnia, impaired growth, itching and burning eyes, loss of smell, night blindness, dry skin, sinus trouble, steroid synthesis reduction; Decreased immune system function, cancer susceptibility. (Vitamin A is essential for bones and teeth and protects against cold and flu.)

Vitamin B Complex: Found in dairy products, meat, nuts and vegetables high in protein, broccoli, beans, brown rice, cabbage, cauliflower, cheese, eggs, fish, meat, milk, poultry, pork, oatmeal, raisins, spinach, asparagus, nuts, peanut butter, brussel sprouts, whole grains, and yogurt. Body parts affected:

Body cells, eyes, gastrointestinal tract, hair, liver, mouth, nervous system, skin.

Deficiency symptoms:

Acne, anemia, appetite loss, bad breath, cholesterol (high), circulation (poor), constipation, dark tongue color, depression, digestive disturbances, fatigue, dry hair or hair falling out, hypertension, insomnia, tender/painful leg muscles, nervousness, dry or rough skin. Problems muscle tone in the gastrointestinal tract, and liver. Depression and anxiety. Anemia, contributes to electrolyte imbalances. Memory loss, nervous system disorders, and immune system problems (low platelet count).

Vitamin B12: Found in beef, blue cheese, cheese, clams, crab, fish, eggs, herring, kidney, liver, mackerel, milk and milk products, pork, seafood and tofu. It is not found in vegetables - only in animal sources.

(All vitamin B supplements should be taken together).

Body parts affected:

Liver, nerves, red blood cells, gastrointestinal tract.

Deficiency symptoms:

Appetite loss, diminished reflex responses, fatigue, irritability, memory impairment, mental depression and confusion, nervousness, pernicious anemia, unpleasant body odor, walking and speaking difficulties, weakness in arms and legs. A deficiency can cause problems with digestion, absorption of food, metabolism of carbohydrates and fats, nerves, fertility, growth and development. There can also be hallucinations, memory loss, eye disorders, and anemia. A vitamin B12 deficiency can indicate there is a problem with absorption (common in people with digestive disorders).

Mineral Deficiencies

Calcium- Found in dairy foods, seafood and green leafy vegetables, sea vegetables (arame, dulse, hijki, kelp, wakame), molasses, nuts, almonds, asparagus, broccoli, buttermilk, cabbage, carob, cheese, shell fish, kale, oats, parsley, prunes, whey, tofu and yogurt. Body parts affected:

Blood, bones, circulatory/ digestive/enzymatic/ immune and nervous systems, heart, muscles, skin, soft tissues and teeth.

Deficiency symptoms:

Arm and leg numbness, brittle fingernails, eczema, fragile bones, headaches, heart palpitations, hypertension, insomnia, irritability, muscle cramps, nervousness, osteomalacia, osteoporosis, osteopenia, periodontal disease, rickets, tooth decay; Irregular heartbeat and slowed nerve impulse response, decreased muscle growth, aching joints, and arthritis. Calcium is an essential mineral for overall health. Vitamin D is essential for proper calcium absorption and utilization.

Iodine: Found in iodized salts, seafood and kelp. Also: asparagus, fish, garlic, lima beans, mushrooms, sesame seeds, soybeans, spinach (cooked), turnip greens. Body parts affected:

Immune system, thyroid, brain.

Deficiency symptoms:

Decreased chances of breast cancer, slowed mental and physical development. Thyroid dysfunction. Iodine is needed for a healthy thyroid. Mental retardation may result from an iodine deficiency in children. It is only needed in trace amounts.

Iron: Found in eggs, clams, fish, liver, meat, poultry, dark green leafy vegetables, enriched breads and cereals, brewer's yeast, dates, dulse, egg yolks, kidney and lima beans, lentils, millet, parsley, peaches, pears, dried prunes, pumpkins, raisins, rice and wheat bran, sesame seeds and soybeans. Body parts affected:

Blood, bones, metabolic system, muscles, nails, skin and teeth.

Deficiency symptoms:

Breathing difficulties, brittle nails, dry or falling-out hair, dizziness, iron deficiency anemia (pale skin, fatigue), constipation, sore or inflamed tongue. Iron is vital for its production of hemoglobin and oxygenation of red blood cells. Needed for healthy growth and the resistance of disease, and for a healthy immune system and energy.

Magnesium*: one of the essentials in maintaining electrolyte balance -- Found in most foods, especially dairy products, fish, meat and seafood. Also: apples, apricots, bananas, brown rice, figs, garlic, lima beans, peaches, salmon, sesame seeds, tofu, green leafy vegetables, wheat and whole grains.

Body parts affected:

Arteries, bones, cells, digestive/ immune/ nervous and reproductive systems, heart, nerves, and teeth.

Deficiency symptoms:

aching muscles, anxiety, broken nails, confusion, decreased blood pressure and body temperature, disorientation, easily aroused anger, hair loss, hyperactivity, insomnia, muscle tremors, nervousness, noise sensitivity, rapid pulse and sound sensitivity. Deficiency interferes with the transmission of nerve and muscle impulses, causes depression and dizziness, muscle weakness, twitching, heart disease and blood pressure problems, and disruption in proper pH balance. Magnesium plays an important role in the formation of bone, carbohydrate and mineral metabolism. It is vital to enzyme activity and assists in calcium and potassium uptake. Use of

diuretics, laxatives, vomiting and diarrhea can significantly contribute to the body's need for magnesium.

Eating Disorders

More people are being diagnosed with eating disorders, possibly as a consequence of society's emphasis on and preoccupation with thinness. Eating disorders are conditions that involve genetic, biological, psychosocial, and environmental factors.

1. **Anorexia nervosa,**
2. **Bulimia nervosa, and**
3. **Binge eating disorder** are the most common eating disorders. More women than men are affected by eating disorders.

Anorexia nervosa is a psychiatric condition in which people restrict their food intake or use behaviours to prevent weight gain, because of an intense fear of becoming fat or obese. In reality, people affected by this condition are almost always underweight or of normal weight when the condition starts. This disorder usually starts in the years between adolescence and young adulthood, with the average age of onset at 18 years. Women are more affected by anorexia than men. Current statistics say that in their lifetimes, 9 in 1000 females and 3 in 1000 males will be diagnosed with anorexia. However, in 2013 the diagnostic criteria were modified to be less restrictive, and by this newer understanding, these numbers are an underestimation.

Bulimia nervosa is an eating disorder characterized by repeated and uncontrolled or compulsive binge eating, followed by inappropriate ways of trying to get rid of the food eaten. Most often, this involves purging by self-induced vomiting or abuse of laxatives, enemas, or diuretics. It's also sometimes called the "binge-purge syndrome." Some people with bulimia don't purge, but will binge-eat (consuming as many as 20,000 calories at one time) and then compensate for binge eating sessions with other behaviours such as fasting or over-exercising. A person with bulimia may secretly binge anywhere from once a week to several times a day.

Bulimia commonly appears in the latter part of adolescence or early adulthood, but it can develop at an earlier or later age. Like anorexia, the median age of onset for bulimia is 18 years. Bulimia also affects women more than men: about 3 times as many women as men will have it in their lifetimes.

Binge eating disorder is characterized by the same uncontrollable binge eating that is seen in bulimia nervosa, but without any purging behaviours after binge eating episodes. This condition is distinct from overeating or obesity. Previously, clinicians used the category "eating disorders not otherwise specified" to capture all eating disorders not meeting the criteria for anorexia nervosa or bulimia nervosa, but in 2013 binge eating disorder was recognized as a unique diagnosis.

Causes

1. Eating disorders are generally viewed as being psychological in origin. However, like depression, schizophrenia, and bipolar affective disorder, they are currently believed to have many causes, including genetic and functional changes in the brain. People suffering from anorexia and bulimia have preoccupations with body image, weight, and eating. They also have a distorted personal body image and a fear of fatness and weight gain.
2. Although cultural factors have an influence on the development of eating disorders, they appear to stem from multiple factors. There has been a lot of debate about the role of parenting and family environments in relation to eating disorders.
3. Genetic and hormonal factors are believed to play significant roles; people with eating disorders are believed to have a genetic predisposition to the

illness. Individuals who have a family history of depression, alcohol abuse, obesity, or eating disorders are at higher risks for anorexia nervosa and bulimia nervosa. There also appears to be a neurological relationship between patterns of eating (such as dieting and starvation) and the nervous and hormonal systems, since hunger, food cravings, and feelings of fullness are controlled by certain areas of the brain and involve a number of digestive hormones.

Symptoms and Complications

People with anorexia nervosa may appear severely emaciated due to malnutrition; sometimes their ribs can be seen through the skin. Other common symptoms of anorexia include:

- É Constipation
- É Dehydration
- É Depression
- É Dizziness
- É Dry, scaly skin
- É Hair loss
- É Faintness or weakness
- É Inability to concentrate
- É Intolerance to cold
- É Irritability
- É Loss of body fat
- É Low blood pressure
- É missed, or absence of, menstrual periods
- É Psychological fears of obesity and weight gain
- É Slow or irregular heartbeat

If the onset of anorexia occurs before puberty, a girl's sexual development will stop and menstruation won't begin. Severe anorexia leads to chronic malnutrition, which has damaging effects on the body, especially the bones, thyroid, heart, and digestive and reproductive systems. Anorexia can be fatal. Half of those who die with anorexia die of suicide, and the other half die of medical complications.

Some people with bulimia may experience episodic weight loss, while others maintain a normal weight or may even be overweight. In some cases, menstrual cycles may be affected and stopped, but menstruation is usually preserved.

Possible symptoms of bulimia include:

- É Dehydration (due to excessive use of laxatives or frequent self-induced vomiting)
- É Tooth decay and erosion (due to the acids that are brought up from repeated self-induced vomiting)
- É Low blood pressure
- É Constipation
- É Swollen saliva glands in the cheeks (like mumps)
- É Abnormal hormone levels
- É Stomach and esophagus problems
- É Irregular heartbeat

A variety of complications can result from the constant vomiting. For example, inflammation of the esophagus (called esophagitis) and severe dental problems can occur. At its worst, constant purging can lead to heart damage. People with bulimia may have a history of anorexia or obesity.

They may also have psychiatric problems such as depression, panic disorder, social phobias, and anxiety disorders, as well as addictive behaviours like alcohol or drug abuse.

Patients with binge eating disorder experience the same binge eating seen in those with bulimia nervosa, but do not have compensatory behaviours after binge eating.

Some symptoms of binge eating disorder include:

- É eating more food within a period of time than most people in similar circumstances
- É feeling a lack of control over eating during an episode
- É eating until uncomfortably full or more rapidly than normal
- É eating large amounts of food when not hungry
- É eating alone or in secret because of embarrassment at how much one is eating
- É feeling depressed, guilty, or disgusted with oneself after an episode

Making the Diagnosis

To diagnose eating disorders, doctors generally only need signs and symptoms based on a physical exam and a detailed medical or personal history. In the case of a person with anorexia, continued weight loss at a low or normal weight, obsessive exercise, progressive food restriction, depression, and falling grades at school or poor work productivity should raise suspicion.

Blood tests reveal abnormalities in hormone levels that help rule out other conditions that can cause similar symptoms. There is no test that is diagnostic and the diagnosis of an eating disorder is made by clinical assessment.

Treatment and Prevention

People with anorexia rarely seek or want treatment, since they usually don't acknowledge or admit they have a problem. It's often left to family members and friends to recognize the eating disorder and to urge them to get treatment.

Anorexia usually doesn't get better without treatment. People with anorexia need medical and professional help to get better. The biggest obstacle to treating anorexia is the person's unwillingness to undergo treatment.

The primary goal of therapy is to get the person to return to normal weight. In general, people with anorexia don't consider their behaviour to be abnormal or unhealthy, so it's very difficult to convince them that they have a serious problem and to get them to eat normally. If the condition is severe to the point of emaciation, hospitalization is usually necessary.

Counselling for both the individual and the family is commonly part of a treatment plan. This involves cognitive-behavioural therapy, where patients are counselled about body image issues, weight management, normal eating habits, nutrition, and the effects of starvation.

Drug therapy with medications such as antidepressants is only useful for associated problems such as depression, anxiety, or obsessive-compulsive disorder (OCD).

People with bulimia rarely require hospitalization. They're usually treated with a combination of cognitive-behavioural therapy and medications. Antidepressants are often prescribed, which may reduce food craving and binge eating episodes. Psychotherapy is used to create awareness and to educate about eating patterns and behaviours, as well as to deal with distorted thoughts about body image and weight. Group and family therapy are commonly used to manage bulimia and are quite effective.

Some people with binge eating disorders avoid seeking treatment because they feel embarrassed. Some do not perceive binge eating disorder to be a valid medical condition and therefore do not

seek medical help. Most patients with binge eating disorder are treated with psychotherapy that helps them identify binge eating triggers and learn coping strategies to avoid acting on binge eating urges.

Most people with eating disorders will get better with treatment. However, the recovery process may take a long time, and some may relapse and experience the symptoms again. It is important to get help if your symptoms return



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