

Orthorexia and Orthorexia Nervosa

Subjects: [Psychology](#)

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Orthorexia nervosa is an emerging and controversial eating disorder characterized by an obsessive preoccupation with healthy eating and an extreme fixation on food purity.

[orthorexia](#)

[orthorexia nervosa](#)

[risk factors](#)

1. Introduction

Orthorexia and orthorexia nervosa are distinct but related concepts within disordered eating behaviors. Orthorexia can be defined as an obsessive and extreme fixation on consuming only “pure” and “healthy” foods, primarily focusing on the quality and cleanliness of the diet ^[1]. Individuals with orthorexia exhibit rigid dietary rules, often avoiding entire food groups and becoming increasingly preoccupied with their meals’ sourcing, preparation, and nutritional content ^[2]. On the other hand, orthorexia nervosa represents a more severe and clinically significant form of this obsession, characterized by intense anxiety, distress, and impairments in daily functioning resulting from extreme dietary restrictions ^[2]. Both conditions are expected to emphasize food purity and health, but orthorexia nervosa is distinguished by marked distress and dysfunction. Orthorexia nervosa has garnered increased attention due to its potential impact on mental and physical health, and the growing prevalence of this condition calls for a clearer understanding of its definition, diagnosis, and treatment.

Disordered eating behaviors have emerged as a critical public health concern, drawing increasing attention from researchers, healthcare professionals, and policymakers. These behaviors encompass a broad spectrum of irregular eating patterns and attitudes towards food, with significant implications for physical, psychological, and social well-being. Of particular concern is the rise in the prevalence of eating disorders such as anorexia nervosa, bulimia nervosa, and binge eating disorder, which pose significant health risks and can be life-threatening if left untreated ^{[3][4]}. Moreover, subclinical disordered eating, including orthorexia and other unhealthy preoccupations with food and body image, has also increased alarmingly. The media’s portrayal of unrealistic body standards, the pervasive influence of social media, and societal pressures to conform to particular body ideals contribute to the escalation of disordered eating behaviors among diverse age groups and genders ^[5]. Consequently, these rising concerns necessitate a comprehensive examination of the factors contributing to the development and perpetuation of these behaviors to inform effective prevention strategies, early intervention programs, and evidence-based treatment approaches.

In recent years, research has increasingly shed light on the detrimental consequences of disordered eating behaviors on individuals’ physical and mental health. Prolonged engagement in restrictive or excessive eating

patterns can lead to severe nutritional deficiencies, electrolyte imbalances, and disturbances in metabolic functions, endangering the individual's overall health [6]. Furthermore, disordered eating is intricately linked to the development of various mental health conditions, including depression, anxiety, and body dysmorphic disorder [7][8]. These psychological repercussions are exacerbated by the profound impact of societal stigma and misconceptions surrounding eating disorders, which can hinder affected individuals from seeking timely and appropriate treatment. Additionally, disordered eating behaviors often result in significant impairments in social and occupational functioning, exacerbating feelings of isolation and perpetuating the disorder cycle [9]. Given the multifaceted nature of these concerns, a comprehensive understanding of disordered eating behaviors is indispensable for healthcare professionals, policymakers, and educators to collaboratively address the rising prevalence and harmful consequences of these conditions, ultimately striving to promote healthier relationships with food and body image in society.

There has been a noticeable upsurge in the prevalence of "clean eating" ideals within society [2]. This trend reflects a growing societal emphasis on pursuing healthier lifestyles and making more mindful dietary choices. "Clean eating" generally entails prioritizing whole, unprocessed foods while limiting or avoiding heavily refined and artificial ingredients. This movement has fueled a desire for improved well-being, weight management, and increased energy levels [10]. However, discussions around clean eating also come with debates about the potential for creating rigid eating patterns, promoting unrealistic body standards, and contributing to the stigmatization of certain foods [2]. As this trend continues to evolve, striking a balance between informed nutritional choices and avoiding extreme dietary restrictions remains an ongoing conversation.

Orthorexia and orthorexia nervosa have garnered increased attention in the field of disordered eating behaviors. Prevalence studies indicate that though the exact rates remain uncertain, both conditions are becoming more prevalent, especially in Western societies with a strong emphasis on health and nutrition [11]. Risk factors associated with these disorders include personality traits such as perfectionism and neuroticism, a history of dieting, body dissatisfaction, and exposure to media promoting unrealistic body ideals and "clean eating" trends [12]. The diagnosis and conceptualization of orthorexia and orthorexia nervosa remain a subject of much debate. Orthorexia nervosa is not considered an official mental disorder; it is not listed by the Diagnostic and Statistical Manual of Mental Disorders (DSM-5 [13]) nor by the International Classification of Diseases (ICD-10 [14]). However, the proposed diagnostic tools and questionnaires aid in identifying individuals with disordered eating habits related to food purity and health obsessions. Treatment approaches involve a multidisciplinary approach, including psychoeducation, cognitive-behavioral therapy (CBT), nutritional counseling, and mindfulness-based interventions.

2. Historical Context and Emergence of Orthorexia and Orthorexia Nervosa

The historical context and emergence of orthorexia and orthorexia nervosa can be traced back to the late 20th and early 21st centuries, coinciding with a growing societal emphasis on health, nutrition, and wellness. The term "orthorexia" was first coined in 1997 by Dr. Steven Bratman, a holistic medical practitioner, who observed a pattern of excessive preoccupation with healthy eating among his patients [15]. The concept gained initial recognition as an

informal term to describe an obsession with pure and healthy foods. Over time, as awareness of disordered eating patterns increased, researchers and healthcare professionals recognized orthorexia as a distinct phenomenon deserving further investigation. Subsequently, the term “orthorexia nervosa” emerged to describe a more severe variant characterized by intense anxiety, distress, and functional impairments related to the rigid pursuit of an idealized and “pure” diet [1]. The rise of social media and the internet facilitated the dissemination of dietary trends, fostering a culture that glorified specific eating patterns and demonized others. The relentless pursuit of “clean eating” and the proliferation of unscientific health claims may have contributed to the amplification of orthorexic behaviors [16]. The historical context surrounding these disorders highlights the complex interplay between societal norms, technological advancements, and the human desire for health and wellness, emphasizing further research and understanding to address the emerging challenges of orthorexia and orthorexia nervosa.

The distinction between orthorexia nervosa and other eating disorders lies in the primary focus and underlying motivations behind the disordered eating behaviors. Whereas eating disorders like anorexia nervosa, bulimia nervosa, and binge eating disorder are primarily characterized by disturbances in food intake quantity or patterns, orthorexia nervosa centers around the quality and purity of the consumed food [17]. Individuals with orthorexia nervosa display an excessive preoccupation with consuming only “healthy” or “pure” foods, often leading to the strict elimination of entire food groups, rigid dietary rules, and an intense fixation on the nutritional content of their meals [2]. In contrast, anorexia nervosa involves severe restriction of caloric intake, often leading to significantly low body weight [18]. Further, bulimia nervosa is characterized by recurrent episodes of binge eating followed by compensatory behaviors such as purging or excessive exercise [18]. Recurrent episodes of excessive food consumption characterize binge eating disorder without compensatory behaviors [18]. Although orthorexia nervosa shares some features with other eating disorders, it is distinguishable by its emphasis on the perceived health benefits of food choices and the absence of concerns about body shape or weight. Recognizing these distinctions is crucial for accurate diagnosis, treatment planning, and providing appropriate support for individuals struggling with disordered eating patterns.

Assessing the prevalence and incidence rates of orthorexia nervosa is challenging due to the relatively recent recognition of these conditions and the absence of standardized diagnostic criteria. As a result, research on their prevalence remains limited and inconclusive. However, available studies suggest a rising concern surrounding these disorders, particularly in Western societies where health and wellness trends have become increasingly popular [19]. Prevalence estimates for orthorexia vary widely, with some studies reporting rates as high as 90.6% among specific populations [11][20][21]. It is important to note that the lack of consensus on diagnostic criteria and assessment tools may contribute to the variability in prevalence rates across different studies. Furthermore, orthorexia nervosa, a more severe and clinically significant form, is believed to be less prevalent than orthorexia but may share similar risk factors and psychological underpinnings [11]. As the understanding of orthorexia and orthorexia nervosa continues to evolve, further research employing standardized diagnostic criteria and rigorous methodologies is needed to obtain more accurate and comprehensive prevalence and incidence data for these emerging eating disorders.

3. Risk Factors and Associated Psychological and Sociocultural Influences

Risk factors associated with orthorexia and orthorexia nervosa encompass a complex interplay of psychological and sociocultural influences. At the individual level, certain personality traits have been linked to an increased vulnerability to developing these disorders [22]. Perfectionism, high levels of neuroticism, and a tendency towards obsessive-compulsive traits may predispose individuals to engage in rigid and extreme dietary behaviors [22]. Furthermore, a history of dieting and body dissatisfaction can contribute to developing disordered eating patterns centered around food purity and health obsession [23][24]. At the sociocultural level, the media's portrayal of idealized body images and "clean eating" trends can pressure individuals to conform to unrealistic health and nutrition standards [25]. Social media platforms, in particular, play a pivotal role in disseminating these trends, promoting harmful dietary practices, and fostering a sense of social comparison [21]. Additionally, the widespread availability of misinformation and unscientific health claims can further fuel fears about "toxic" foods, perpetuating the pursuit of restrictive and narrow dietary choices. Societal norms prioritizing physical appearance and equating health with dietary purity may inadvertently encourage the emergence and maintenance of orthorexia and orthorexia nervosa, highlighting the need for targeted prevention and intervention efforts to address these risk factors [26].

The psychological and sociocultural influences on orthorexia and orthorexia nervosa are closely intertwined, creating a complex web of factors contributing to these disorders' development and perpetuation. At the psychological level, individuals who experience high stress, anxiety, or dissatisfaction with other aspects of their lives may turn to food and the illusion of dietary control to cope or gain a sense of mastery [27][28]. The obsession with consuming only "pure" and "clean" foods has ignited discussions about the intersection of personal illness fears and extreme dietary habits. Individuals with orthorexia often feel overwhelming anxiety about consuming anything perceived as unhealthy, so their fixation on food quality can severely impact their physical and mental well-being [1]. This highlights the complex interplay between a genuine concern for health and the development of an unhealthy preoccupation with food choices. Though originating from genuine concern, the fear of falling ill can morph into a consuming obsession that requires careful consideration within the broader context of mental health and balanced nutrition.

Moreover, pursuing "clean eating" and rigid dietary rules can provide a sense of identity and purpose, offering a way to define oneself within a health-conscious community [10]. Sociocultural influences, on the other end, play a significant role in shaping societal norms and attitudes toward food, body image, and health. Glorifying certain dietary practices and demonizing others in media and popular culture can foster an all-or-nothing approach to food consumption, reinforcing the belief that only "pure" and "healthy" choices are acceptable [10]. Societal pressures to conform to these standards and the fear of being judged or ostracized for deviating from them may escalate orthorexic behaviors. By understanding the intertwined psychological and sociocultural influences, healthcare professionals and policymakers can develop more effective strategies to address these risk factors and promote a healthier and more balanced relationship with food and nutrition.

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