

## Orthorexia Nervosa: A Framework of Situation

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Orthorexia Nervosa (ON) was described by Bratman in 1997 as an obsession on healthy eating, with “Ortho” meaning righteous and “Orexia” meaning hunger [1]. Despite increased media coverage, no medical manual, such as the Diagnostic and Statistical Manual of Mental Disorders, has yet to recognize it (DSM-5) [2]. Although there are differing opinions about the definitive diagnostic criteria for ON, making determining the prevalence a constant challenge, it appears that only a small percentage of the general population could be affected [3]. Although ON differs from avoidance/restrictive food consumption disorder (ARFID) [3] in that it is an obsession with consuming clean food rather than food with specific sensory properties<sup>1</sup>, it has been linked to anorexia nervosa (AN) and bulimia nervosa (BN) [4] and has also been linked to developing during the rehabilitation process of an eating disorder [5].

ON is defined as a type of disordered eating by rigidly adhering to various healthy diets and gradually being dependent on these behaviors. The key psychological correlates of ON are perfectionism and obsessive-compulsive disorder; however, anorexia nervosa and bulimia nervosa can occur in the presence of ON tendencies. Strict dieting among regular exercisers is likely to stem from a loss of self-esteem caused by perfectionist expectations, social comparison, and a desire to be in charge. Individuals can experience positive changes in their attitudes toward eating and their bodies if they gain self-esteem through spiritual approaches [6]. Healthy eating seems to have become highly idealized in our culture over the last few years, with the emphasis on what, when, and how much to eat becoming a central part of social discourse, frequently followed by moral judgement [6]. Food-related statements about possible risks and health benefits are now made publicly available on the internet.

Recently, it suggested that ON behaviors can vary depending on personal definitions of healthy eating [7]. ON had a mild to intermediate relationship with exercise and exercise addiction, indicating that these habits have some specific and shared variation. Although this does not rule out the possibility of ON and addictive exercise coexisting, it also does not rule out the possibility of significant comorbidity [8]. However, when it comes to orthorexic eating, female gender, maladaptive personality traits, and impulsivity all play a role. Certain impulsivity dimensions have been shown to interfere with personality characteristics in the prediction of orthorexic feeding, pointing to potential risk factors and psychopathological mechanisms [9]. Current research indicates that having a detailed understanding of nutrition and alimentation, as experts in the field of dietetics do, can encourage the development of orthorexic tendencies; however, recent findings do not support previous claims that experts in the field of dietetics have a higher degree of orthorexia [10].

Due to a lack of biological causes, psychological factors are being investigated to see if they can reveal aspects of the relationship between (semi-)vegetarianism and depressive symptoms. The discovery that orthorexic behaviors (i.e. an obsession with eating healthy and maintaining restrictive eating patterns despite negative physiological and psychosocial effects [11]) are more prevalent in vegetarians

(despite the fact that this belief is generally held, the evidence in support of it has been largely inconclusive [12]) and are associated with more depressive symptoms [13], indicates that the reasons for following a vegetarian diet can provide insight into the conditions under which vegetarianism is adopted. People normally choose to become vegetarians for ecological and ethical reasons in addition to health reasons [12]. In the same way that confronting the issue of global warming could lead to depression in vegetarians, increased awareness of animal cruelty in the meat industry and the negative environmental effects of meat consumption [12] may lead to depression in vegetarians [14]. Only people who also have higher orthorexic tendencies are linked to semi-vegetarianism and depressive symptoms [15].

In conclusion, further research is required to determine whether ON is similar to, or different from, other diseases so that we can better understand and treat it. If emotions play a part in the production and management of ON symptoms, this is something to think about. Emotions, especially difficulties recognizing and controlling emotions, have been well-documented in the literature on eating disorders.

### Disclosure Statement

The author declare that there are no conflicts of interest.

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