



# ANOREXIA

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# Summary



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**Anorexia in Kenya**

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# What is an eating disorder?

# ANOREXIA



what is Anorexia ?

# ANOREXIA

what is Anorexia ?



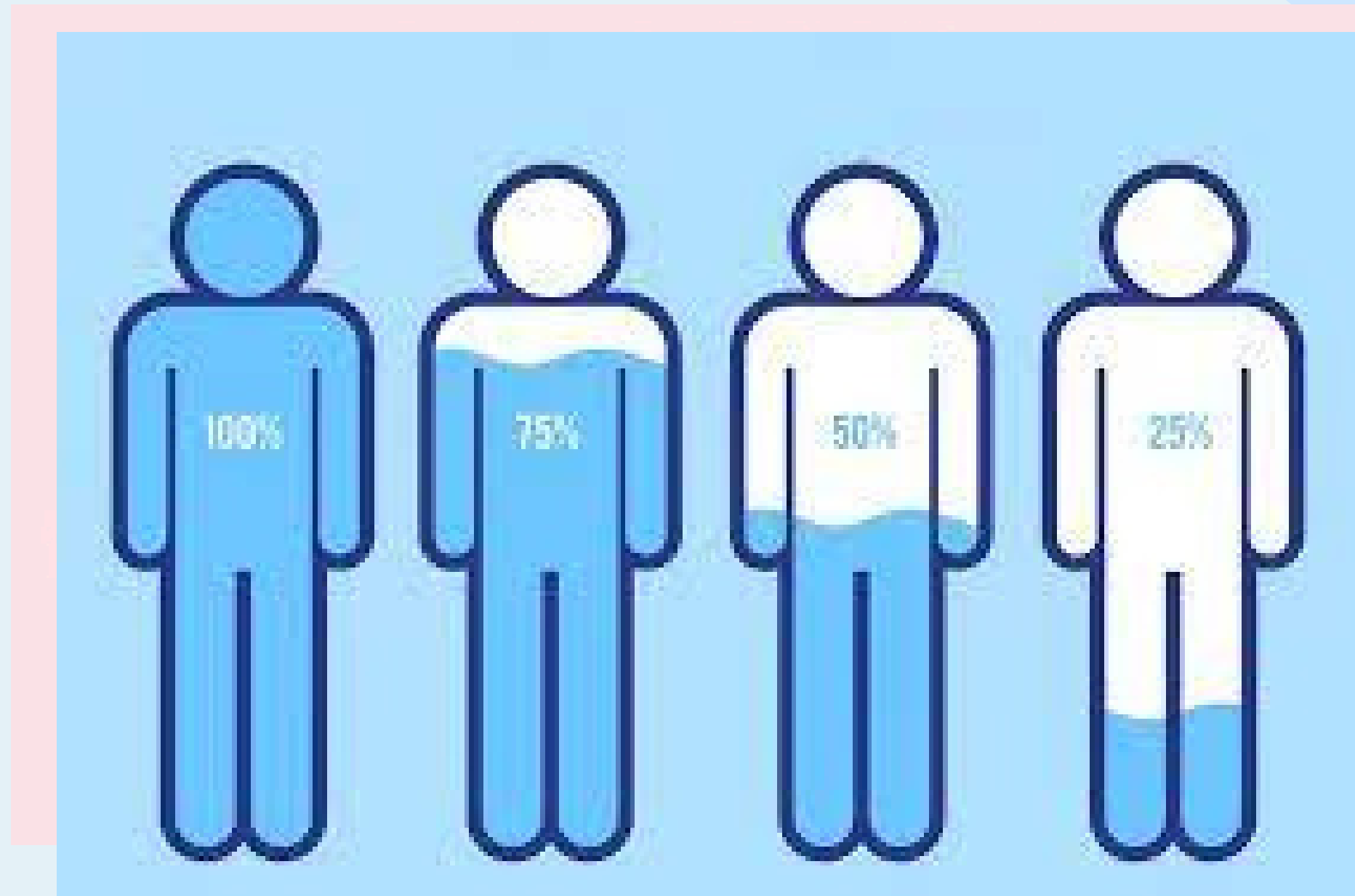
## REASONS FOR IRREGULAR PERIODS

- PCOS
- STRESS
- UNHEALTHY  
LIFESTYLES HABITS
- BIRTH CONTROL
- RAPID WEIGHT  
CHANGE

An illustration of a woman with long black hair, wearing a red and white striped sweater and a blue skirt. She is looking at a calendar with a period chart. The calendar shows several red circles indicating periods. A box of pads and a pair of pads are also visible on the calendar.

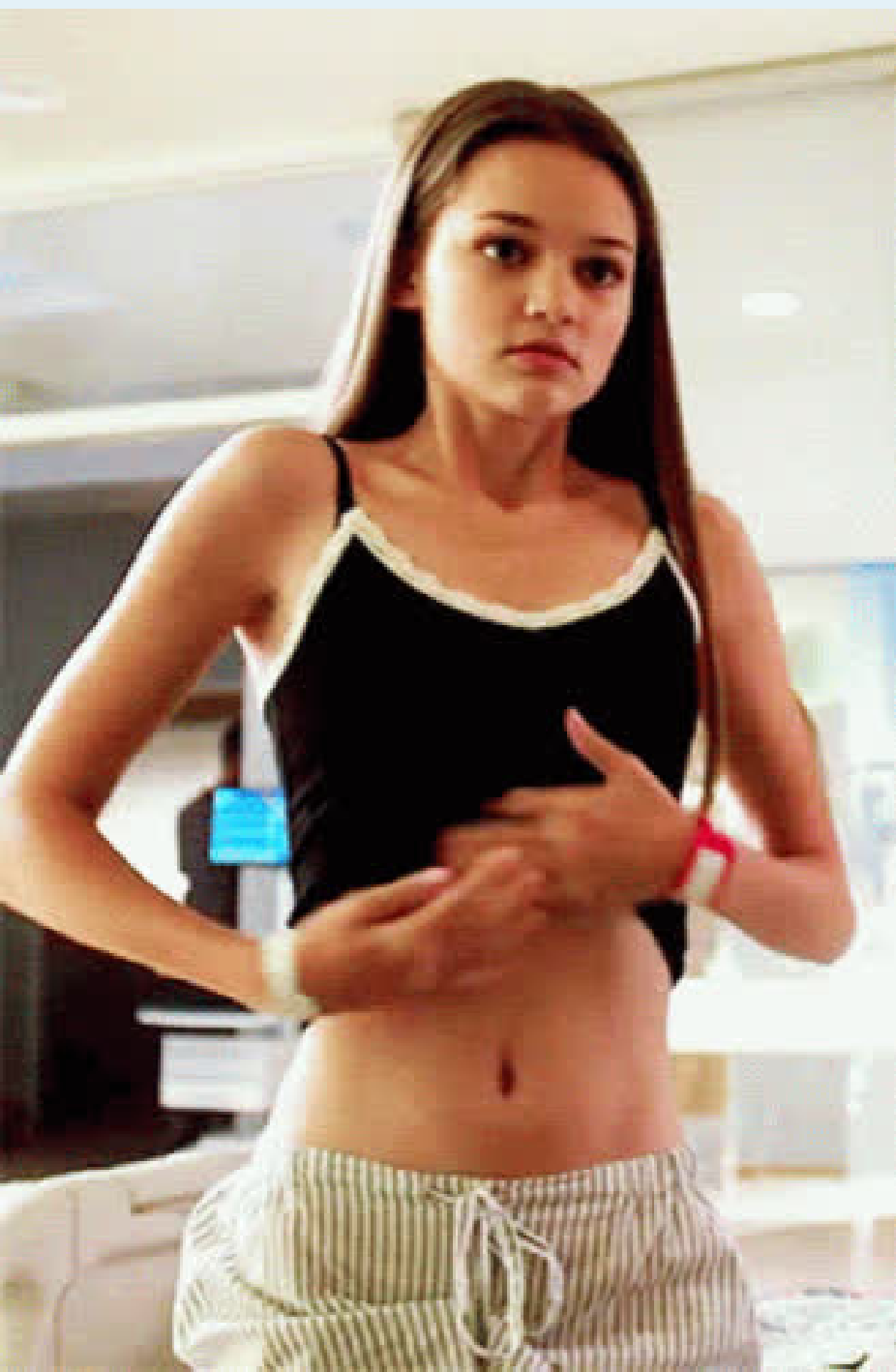
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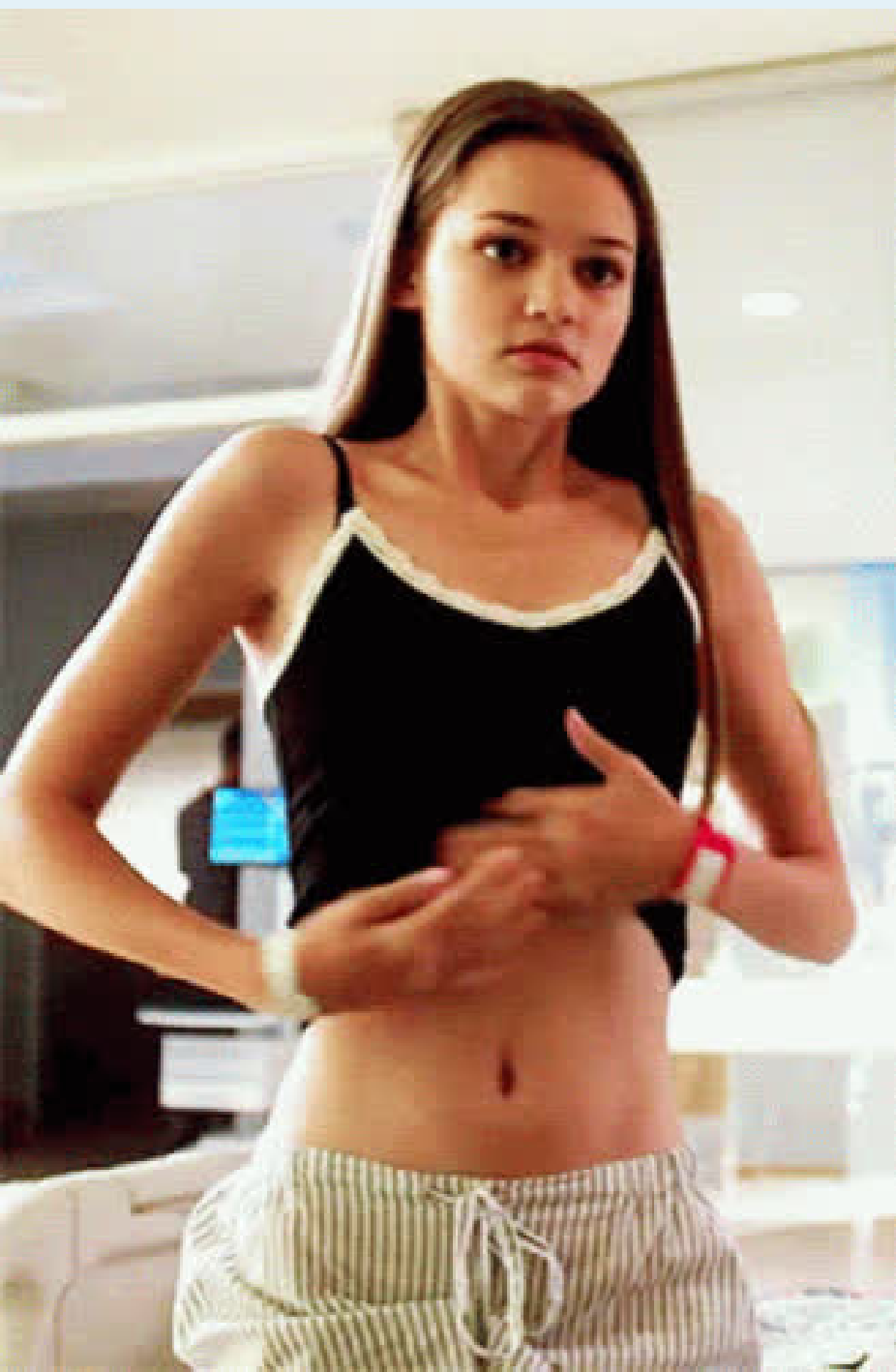
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what is Anorexia ?



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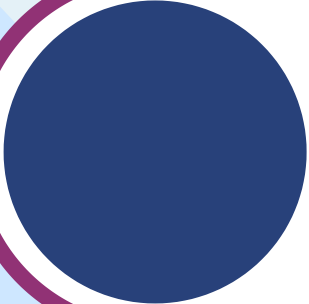
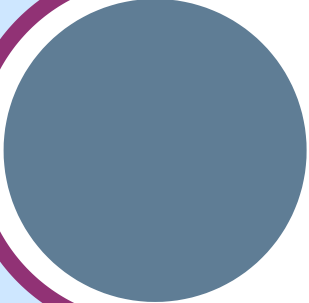
# ANOREXIA

what is Anorexia ?



# ANOREXIA

## Factors Contributing to Anorexia

-  Social and Cultural Influences
-  Genetic Factors
-  Psychological Factors

# ANOREXIA

Treatment Options:

# ANOREXIA

## Treatment Options:



hospitalization

# ANOREXIA

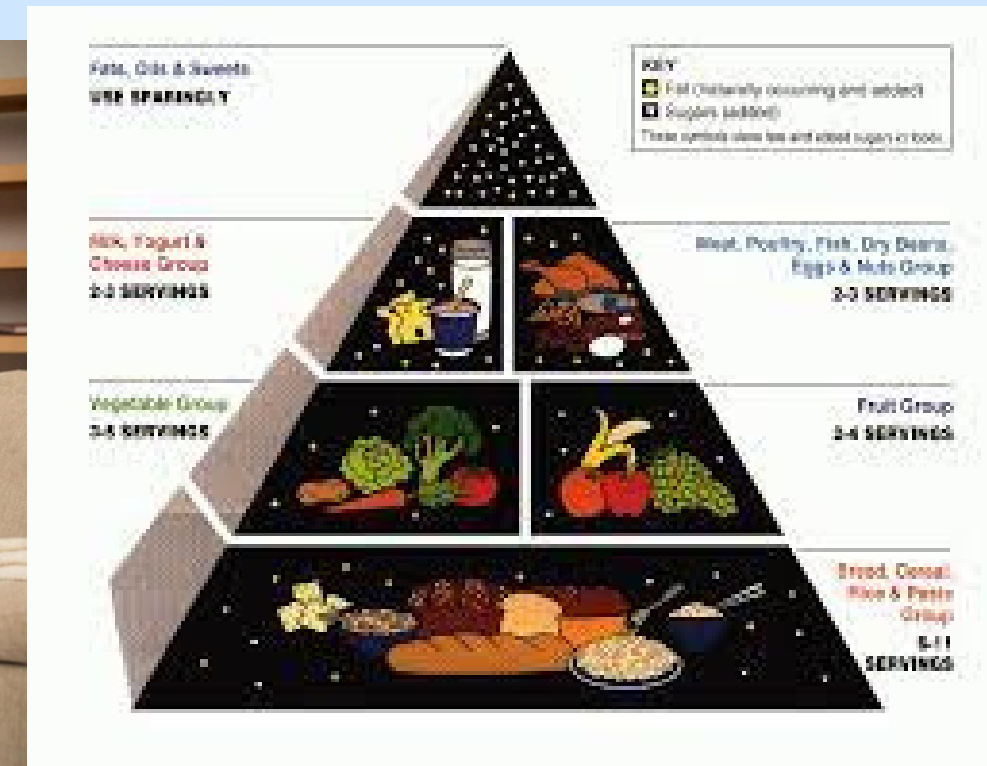
## Treatment Options:



hospitalization



Nutritional Counseling



# ANOREXIA

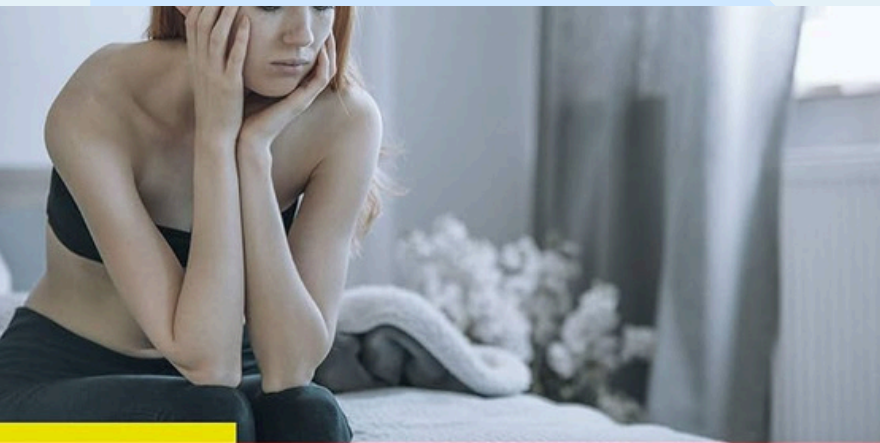
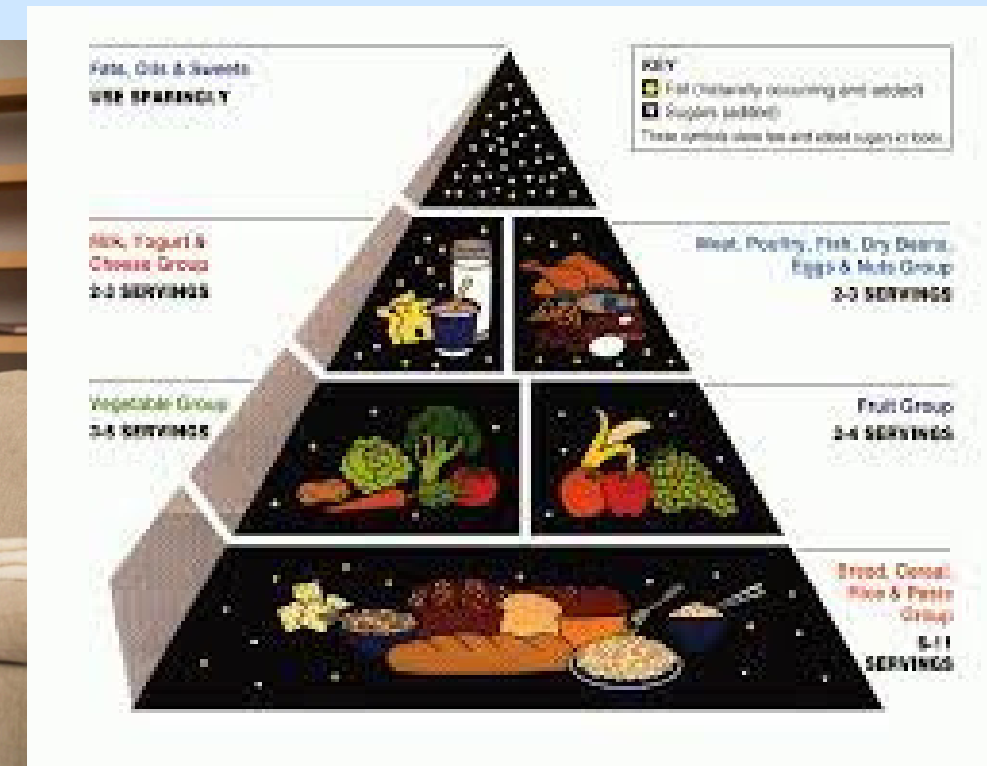
## Treatment Options:



hospitalization



Nutritional Counseling



Psychotherapy

Hans-Christoph Friederich  
Beate Wild  
Stephan Zipfel  
Henning Schauenburg  
Wolfgang Herzog

### Anorexia Nervosa

Focal Psychodynamic  
Psychotherapy

# ANOREXIA

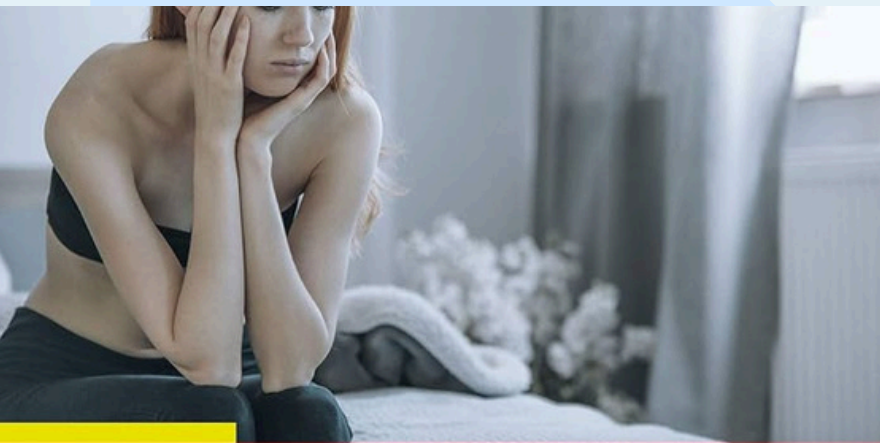
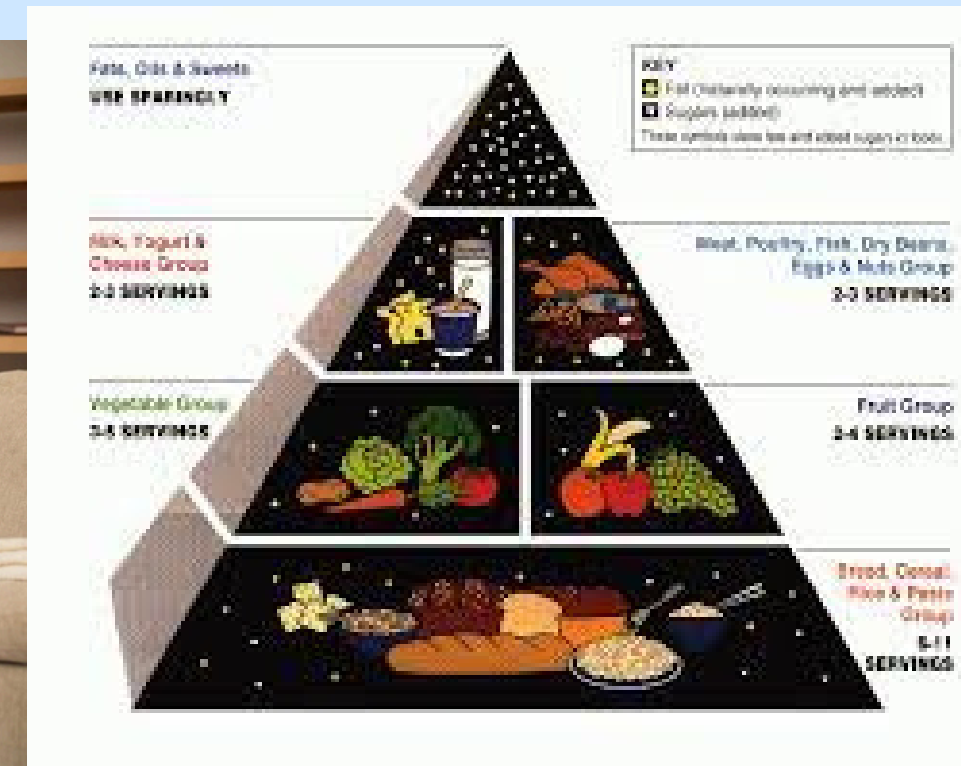
## Treatment Options:



hospitalization



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Psychotherapy



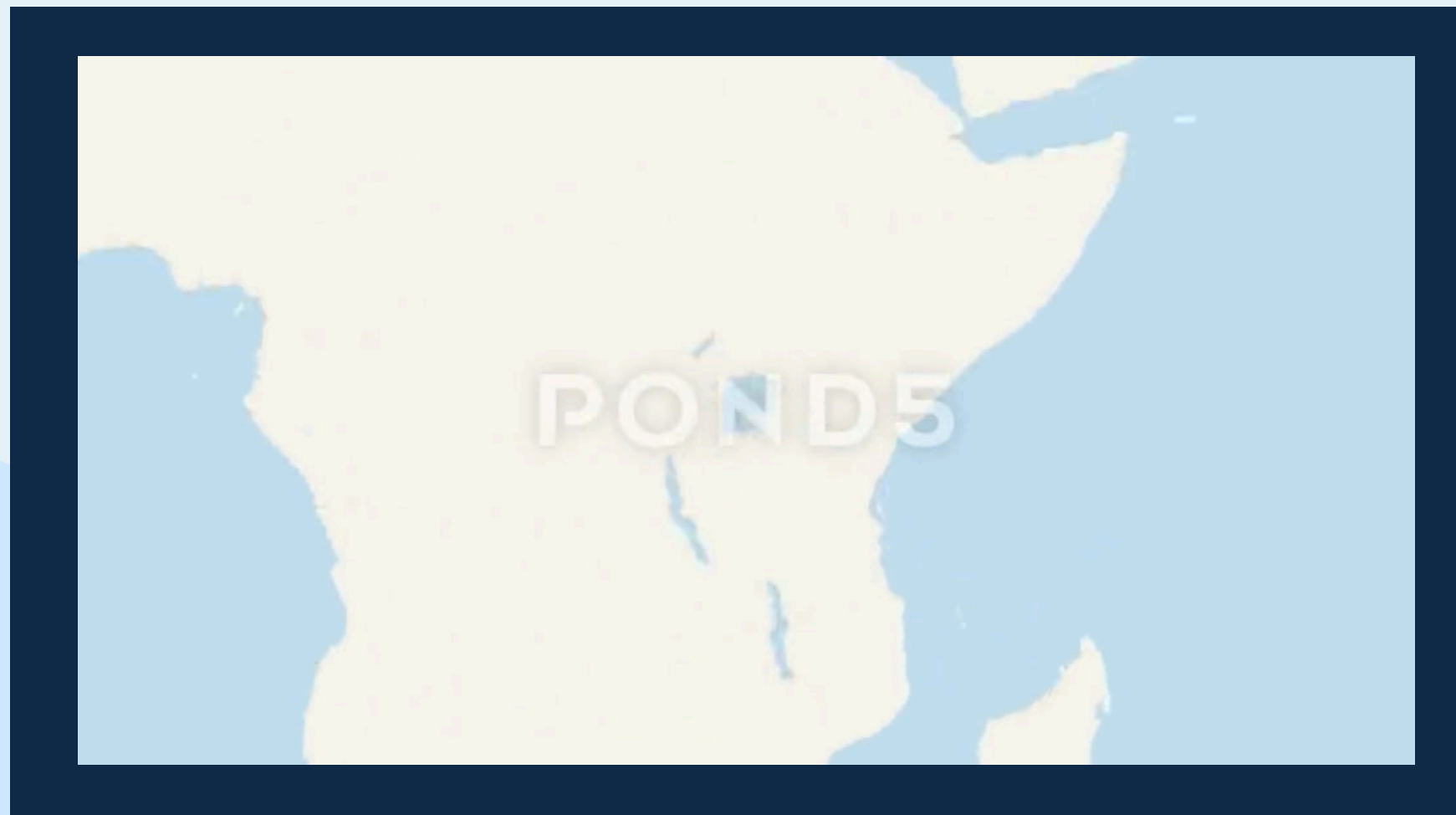
Medication

Hans-Christoph Friederich  
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### Anorexia Nervosa

Focal Psychodynamic  
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# Anorexia in Kenya

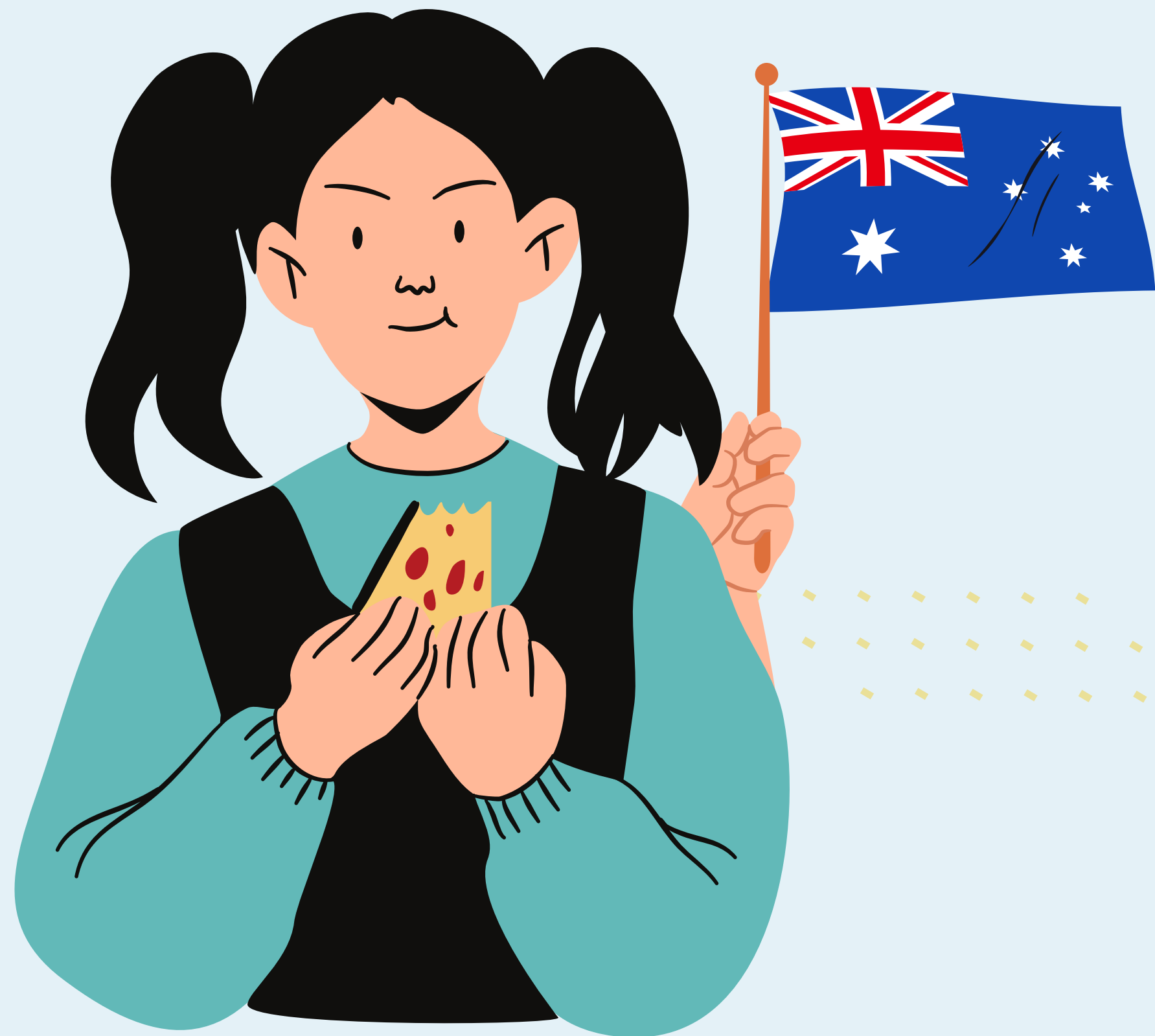


# ANOREXIA IN KENYA

**Specific statistics on anorexia in Kenya might be difficult to obtain due to various factors such as underreporting, lack of awareness, and stigma associated with mental health issues.**



# ANOREXIA IN AUSTRALIA



# Here are some key numbers and statistics related to anorexia in Australia:

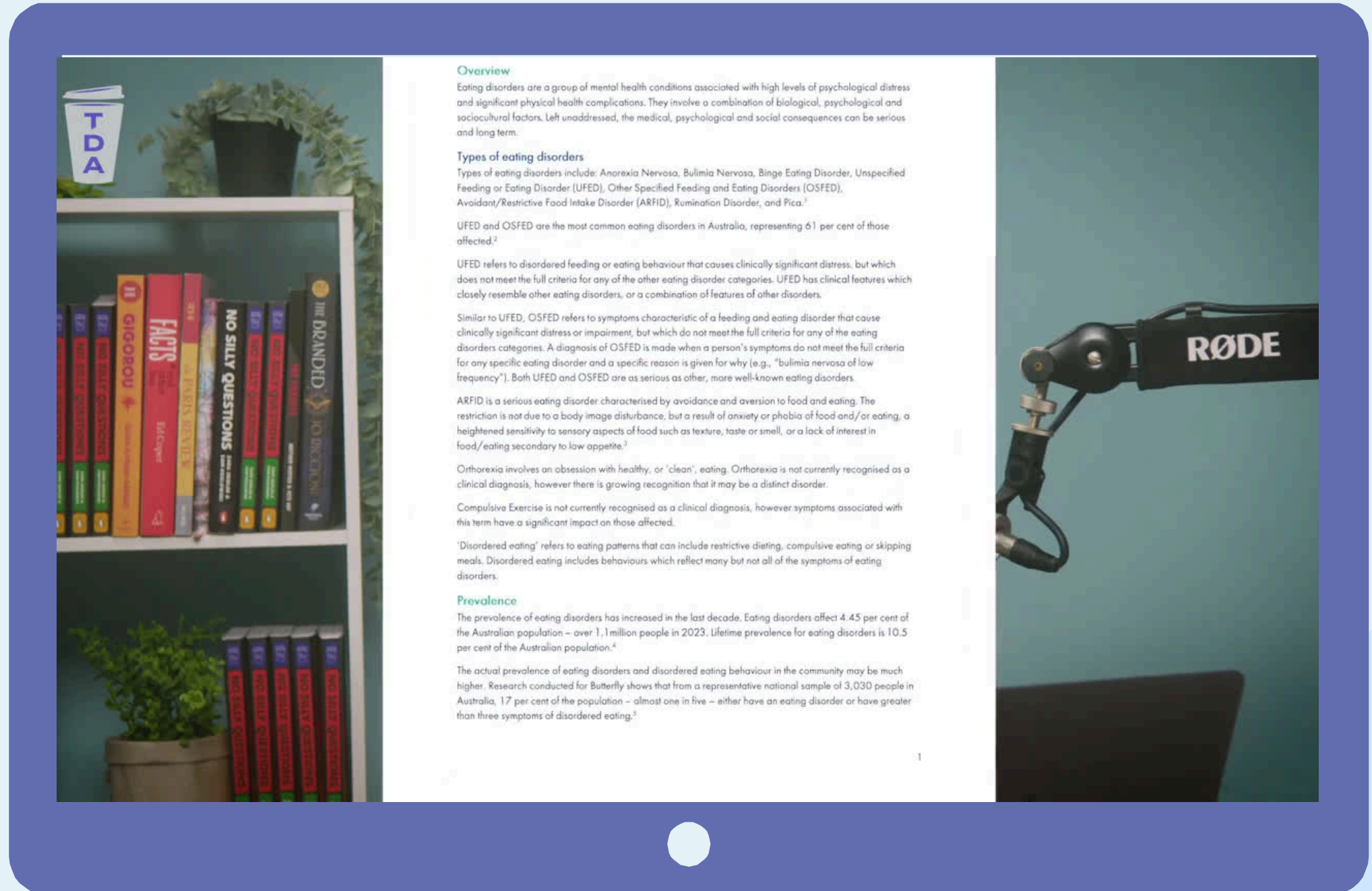
- **Prevalence**: 0.3% to 1%, higher in females.
- **age of onset**: Peak at 15–19 years old.
- **Gender**: Affects females, ratio 10:1.
- **Mortality rate**: 5% to 10% (suicide).

# BUTTERFLY FONDATION



# Butterfly

LET'S TALK eating disorders



## Overview

Eating disorders are a group of mental health conditions associated with high levels of psychological distress and significant physical health complications. They involve a combination of biological, psychological and sociocultural factors. Left unaddressed, the medical, psychological and social consequences can be serious and long term.

## Types of eating disorders

Types of eating disorders include: Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder, Unspecified Feeding or Eating Disorder (UFED), Other Specified Feeding and Eating Disorders (OSFED), Avoidant/Restrictive Food Intake Disorder (ARFID), Rumination Disorder, and Pica.<sup>1</sup>

UFED and OSFED are the most common eating disorders in Australia, representing 61 per cent of those affected.<sup>2</sup>

UFED refers to disordered feeding or eating behaviour that causes clinically significant distress, but which does not meet the full criteria for any of the other eating disorder categories. UFED has clinical features which closely resemble other eating disorders, or a combination of features of other disorders.

Similar to UFED, OSFED refers to symptoms characteristic of a feeding and eating disorder that cause clinically significant distress or impairment, but which do not meet the full criteria for any of the eating disorders categories. A diagnosis of OSFED is made when a person's symptoms do not meet the full criteria for any specific eating disorder and a specific reason is given for why (e.g., "bulimia nervosa of low frequency"). Both UFED and OSFED are as serious as other, more well-known eating disorders.

ARFID is a serious eating disorder characterised by avoidance and aversion to food and eating. The restriction is not due to a body image disturbance, but a result of anxiety or phobia of food and/or eating, a heightened sensitivity to sensory aspects of food such as texture, taste or smell, or a lack of interest in food/eating secondary to low appetite.<sup>3</sup>

Orthorexia involves an obsession with healthy, or 'clean', eating. Orthorexia is not currently recognised as a clinical diagnosis, however there is growing recognition that it may be a distinct disorder.

Compulsive Exercise is not currently recognised as a clinical diagnosis, however symptoms associated with this term have a significant impact on those affected.

'Disordered eating' refers to eating patterns that can include restrictive dieting, compulsive eating or skipping meals. Disordered eating includes behaviours which reflect many but not all of the symptoms of eating disorders.

## Prevalence

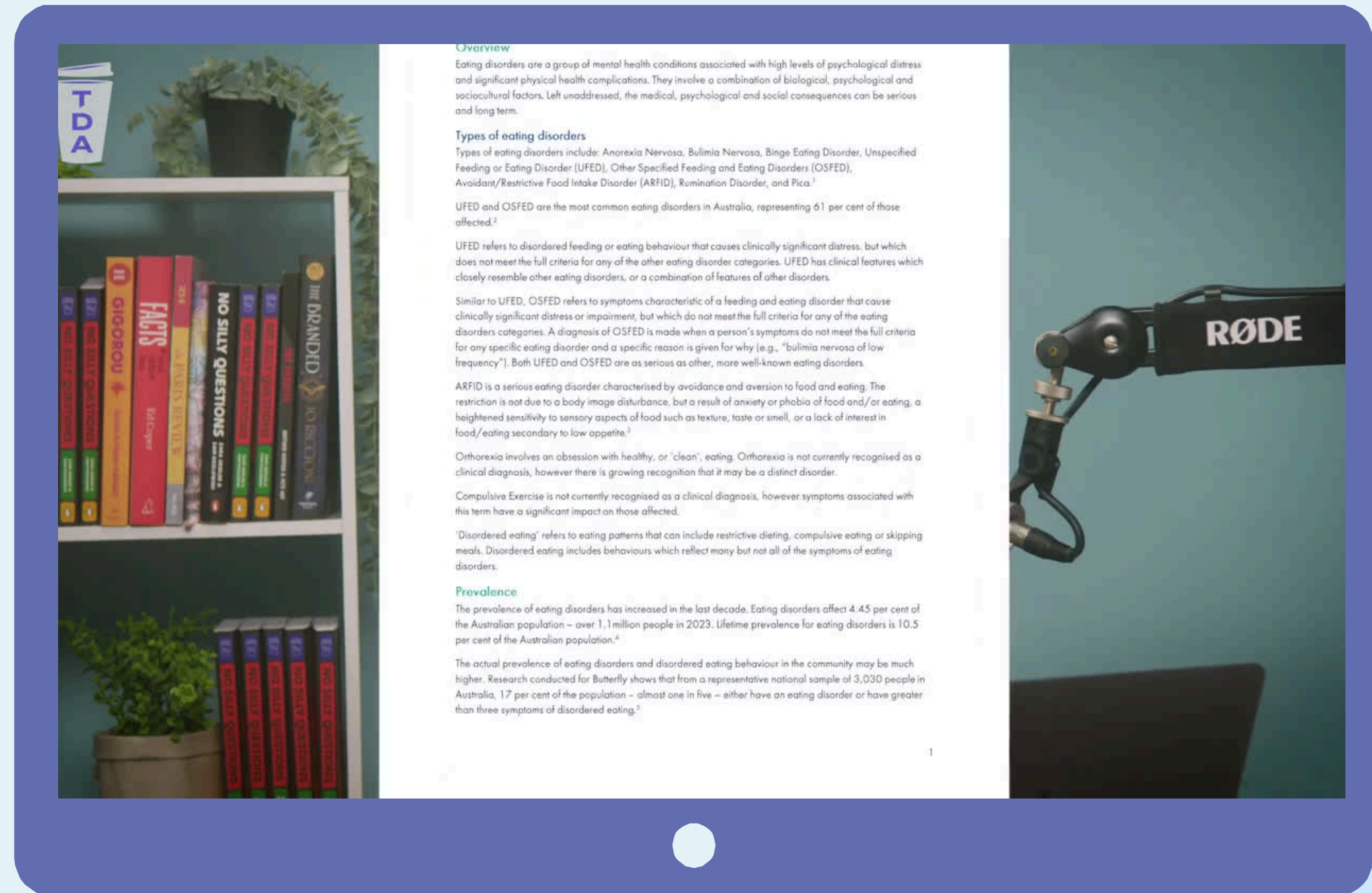
The prevalence of eating disorders has increased in the last decade. Eating disorders affect 4.45 per cent of the Australian population – over 1.1 million people in 2023. Lifetime prevalence for eating disorders is 10.5 per cent of the Australian population.<sup>4</sup>

The actual prevalence of eating disorders and disordered eating behaviour in the community may be much higher. Research conducted for Butterfly shows that from a representative national sample of 3,030 people in Australia, 17 per cent of the population – almost one in five – either have an eating disorder or have greater than three symptoms of disordered eating.<sup>5</sup>

# BUTTERFLY FONDATION



Why have we seen an  
increase  
of this disease among young  
people ?



## Overview

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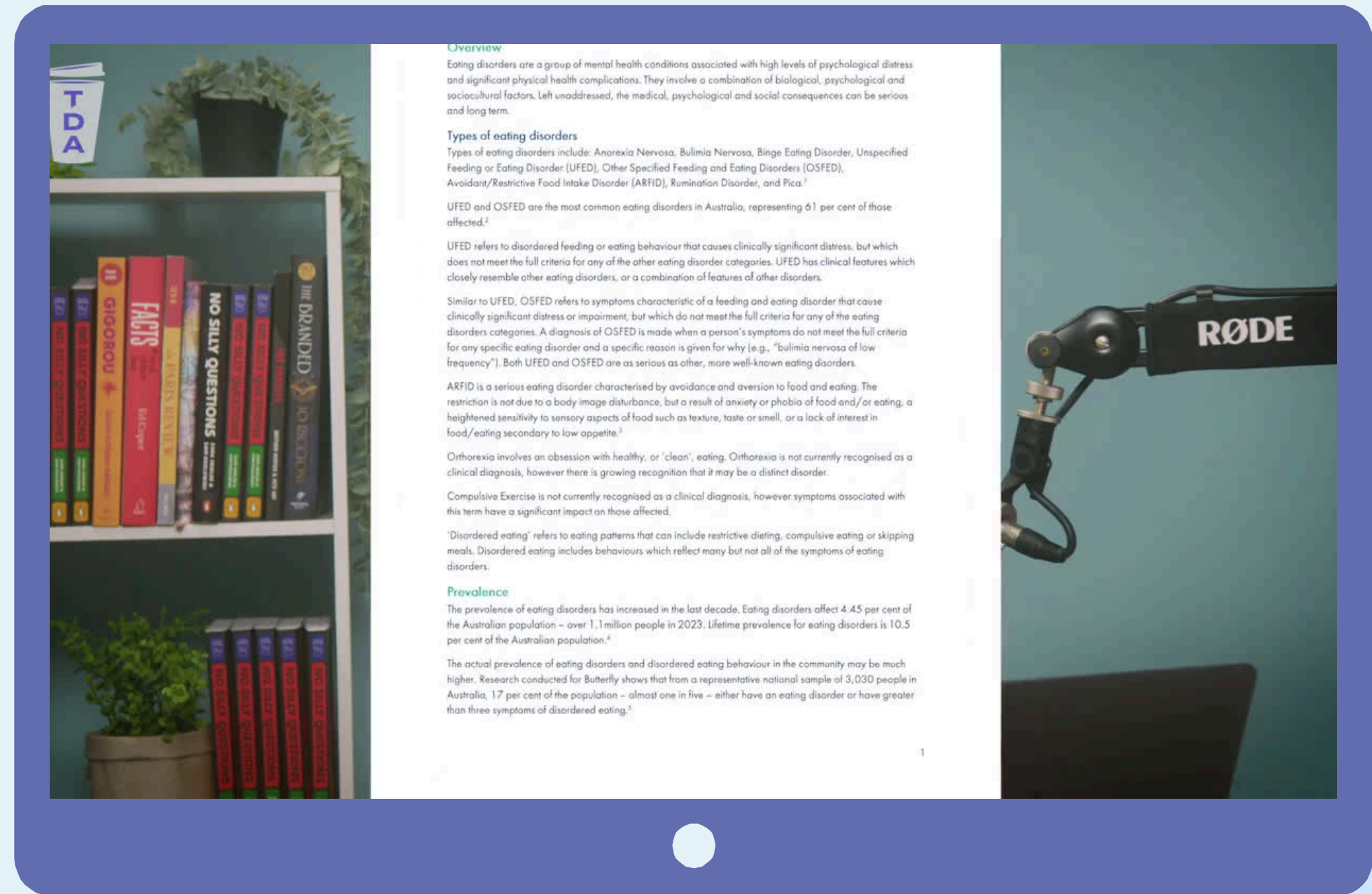
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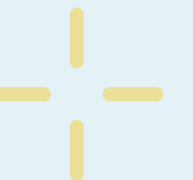
Does the prevalence of social media play a part in the development of Eating Disorders?

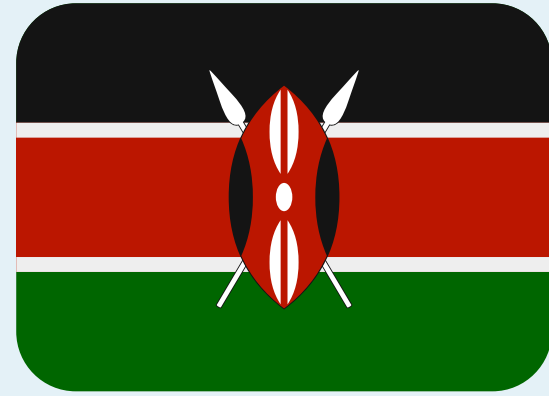




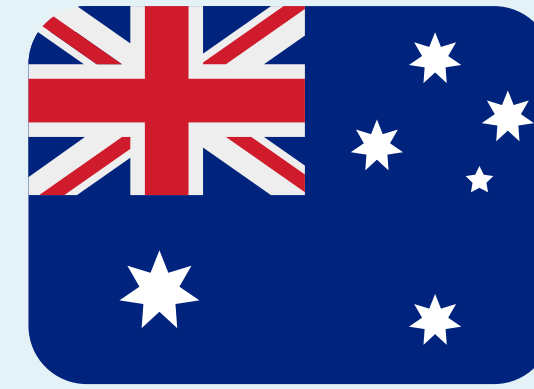
04

# Comparison

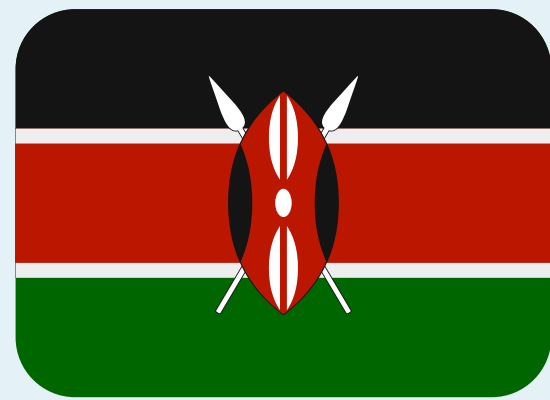




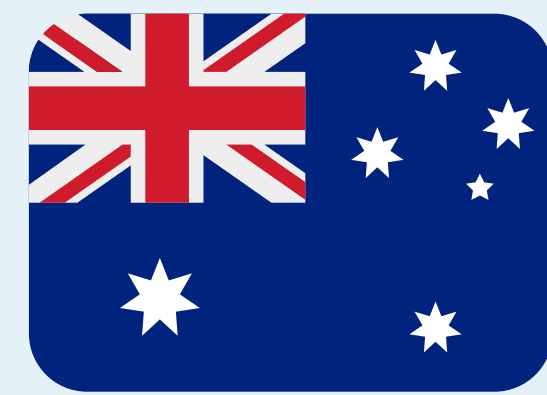
**VS**



|                                  |  |  |
|----------------------------------|--|--|
| <b>Cultural factors</b>          | curvier or larger figures  | Slimmer body   |
| <b>Socioeconomic Factors</b>     | poverty  | high-income country  |
| <b>Healthcare Infrastructure</b> | limited resources, inadequate mental health services, and a shortage of trained professionals. | Access to specialized treatment facilities, mental health professionals, and support services for eating disorders |



**VS**



**Cultural Stigma  
and Awareness**

Lack of awareness and  
misconceptions about these  
conditions

efforts to raise awareness and reduce  
stigma have been more pronounced.  
advocacy groups, educational programs,  
and initiatives

**Dietary Patterns  
and Food  
Availability**

staple foods like maize, beans,  
and vegetables.

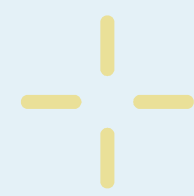
wide range of fresh produce, processed  
foods, and imported goods.

**Treatment  
Approaches**

limited due to resource  
constraints and a shortage of  
specialized facilities and trained  
professionals.

cognitive-behavioral therapy, family-  
based therapy, nutritional counseling, and  
medication. Multidisciplinary teams  
comprising psychiatrists, psychologists,  
dietitians...

# QUIZ



# Conclusion



# Resources

- <https://www.mayoclinic.org/diseases-conditions/anorexia-nervosa/symptoms-causes/syc-20353591>
- <https://www.nhs.uk/mental-health/conditions/anorexia/overview/>
- <https://www.nimh.nih.gov/health/topics/eating-disorders>
- [https://www.researchgate.net/publication/7857410\\_Anorexia\\_nervosa\\_in\\_Kenya](https://www.researchgate.net/publication/7857410_Anorexia_nervosa_in_Kenya) Low self esteem illustration
- <https://www.nhs.uk/mental-health/feelings-symptoms-behaviours/behaviours/eating-disorders/overview/>
- [youtube podcast](#)
- <https://pubmed.ncbi.nlm.nih.gov/15884284/>
- [kahoout quiz](#)





**Thank You**