

## **Adverse effects of Obesity , control and treatment**

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### **ABSTRACT**

Obesity is a medical condition, sometimes considered a disease, in which excess body fat has accumulated to such an extent that it can potentially have negative effects on health. A survey study was conducted to get information regarding obesity and its effects . About 150 participants were included in this study Data accumulated from university college students and the very last pattern consisted of 150 participants (100 women) and 50 adult males) . Weight of Participants were measured in kg and height in inches. These have been used to calculate the frame mass index. Emotional diets can regularly result in binge ingesting and may be without delay associated with weight advantage and self-esteem. When you may understand your emotional, nutritional patterns, you may discover the proper assist and remedy that will help you conquer them. When practicing from time to time, it does not always matter. However steady emotional feeding can result in a few aspect effects. Therefore, the cause of this observes changed into to decide whether or not the affiliation among strain, obese and emotional ingesting changed into mediated via way of means of meals deregulation.it changed into shown, that depressed temper changed into related to emotional ingesting in adult males, anxiety changed into additionally drastically related to emotional ingesting amongst adult males at he same time as women said better stages of strain and expanded emotional intake. The reveal in of strain changed into associated with the decrease ability of people to be attentive to their inner alerts of starvation and satiety, which in turn, changed into associated with better emotional intake.

**Key words:** Obesity, fat, health medical disorders

## **INTRODUCTION**

Emotional eating is described as inadequate ingestion behavior in response to terrible emotions. This is quite difficult for a person suffering from weight. It is recommended to eat an emotional diet as much as 60% of obese or overweight humans (Ganley, 1989). Emotional consumers do that especially sensitive to the consumption of fat, sugar and high calorie foods that respond to negative emotions (Elfhag and Rossner 2005). These dietetic forms united with increased body weight, expose emotional eaters to an increased risk of diabetes and heart disease (Melanson 2007; Wang et al., 2010). This population is also battling weight loss; emotional eaters are twice as likely as non-affective eaters to achieve the 10% weight loss target of standard weight loss treatment (López-Guimerà et al., 2014). Emotional diet is important for this study due to its negative effects on weight and overall health. Until now, very few interventions have integrated emotional diet treatment weight loss interventions.

The most common definition of emotional feeding is a (on) diet in response to a negative outcome. (Thayer, 2001), deprived of the specificity of specific moods (Faith, Allison and Geliebter, 1997). Numerous studies on obese populations have been undertaken because the study of emotional food was founded with the goal of explaining obesity (Faith et al., 1997; Ganley, 1989). Such as (Sims et al., 2008) in a sub-sample of overweight and obese subjects, perceived stress accounted for a higher proportion of variation in emotional feeding than in the total sample. However, little research has been done on individual emotions and their relationship to emotional eating. The absence of emotional specificity, it was believed, prevents the careful investigation of

psychological precursors to overeating. (Arnold, Kenardy, and Agras, 1995) Furthermore, research that examine specific emotions tend to analyses dietary behavior in reaction to specific emotions/moods rather than the build-up from emotional eating.

People who binge eat have long been associated with emotional eating, but recently it's come to be accepted that dieters aren't immune to the phenomenon. A person's emotional state may have a profound impact on their eating habits, yet this effect is often hard to foresee. Depending on one's temperament or other factors, there may be a variety of connections between one's emotional state and their eating habits. Individuals who are hungry and bitter are experiencing physical hunger, not emotional hunger. They may feel fuller after eating less since their stomachs and blood sugar have dropped. Contrast this calmness induced by hunger with the tenseness shown by emotional eaters. Some people find that snacking or eating low-energy items like vegetables and fruits helps them feel full. However, the opposite is true in terms of global hunger: the condition strikes suddenly and manifests itself in no outward ways. People will consume whatever they can get their hands on, particularly if it's rich in energy. Many ideas have been proposed to explain the impact of emotional state on food behavior, and various measures to describe the level of emotional behavior have been devised.

Various theories have been proposed to explain emotional eating, its determinants and its results. The main theory associated with emotional feeding is the psychosomatic theory of obesity, which claims that at times of distress, food acts as an emotional defense which, in turn, causes obesity (Kaplan, 1957). He also postulates that obesity is the result of overeating to cope with negative emotional conditions, including anxiety, depression, anger and boredom (no particular negative emotions are cited as the prime culprit). He adds that overweight people indulge in overeating in response to negative emotions, whereas persons of normal weight, have more appropriate coping

mechanisms and do not eat in response to emotional distress (Faith et al., 1997). Therefore, research about emotional feeding, especially among adults, has often emphasized obese populations.

Research on emotional eating has focused on the role of negative emotional arousal, including the feeling of stress, in explaining the occurrence of excessive eating (Greeno and Wing, 1994). College students believe that stress is the root cause of their emotional eating, according to a new qualitative research (Bennett, Greene and Schwartz-Barcott, 2013). Self-reports and controlled studies both found that those with higher stress levels tended to consume more calories and other nutrients (Torres and Nowson, 2007). An investigation discovered that stressed-out emotional eaters ate more high-fat meals than their non-stressed counterparts when they were led to believe they would be giving a public address (Oliver, Wardle and Gibson, 2000). Despite the long-established association between stress and emotional eating, very little research has been conducted on the mechanisms that maintain this delicate equilibrium. Food disruption, a structure potentially linked to both stress experience and emotional eating, was proposed as a potential mediator between stress and emotional dietary behaviors (Kaplan, 1957). If elevated stress levels cause people to eat emotionally, it's possible that their inability to control their eating (e.g., insensitivity to internal hunger and satiety cues, external eating) is to blame. As a result, it's plausible to assume that higher stress levels are linked to people's inability to control their food intake and, as a result, higher emotional eating. If increased stress causes people to commit to an emotional diet, it's possible that their incapacity to control their diet (for example, insensitivity to internal hunger and satiety signals, or external nutrition) is to blame. As a result, it's plausible to suppose that higher stress levels are linked to people's inability to control their food consumption, weight increase, and, as a result, higher emotional nutrition.

## **MATERIAL AND METHODS**

Participants were employed at a university of Sialkot situated in Sialkot Pakistan. Contestants filled out a questionnaire series. The ultimate sample consisted of 250 participants (114 females) and 136 males with an average age of 19.5 years (standard deviation = 1.7). Participants gave their weight in pounds and their height in inches, which were used to calculate their body mass index (BMI; kg/m<sup>2</sup>). The BMI of the participants was between 14.6 and 37.4 (M= 21.7, SD= 4.07). Most participants (61.2%) had a normal weight (BMI range from 18.8 to 24.9), 22.0% were underweight (BMI score of less than 18.5), 12.8% were overweight (BMI score of 25.0–29.9) and 4% were obese (BMI score of more than 30.0).

The questionnaire was made up of three sections. The first section included a question about demographics such as age, gender and marital status. The second section includes questions on anthropometrics data such as weight and height. In this section also question about the mood of the respondents either they are depressed or not and are they experiencing manifestation of anxiety (i.e. Headache, sweating) and what thing they prefer to eat in emotional situations. The third section includes questions about the emotional factors that inclined respondents' eating habits. More precisely, eight different emotions were considered (sadness, boredom, anger, happiness, stress, depression, fear and solitude). In this section included the question on the type of food typically consumed compared to emotional consumption. Additional questions asked respondents in this section, about how much interval would they like to eat and are they eating for reasons other than hunger and do they keep on emotional eating despite overweight and do they have problems controlling the number of certain types of food they eat and do they prefer to have a partner while emotional eating, etc. Participants rated the points on a scale 1 (never) 2(Sometimes) 3 (Generally) and 4 (always). This component of the survey inquired about respondents' personal impressions of their emotional eating habit, such as whether they consider themselves to be emotional eaters, when it occurred, and whether they felt awful about it.

## **Statistical analysis**

The statistical programmed SPSS version 22 was used to conduct the data analysis. The information was summarized using frequency and percentages, as well as the mean and standard deviation. For each demographic variable, descriptive statistics were calculated. Gender differences in emotional intake were assessed using the T-test. There was also a graphical representation of the data between distinct variables.

## **RESULTS**

### **Descriptive and correlational analyses**

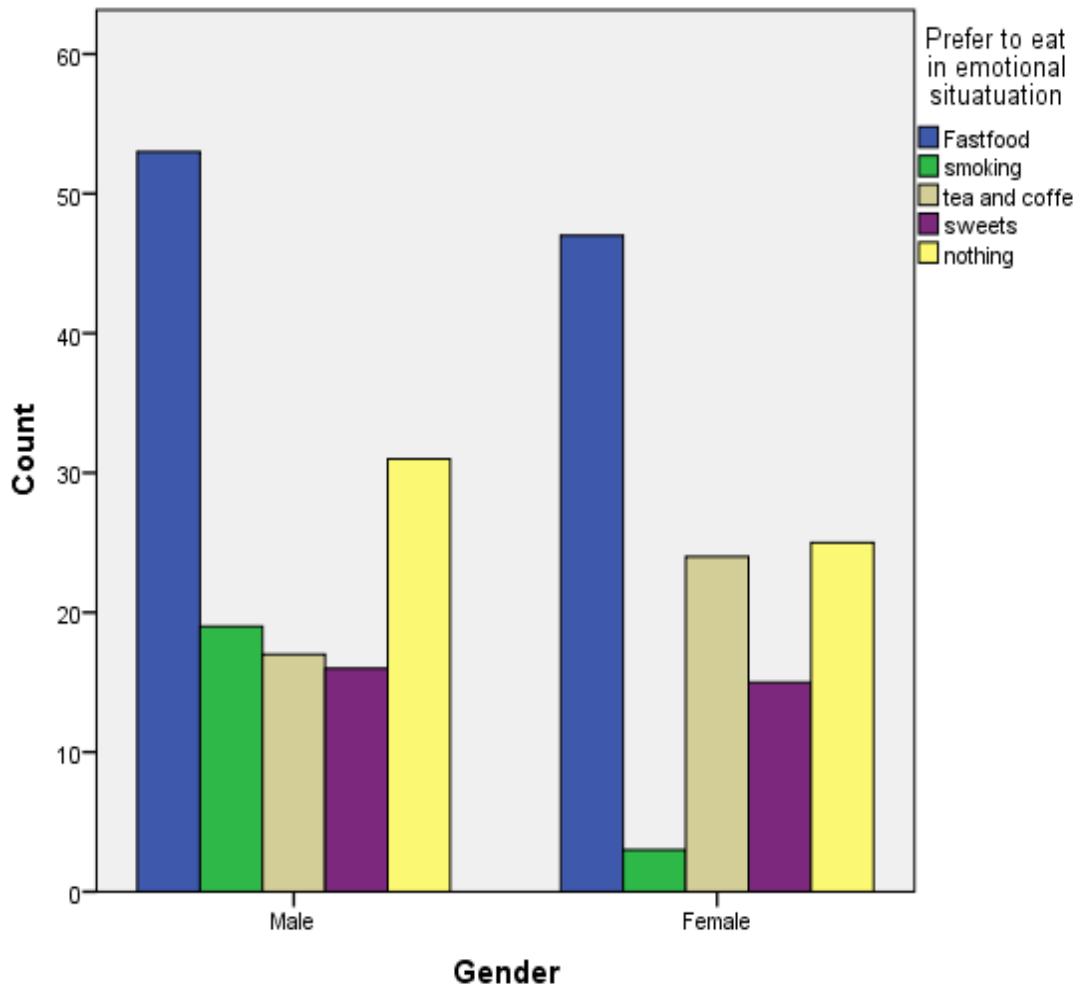
Ninety-nine percent of the 250 people who took the survey supplied detailed information on the factors that were studied. The averages, standard deviations, and correlations between the variables studied are shown in Table 1. Depressed mood was related with emotional eating in males, whereas anxiety was also substantially connected with emotional eating in males. Females reported higher levels of stress and increased emotional intake, according to gender differences and independent t-tests. Males, on the other hand, had a greater BMI than women. Higher levels of sadness, anxiety, and stress were linked to more emotional eating, according to the findings. BMI, on the other hand, was not shown to be significantly related to any of the other survey factors.

Table 1 Means, standard deviations, and correlations among study variables.

Variables	Male n= 136 (45.6%)		female n= 144 (54.4%)		Gender differences
	M	(SD)	M	(SD)	
Age	20.6	(1.74)	20.3	(1.85)	t= 1.20 p= .724
Depressed	1.63	(.481)	1.57	(.495)	t= .980 p= .604
Anxiety	1.52	(.500)	1.45	(.500)	t= 1.15 p= .650
Stress	2.28	(1.05)	2.35	(.995)	t= -.941 p= .326
BMI	22.6	(4.47)	20.7	(3.29)	t= 3.71 p= .011
Emotional eating	2.66	(1.06)	2.53	(1.09)	t= .924 p= .467

### **Consumption of emotional food**

The graphic depicts the similarities and contrasts between the emotions of concern regarding their impact on student food consumption. In emotional situations, it is clear that the majority of students prefer fast food. In emotionally charged settings, about 8% of men choose to smoke. Tea and coffee are preferred by both sexes, but females outnumber males in this scenario. In emotional situations, about 6% of males and females choose sweets. It was also discovered that when students are experiencing



other severe negative emotions such as stress or depression, they prefer to eat less.



## **DISCUSSION**

Emotional eating was linked to perceived stress and worry when researchers looked into the individual emotional states involved with it. In this study, there was no difference in the percentage of emotional eaters between boys and girls. Gender differences in moods connected with emotional eating were discovered. Boys and girls have different emotions when it comes to emotional nutrition, which is equally vital. Emotional eating in boys appears to be linked to a more extensive emotional melancholy mood and anxiety, whereas emotional feeding in girls appears to be linked to a collection of stress-related psychological states. As a result, therapies may be gender-specific. This could indicate that stress reduction efforts could be effective intervention methods for reducing overeating, especially among females, but tactics for reducing despair and anxiety may be more useful to guys.

Many people are affected by emotional feeding, which can lead to overeating. This study establishes a theoretical foundation for investigating the impact of food advertising and related mediating variables on emotional consumption. This study's findings also show that persons who eat emotionally can do so since it is a taught behavior. Finally, despite legislative and governmental initiatives to better inform consumers by including nutrient content information on labels and packages, emotional consumers are not motivated to process this data.

We have hypothesized that the many tactics that individuals employ to regulate these emotions are accountable for changes in dietary behavior in the current study, which focuses on the emotional experience as being responsible for increased food consumption.

The generalizability of our findings is hampered by a number of considerations. Gender differences and independent t-tests revealed that sad mood was related with emotional eating in

males, while anxiety was also substantially connected with emotional eating in males, whereas females reported higher levels of stress and increased emotional intake. As a result, we can't assume that those findings would hold true for all children. However, the literature evaluation reveals that because the vast majority of emotional feeding research is undertaken in adult males and females, and our survey revealed similar results, we believe this study contributes to the existing body of knowledge on emotional eating.

A positive or negative association between mood and food consumption has been proven in numerous research. Emotional nutrition is intended to occur, particularly in overweight persons who establish excellent behavior in reaction to emotional situations, who are regularly on a diet, not to lose weight, or who are concerned about not losing weight despite being on a diet. A key risk factor for repeated weight gain is emotional and uncontrolled dietary behavior.

The results of the study back up the theory that an unpleasant effect influences dietary behavior (Sims et al., 2008). The necessity of addressing food dysregulation, the underlying cause driving the link between different emotions and emotional eating, was also discovered in this study. The findings have practical ramifications. It's critical to provide an intervention that teaches people how to use their internal cues to guide their eating habits. According to the findings, children who are taught to focus on their internal hunger and satiety signals during eating are better at controlling their food consumption than children who are taught to focus on exterior cues (Birch, McPhee, Shoba, Steinberg, and Krehbiel, 1987). Adults may be able to lessen their excess food behavior in reaction to stress if they are taught to be aware of inner hunger cues and to discriminate between excitement and hunger. To summarize, this study found that an individual's dietary dysregulation is a significant component in the relationship between stress and emotional

consumption. More research is needed to see if these types of therapies can help people eat less emotionally.

## **CONCLUSION**

In conclusion, our research shows that adolescents with negative emotional states are more likely to eat less and overeat in response to happy feelings. Recognizing that many facets of academic life can create stress, the findings back with previous research suggesting that time and stress management skills are essential factors to consider when examining emotional eating behavior among university students. Furthermore, to encourage healthy eating habits and lessen the effects of overweight and obesity in our society, intervention programmed that effectively target modifications to the university food environment should be adopted.

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