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The role of mindfulness based interventions in the treatment of obesity and eating disorders: An integrative review



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Available online 9 July 2013

KEYWORDS

Obesity;
Mindfulness;
Eating disorders;
Complementary and
alternative medicine

Summary More than one-third of U.S. adults over the age of 20 years are classified as obese and nearly two-thirds are overweight or obese. The prevalence of obesity among U.S. children and adolescents has almost tripled since 1980, with 17% of all youth and children now considered obese. Nine million children aged 6–19 years are overweight, making obesity the largest health care threat facing today's children. Historically, the arsenal against obesity has been primarily focused on interventions that increase physical activity and decrease caloric intake. American weight loss strategies that incorporate dietary modifications and exercise have proven effective in achieving weight loss, but most of the weight is regained over time. Mindfulness based interventions, combined with other traditional weight loss strategies, have the potential to offer a long-term, holistic approach to wellness. However, research reports examining the complementary addition of mindfulness based approaches in the treatment obesity and eating disorders are relatively scarce in the empirical literature. This paper describes what is currently known about the role of mindfulness based interventions when used alone, or in combination with, other traditional approaches in the treatment of obesity and eating disorders.

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Introduction

The 2011–2015 strategic plan released by the National Center of Complementary and Alternative Medicine (NCCAM) includes strategies for increasing the number of empirical studies that describe the impact of Complementary and Alternative Medicine (CAM) when used to supplement healthy behaviors or facilitate behavior change. The NCCAM report notes that “mindfulness practices may be associated with greater psychological well-being, less disordered eating, greater weight loss and improved metabolic function”.¹

There is mounting evidence to support the effectiveness of mindfulness based therapies in the psychological treatment of anxiety and depressive disorders.^{2,3} Eating disorders are treatable medical conditions that frequently co-exist with depression and anxiety disorders.⁴ However, to date, little research has been devoted to exploring the effect of mindfulness, when used alone, or in combination with other traditional forms of weight management protocols to address the psychological component of obesity and other eating disorders.⁵

Research question

This paper describes what is currently known about the role of mindfulness based interventions when used alone or in combination with other traditional approaches in the treatment of obesity and eating disorders. An integrative review was conducted to examine the following question:

- *What is the role of mindfulness-based interventions in the treatment of obesity and eating disorders?*

Concepts explored in this review

Eating disorders

Eating disorders are most commonly characterized as dietary disturbances that result in excessive intake or strict avoidance of food.⁴ Anorexia nervosa, bulimia, and binge-eating make up some of the most common types of eating disorders.⁴ Bulimia and anorexia nervosa occur more commonly among women, who make up approximately 85–90% of individuals with these diseases. Census data reveals a mortality rate for individuals with anorexia nervosa to be 12 times the death rate for all causes of death combined in females aged 15–24.⁴

Unhealthy eating patterns often begin in childhood. The Youth Risk Behavioral Surveillance System⁶ data describes a

disturbing eating pattern among thousands of children, as reported within one month prior to being surveyed:

- 17.4% of girls (7570) and 7.2% of boys (7441) did not eat for 24 h in order to lose weight or keep from gaining weight.
- 5.9% of girls (7603) and 4.2% of boys (7479) took pills to lose weight or keep from gaining weight without a physician’s advice.
- 6.0% of girls (7588) and 2.5% of boys (7456) vomited or took laxatives to lose weight or to keep from gaining weight.

CDC.⁶

Obesity

During the past three decades, the United States (U.S.) has experienced a steady rise in the prevalence of obesity.⁷ More than one third of U.S. adults over the age of 20 years are classified as obese (a body mass index (BMI) of 30 or greater) and nearly two-thirds are overweight or obese (BMI greater than 25).⁸ Obesity is the second leading cause of preventable death and is associated with heart disease (the number one cause of death in the U.S.), as well as type II diabetes, stroke, and certain types of cancer.⁷ Approximately 80% of all states in the U.S. (39 out of 50) are experiencing obesity prevalence rates of 25% or greater.⁷ The prevalence of obesity among U.S. children and adolescents has almost tripled since 1980, with 17% of all youth and children now classified as obese.^{7,9} Nine million children aged 6–19 years are now considered overweight, making obesity the largest health care threat facing today’s children.¹⁰ As a result of the obesity epidemic in America, health conditions once associated with adults are now occurring in children. Examples of some of the “adult diseases” emerging in children include: high blood pressure, early symptoms of hardening of the arteries, type II diabetes, nonalcoholic fatty liver disease, polycystic ovary disorder, and disordered breathing during sleep.¹¹ Adolescents who are overweight have a 70% likelihood of becoming overweight adults; that chance increases to 80% if both parents are overweight.¹²

Mindfulness

Concepts pertaining to mindfulness have been broadly described as: “Paying attention on purpose, being in the present moment, and to the non-judgmental ‘unfolding of the experience moment by moment’”.¹³ Daubenmier and colleagues described mindfulness as a non-judgmental present-moment experience to distance the self from

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