

Unit II – Problem 6 – Nutrition: Nutritional Needs for Adolescents



- **Adolescence:** it is characterized by a sudden increase in physical growth and development creating special nutritional needs.

- **Psychological changes:**

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|---------------------------|---|
| Early adolescence | Adolescents are very concerned with their body image trying always to improve how they look |
| Middle adolescence | In this stage, adolescents are influenced by their close friends and they become more in charge of food they eat. |
| Late adolescence | Adolescents are consistent in their values and beliefs ثابتين على مبادئهم |

- **Physiological changes:**

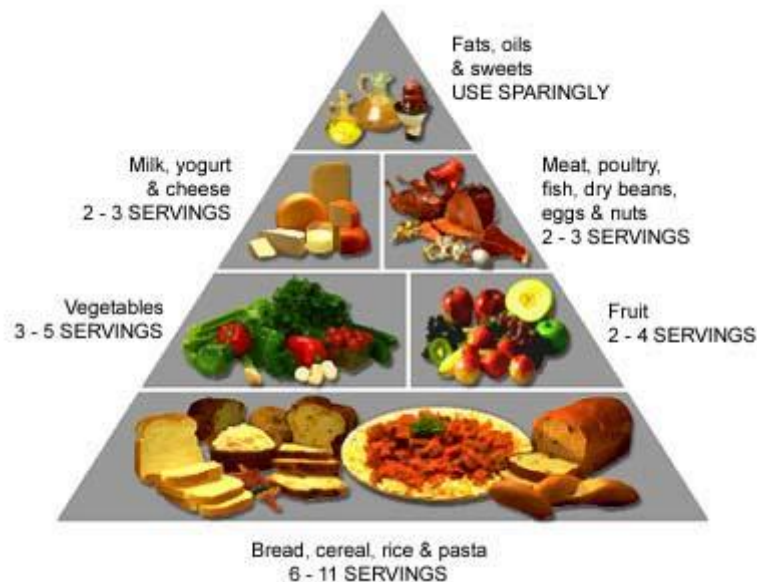
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| Growth spurt | <ul style="list-style-type: none"> • Girls: 11-15 years. • Boys: 12-17 years. |
| Fat and muscles | <ul style="list-style-type: none"> • Girls: ↑subcutaneous fat tissue • Boys: increased muscle bulk thus the need for more energy |
| Menarche | <ul style="list-style-type: none"> • females need sufficient iron (Fe) and calcium (Ca) because they lose iron with bleeding during menstruation. |
| Appearance of acne | <ul style="list-style-type: none"> • Review pharmacology note for acne preparations |

- **Common nutritional problems:**

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| Wrong food habits | <ul style="list-style-type: none"> • Irregular meals and snacking (e.g. skipping a main meal, meals not eaten on time, eating more than three meals a day). • Fast food and the effects of media (which influences and encourages adolescents to eat this kind of food). |
| Eating disorders | <ul style="list-style-type: none"> • Vomiting after each meal to keep body in shape (e.g. models). • Overuse of laxatives (which might predisposes a person to dehydration). |
| Obesity | <ul style="list-style-type: none"> • Boys: 21%; girls: 26% (Bahrain 2002) • Due to: decreased physical activity with sedentary lifestyle and increased fat and sugar intake (represented by consumption of junk food). |

- **Food guide pyramid:**

- **Goal:** to encourage the consumption of carbohydrate (as the major supply of energy) instead of fats.





- Anorexia and bulimia:

| | Anorexia nervosa | Bulimia nervosa |
|--|--|--|
| About | Eating disorder wherein sufferers fear weight gain and avoid eating as a result. Mainly affects young women. | Eating disorder wherein sufferers go through a cycle of bingeing (overeating) followed by purging, due to a fear of weight gain. Mainly affects young women. |
| Typical Age of Onset | Early teen years | Late teen years |
| Behavioral and Psychological Symptoms | Obsession with food, weight, and a "thin" body image; extreme fear of weight gain; compulsive exercise; depression and anxiety; low self-esteem; body dysmorphic disorder. | |
| Physical Symptoms | Usually extremely underweight and unhealthy figure; physical weakness, deterioration, and organ dysfunction; absent menstruation; memory loss, feeling faint, etc. | Many within "normal" weight range for height/age, but can be underweight; physical weakness, deterioration, and organ dysfunction; absent menstruation; memory loss, feeling faint, etc. Noticeable oral/dental deterioration. |
| Relationship to Food | Avoids eating, frequently goes on fasts or restrictive diets, tendency to be secretive about eating habits and rituals. | Goes through periods of bingeing — overeating — and purging, usually by vomiting or heavy use of laxatives, diuretics, etc. |
| Causes | No official cause. Can be related to culture, family life/history, stressful situations, and/or biology. | |
| Treatment | May require hospitalization. Outpatient or inpatient treatment options. Dietitians, doctors, therapists, and psychiatrists often part of treatment. | Unlikely to require hospitalization. Outpatient or inpatient treatment options. Dietitians, doctors, therapists, and psychiatrists often part of treatment. |
| Prevalence in Women | 0.3-0.5% | 1-3% |

