

A Scoping Review of Influential Factors and Intervention Opportunities for the Comprehensive Management of Drunkorexia

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Introduction

Drunkorexia, a term coined to describe the co-occurrence of disordered eating behaviors and alcohol misuse, is a relatively new but concerning phenomenon in both clinical practice and research. Individuals who engage in drunkorexia often manipulate their eating habits, restricting food intake or overexercising, to offset the calories consumed from alcohol, while simultaneously engaging in binge drinking or excessive alcohol consumption. This behavior is more commonly observed among young adults, particularly college students, and has been linked to a range of psychological, social, and physiological risks. Given the complex nature of drunkorexia, a comprehensive, multidimensional approach is necessary for effective management. This scoping review examines the influential factors contributing to drunkorexia and identifies potential intervention opportunities to address this growing health concern. Restricting food intake to compensate for the calories consumed from alcohol or engaging in compensatory behaviors [1-3].

Description

Social factors play a significant role in the development and maintenance of drunkorexia, particularly in college and university settings. Drinking is often normalized or even encouraged in social environments, and many individuals, especially young adults, feel pressure to engage in heavy drinking to fit in with their peers. At the same time, societal emphasis on thinness and appearance can drive individuals to manipulate their eating habits to "counteract" the calories from alcohol. Media representations of ideal body types, particularly among women, contribute to unrealistic standards of beauty. Social media platforms and advertisements often glamorize excessive drinking and promote the notion that maintaining a "perfect" body requires restricting food or engaging in unhealthy weight control behaviors. Research on the genetic underpinnings of drunkorexia is limited, but there is evidence that both eating disorders and alcohol use disorders have genetic components. Family history of either condition may increase the risk of developing drunkorexia. Neurobiological factors, such as dysregulation of the brain's reward system and serotonin imbalances, may also contribute to the co-occurrence of disordered eating and alcohol misuse. Environmental stressors, such as academic pressure, relationship issues, or personal trauma, can contribute to the development of drunkorexia. Individuals may turn to alcohol as a way to cope with stress or emotional pain, while simultaneously restricting food intake as a means of gaining a sense of control over their lives. Additionally, lack of access to healthy coping mechanisms or mental health support exacerbates the likelihood of engaging in these harmful behaviors [4,5].

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Conclusion

Drunkorexia represents a complex intersection of disordered eating behaviors and alcohol misuse, and its management requires a comprehensive, multidimensional approach. Understanding the psychological, social, and biological factors that contribute to drunkorexia is essential for developing effective interventions. By combining therapeutic strategies that address both the eating disorder and alcohol use disorder, along with nutrition education, social support, and early prevention programs, healthcare providers can help individuals overcome this dangerous and often overlooked condition. As research on drunkorexia continues to evolve, greater awareness and better intervention strategies will be crucial in improving outcomes for affected individuals.

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Conflict of Interest

None.

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