

Orthorexia Nervosa: An Assessment of Clean Eating Behaviours and Disordered Eating Patterns Among Young Adults

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Abstract: *This study aimed to assess orthorexic tendencies and their association with eating behaviours among adults aged 18 years and above, specifically examining: (1) the prevalence of orthorexic tendencies, (2) clean eating behaviours and dietary habits, (3) emotional responses related to food choices, (4) disordered eating patterns associated with food quality concerns, (5) differences in orthorexic tendencies across demographic groups such as age and gender, and (6) the relationship between orthorexic tendencies, dietary practices, and psychological factors influencing eating behaviour.*

Keywords: Orthorexia Nervosa, Orthorexic Tendencies, Clean Eating, Healthy Eating Behaviour, Disordered Eating, Food Quality obsession, Eating Behaviour.

I. INTRODUCTION

Orthorexia and orthorexia nervosa are distinct but related concepts within disordered eating behaviours. Orthorexia can be defined as an obsessive and extreme fixation on consuming only “pure” and “healthy” foods, primarily focusing on the quality and cleanliness of the diet[1] Individuals with orthorexia exhibit rigid dietary rules, often avoiding entire food groups and becoming increasingly preoccupied with their meals’ sourcing, preparation, and nutritional content.[2] On the other hand, orthorexia nervosa represents a more severe and clinically significant form of this obsession, characterised by intense anxiety, distress, and impairments in daily functioning resulting from extreme dietary restrictions[3] Both conditions are expected to emphasise food purity and health, but orthorexia nervosa is distinguished by marked distress and dysfunction[4] Orthorexia nervosa has garnered increased attention due to its potential impact on mental and physical health, and the growing prevalence of this condition calls for a clearer understanding of its definition, diagnosis, and treatment.[5]

Rational eating habits are a prerequisite of a healthy lifestyle and play a substantial role in the appropriate growth and development of individuals. Rational eating habits mean sensible, proper nutrition; i.e., introducing ingredients from all groups of the food pyramid into the daily diet in the right amount, as well as the right amount and frequency of meals.[6] A rational diet is also a well-balanced diet. Unhealthy eating habits are a direct cause of or a risk factor behind several medical conditions.[7] One of the indicators of healthy eating habits is the level of nutrition knowledge. Those who are aware of the importance of a balanced diet for the prevention of chronic metabolic disorders are more prone to adopt a healthy lifestyle.[8]

II. PURPOSE OF THE STUDY

The purpose of this study was to assess the prevalence of orthorexic tendencies and clean eating behaviors among individuals aged 18 years and above, and to examine their association with dietary habits, eating behaviors,



psychological factors, and demographic characteristics. The study also aimed to explore how attitudes toward healthy eating, food-related beliefs, emotional responses, and body weight perceptions influence the risk of developing Orthorexia Nervosa. By identifying these patterns, the research seeks to contribute to a better understanding of orthorexic behaviors and promote awareness of healthy and balanced dietary practices.

III. METHODOLOGY

A. Population and Sample Size

The methodology outlines the systematic approach adopted to achieve the objectives of the study. It describes the research design, study population, sampling technique, data collection tools, and statistical methods used for data analysis. A structured approach was employed to assess orthorexic tendencies and clean eating behaviors among adults and to examine their association with various demographic, dietary, and psychological factors.

A cross-sectional study was conducted to assess orthorexic tendencies and clean eating behaviors among adults aged 18 years and above. The study was carried out through an online survey platform, enabling participation from individuals across diverse demographic backgrounds. Adults aged 18 years and above who were willing to participate and provide informed consent were included in the study. A convenience sampling method was employed to recruit participants. A total of 252 participants completed the survey and were included in the final analysis.

B. Inclusion Criteria and Exclusion Criteria

Inclusion Criteria

- Individuals aged 18 years and above.
- Participants willing to provide informed consent.
- Individuals able to understand and complete the online questionnaire.

Exclusion Criteria

- Individuals below 18 years of age.
- Incomplete questionnaire responses.
- Participants unwilling to provide consent.

C. Data and Sources of Data

Data were collected using a structured questionnaire comprising demographic characteristics, dietary habits, lifestyle factors, and the ORTO-15 scale to assess orthorexic tendencies. The questionnaire was distributed electronically through online platforms. Participation was voluntary, and informed consent was obtained prior to data collection.

D. Statistical Analysis

Data were entered and analyzed using appropriate statistical methods. Descriptive statistics were used to summarize participant characteristics, while inferential statistical tests were applied to assess associations between orthorexic tendencies and selected demographic, dietary, and psychological variables. Statistical significance was considered at $p < 0.05$.

IV. LITERATURE REVIEW

A. Prevalence and Risk Factors of Orthorexia Nervosa Among Health Workers and Students

This review found that individuals in health-related professions and nutrition-related fields are at a higher risk of developing orthorexic tendencies due to increased nutrition knowledge and focus on healthy eating. It was observed that a systematic review of orthorexia nervosa in health workers and students, individuals in health-related fields were found to be at greater risk of developing orthorexic tendencies. Extensive knowledge on nutrition and dieting has been



associated with an increased risk of orthorexia (an obsession with food that one considers healthy) within the research literature. A systematic review was conducted to identify the prevalence of orthorexia in individuals who were employed in, or studying, health careers. The databases Psychinfo and Pubmed were searched to obtain research articles. Studies assessing orthorexia and either students or workers within health-related fields were included. A study merit rating system was utilised to assess the quality of each study included. In total, 26 articles were included in the current review after applying inclusion and exclusion criteria. The prevalence of orthorexia was the greatest in dietetic students. Research findings consistently demonstrated that the prevalence of orthorexia was higher in those working or studying in health fields than the general population. Individuals in their early stages of study or career appear most at risk. Orthorexia prevalence, however, does not appear to differ by sex or BMI. Orthorexia is novel research area. The trends in the current review suggest that individuals in health-related careers appear to be more at risk of orthorexic patterns. More research in this area is needed through the use of scales with greater psychometric properties

B. Psychological Correlates of Orthorexia Nervosa

The study reported significant associations between orthorexia, eating disorders, perfectionism, anxiety, and depression, suggesting that psychological factors play a major role in orthorexic behaviours. It was observed in a study examining whether orthorexia nervosa is an excessive concern or an obsession, significant relationships were found between orthorexia and eating disorders, anxiety, depression, and perfectionism. Orthorexia Nervosa is characterized by specific behaviors frequently related to other psychopathological conditions, such as Obsessive–Compulsive Disorder (OCD) and Eating Disorders (EDs). Whereas ON can mainly be described as an excessive concern regarding healthy food, the study's principal aim was to investigate if ON could be considered a condition related and differentiated from worry, other than OCD, EDs, perfectionism, anxiety, and depression. To achieve these aims, 302 individuals from the general population were enrolled and were divided into two groups named “High EHQ” and “Low EHQ”, based on their Eating Habits Questionnaire's score (EHQ-21). Correlations of ON with EDs and non-adaptive perfectionism constructs emerged independently from Obsessive-Compulsive (OC) symptoms, and the same pattern was observed when comparing the High and the Low EHQ groups. The two groups also differ in the worry anxiety and depression constructs and are not affected by OC symptoms removal. Our results confirm a relationship between ON with the typical ED, perfectionistic, anxious, and depressive symptomatology, mainly when the OC features are controlled; moreover, worry constructs could be considered characteristic of the ON phenomenology. This study does not entirely exclude the relationship with obsessive and compulsive characteristics, which could be associated with or serve as a mediator of the orthorexic behavior. Future research could explore the potential mediating or collateral role of OC symptoms.

C. Association Between Dieting Behaviors and Orthorexic Tendencies

The findings showed that dieting behaviours, food-related worries, and obsessive thoughts significantly contribute to orthorexia nervosa, supporting the relationship between eating behaviours and orthorexic tendencies. It was observed that the study demonstrated obsessive thoughts and dieting behaviours play a significant role in orthorexia nervosa. Orthorexia Nervosa (ON) is a condition characterized by an obsessive focus on healthy eating, inflexible dietary rules, and persistent preoccupations with food. Despite it has been recently the subject of increasingly relevant studies, little is known about the mechanisms that might foster ON symptoms. This study used a structural equation modelling approach to test the mediating effect of thoughts, worries, and preoccupations about food on the relationship that eating disorders (EDs) attitudes (e.g., dieting) and obsessive-compulsive thoughts and symptoms have with ON in a large community sample. It was hypothesised that the effect of dieting and obsessive-compulsive thoughts and symptoms on ON would be partially mediated by the presence of thoughts, worries, and preoccupations about food. Data from a cross-sectional sample of 1328 participants (females = 976) recruited from the general population were asked to fill in an online survey comprising the Eating Attitude Test-26 (EAT-26), the Obsessive compulsive subscale of the Symptom Checklist-90 Revised (SCL-90R– OC) and the Orthorexia Scale-15 (ORTO-15). Structural equation models indicated



that both obsessive-compulsive thoughts and symptoms and dieting had a direct effect on ON and that food preoccupation partially mediated these relationships. These findings provide novel insight into the nature of ON that could aid its conceptualisation and treatment.

D. Prevalence and Assessment Challenges of Orthorexia Nervosa

This review highlighted the wide variation in orthorexia prevalence across populations and emphasized the challenges in assessment due to inconsistent diagnostic criteria and measurement tools. It was a systematic review examining the prevalence of orthorexia nervosa, wide variations were reported across different populations due to inconsistent diagnostic criteria and measurement tools. Orthorexia nervosa (ON) is characterized by the pursuit of extreme dietary purity due to an exaggerated focus on food quality that could ultimately lead to a new kind of eating disorder. Even though researchers have tried to reach a univocal description of ON, to this date, there is no consensus on its diagnostic criteria, making it considerably more difficult to develop a valid questionnaire for assessing the symptoms of ON and to assess its actual prevalence. The aim of this review was to evaluate and gather scientific evidence about the prevalence of ON in both clinical and nonclinical adult populations, using the main validated scale for ON evaluation. Electronic databases (PubMed, Scopus, and Web of Science) were reviewed to identify studies in accordance with PRISMA guidelines; at the end of the selection process, 62 studies were included. Prevalence rates of ON vary greatly due to the differences in psychometric qualities of the tools used and the socio-cultural norms of the countries, with the lowest being obtained with the Dusseldorf orthorexic scale (DOS) (2.6% up to 36.7% in cancer survivor women) and the BOS-T (12.8% up to 34.7%), the greatest variability concerning the two thresholds of the ORTO-15 (14.6% with the >35 threshold and up to 86% with the >40 threshold) and the higher score being reported with the ORTO-11 in post-partum women (87.7%). Additional research is necessary to support the development of a thorough, sensitive, and valid questionnaire for assessing the symptoms of ON.

E. Development and Progression of Orthorexia Nervosa

The study identified multiple psychological and social factors involved in the development of orthorexia and described how clean eating behaviours can gradually progress into unhealthy food obsessions. It was conducted a study that explored and found that orthorexia develops through multiple interacting psychological and social factors. This study aims to include the perspective of those who share content about Orthorexia Nervosa (ON) on Instagram and self-diagnose with ON (SD-ON) to trace their development of ON, gain insights into risk factors, symptoms and recovery, and explore differences with those who do not self-diagnose with ON. This research used mixed methods, with a sequential explanatory design. The quantitative component (n = 185) aimed to identify biological, psychological, interpersonal, and contextual factors that play a role in each phase of ON development. The qualitative component (n = 10) aimed to probe how and why individuals who SDON feel that certain experiences have shaped their development of ON. Respondents defined ON an obsession with healthy eating and clean or pure foods, with unhealthy effects on physical, mental or social wellbeing. A minority of participants did not view ON as problematic, but as a “salvation” from chronic diseases. Three phases characterising the development of ON were identified: onset, progression and help seeking. Regarding the onset, two routes were identified, both characterised by a snowball effect of interacting factors. Regarding the progression of ON, several symptoms were identified, with obsession with healthy eating being the most frequent one. The majority of participants were trying to lose weight during ON, but their rationale was health rather than appearance. Regarding the help-seeking phase, reasons for problem realisation were identified. ON was not noticed by loved ones until major health problems occurred, this being a barrier for recovery. While most believed that recovery is possible, respondents agreed that ON is a condition that will always linger in the back of the mind. This study contributes to addressing the shortage of qualitative studies investigating ON from the insiders’ perspective.



V. RESULTS

A. Statistical Analysis Plan

Correlation Analysis: Pearson's correlation analysis was performed to determine the relationship between ORTO-15 scores and selected variables. The results indicated significant associations between orthorexic tendencies and specific dietary and lifestyle factors.

TABLE 4.1 CORRELATIONAL ANALYSIS

Correlation Between		Correlation Coefficient (r)	pvalue
Feeling Better After Healthy Eating	Physical Appearance Belief	+0.603	< 0.001
d	Physical Appearance Belief	+0.503	< 0.001
Food Worry	Eating Guilt	+0.494	< 0.001
Calorie Attention	Reading Nutrition Labels	+0.394	< 0.001
Weight Checking Frequency	Weight Satisfaction	-0.166	0.019

Chi-Square Analysis: The Chi-square test was used to assess the association between orthorexic tendencies and categorical demographic and behavioral variables. Significant relationships were observed for selected participant characteristics.

TABLE 4.2 CHI-SQUARE TEST

Association Between		χ^2 Value	df	p-value
Response to Low-Standard Food	Guilt After Eating Unhealthy Food	28.54	8	< 0.001
Meal Most Skipped	Confidence in Diet Preventing Illness	22.31	6	0.001
Age Group	Food Choice Guidance	14.82	4	0.005
Weight Satisfaction	Frequency of Weight Checking	19.45	8	0.013
Strictness of Eating Rules	Emotional Response to Failing Rules	117.95	16	< 0.001

Independent Sample t-Test: The Independent Sample t-test was conducted to compare mean ORTO-15 scores between two groups. The analysis identified significant differences in orthorexic tendencies across certain participant categories.

TABLE 4.3 INDEPENDENT SAMPLE t TEST

Comparison Group	Variable Compared	t statistic	P value
Vegetarian vs Non-Vegetarian	Guilt After Unhealthy Food Score	2.37	0.019
Frequent Weight Checkers vs Rare Checkers	Weight Satisfaction Score	2.64	0.009

One-Way ANOVA :One-Way Analysis of Variance (ANOVA) was applied to compare mean ORTO-15 scores among multiple groups. The findings revealed significant variations in orthorexic tendencies across different demographic and lifestyle categories

TABLE 4.4. ONE WAY ANOVA TEST

Source of Variation	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	12.846	2	6.423	5.16	0.002
Within Groups	245.337	197	1.246		
Total	258.183	199			

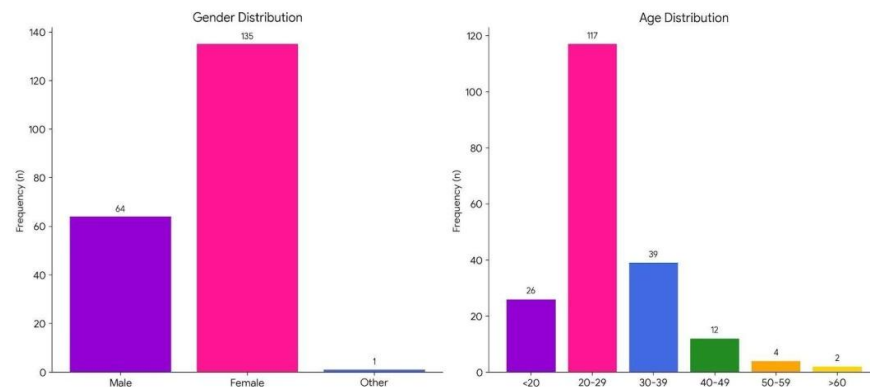


B. Discussion.

The majority of respondents were females (67.5%), while males constituted 32.0% of the study population. Only 0.5% identified as other. This indicates a higher participation of female respondents in the study related to Orthorexia Nervosa and clean eating behaviours.

The majority of respondents (58.5%) were in the 20–29-year age group, followed by 19.5% in the 30–39-year age group. About 13.0% of respondents were below 20 years, while smaller proportions belonged to the 40–49 years (6.0%), 50–59 years (2.0%), and above 60 years (1.0%) age groups. This indicates that most participants in the study were young adults.

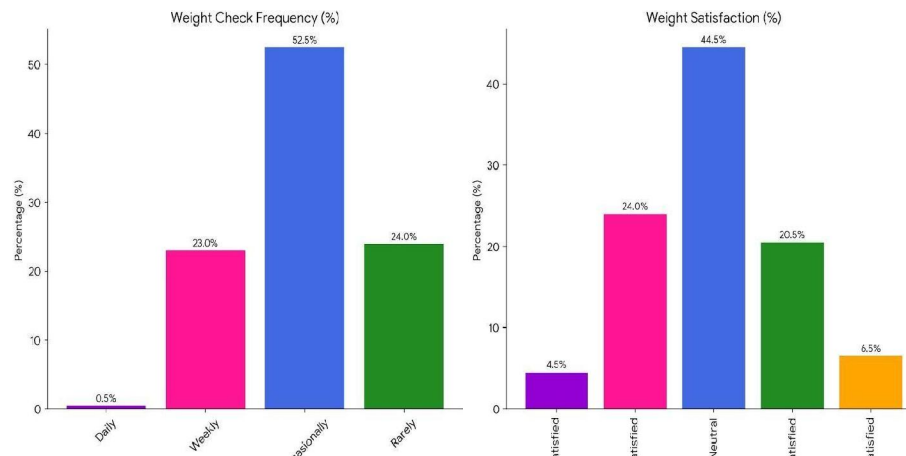
TABLE 5.1 AGE AND GENDER DISTRIBUTION



More than half of the respondents (52.5%) checked their body weight occasionally, while 24.0% reported checking rarely. About 23.0% checked their weight weekly, whereas only 0.5% monitored their weight daily. This indicates that most participants did not engage in frequent body weight monitoring.

The majority of respondents (44.5%) reported being neutral regarding satisfaction with their body weight. About 24.0% were satisfied, while 20.5% were dissatisfied with their current body weight. Smaller proportions reported being very dissatisfied (6.5%) or very satisfied (4.5%). This suggests that most participants had moderate or neutral perceptions regarding their body weight satisfaction.

TABLE 5.2 WEIGHT CHECK FREQUENCY AND WEIGHT SATISFACTION

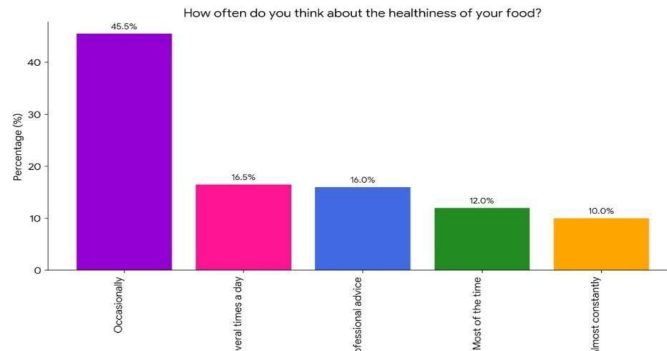


The majority of respondents (45.5%) reported thinking about the healthiness of food occasionally while choosing meals. About 16.5% thought about healthy food several times a day, while 16.0% considered it mainly when advised by a professional. Smaller proportions reported thinking about healthy eating most of the time (12.0%) or almost



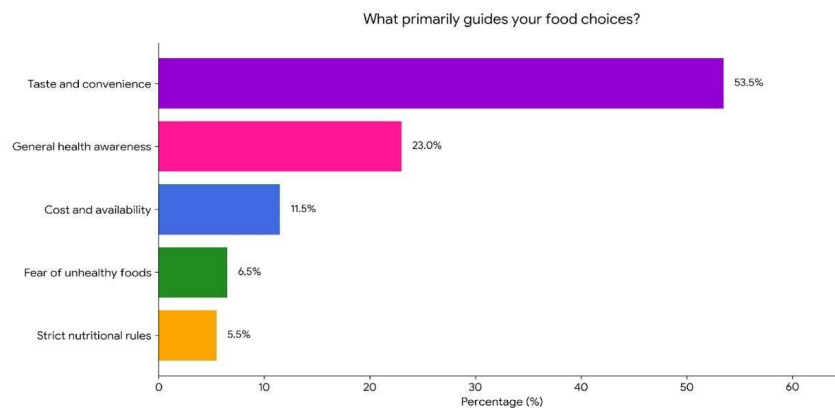
constantly (10.0%). This indicates that health-related food thoughts were common among participants, although extreme preoccupation was observed only in a smaller group.

TABLE 5.3 HEALTHINESS OF FOOD



More than half of the respondents (53.5%) stated that taste and convenience mainly guided their food choices. About 23.0% selected foods based on general health awareness, while 11.5% considered cost and availability. Smaller proportions reported fear of unhealthy foods (6.5%) or strict nutritional rules (5.5%) as the primary factors influencing food choices. This suggests that practical and taste-related factors were more influential than strict clean eating behaviours for most participants.

TABLE 5.4 FOOD GUIDE CHOICES



Most respondents (41.0%) reported having no specific eating rules, while 32.5% adjusted their eating rules when needed. Equal proportions (11.5% each) followed loose guidelines or rarely broke their food rules. Only 3.5% stated that they never broke their eating rules. This indicates that the majority of participants followed flexible eating behaviours, while rigid dietary restriction was observed in a smaller proportion of respondents.



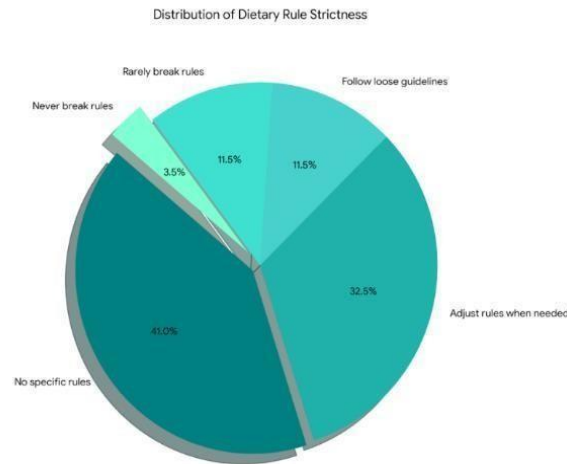
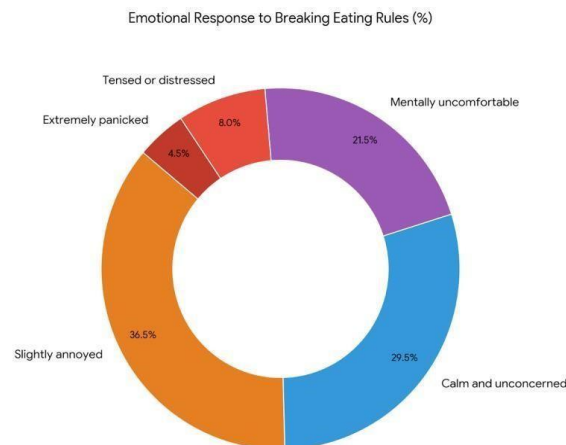


TABLE 5.5 STRICTNESS OF DIETARY RULES

The majority of respondents (36.5%) reported feeling slightly annoyed when they were unable to follow their eating rules, while 29.5% remained calm and unconcerned. About 21.5% felt mentally uncomfortable, whereas smaller proportions experienced tension or distress (8.0%) and extreme panic (4.5%). This indicates that although many participants experienced mild emotional discomfort when failing to follow dietary rules, severe emotional reactions were less commonly reported.

TABLE 5.6 EMOTIONAL RESPONSE TO BREAKING RULES



Most respondents (71.5%) believed that healthy eating improved their physical appearance. About 10.5% responded “sometimes,” while 6.0% selected “often.” Smaller proportions reported “never/no” (5.5%) or other responses (6.5%). This suggests that the majority of participants strongly associated healthy eating with improved physical appearance



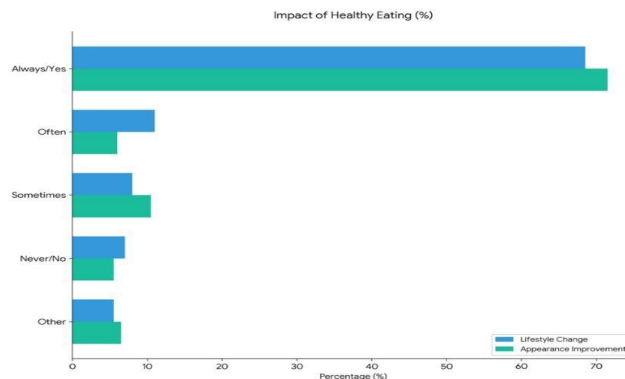


TABLE 5.7 IMPACT OF HEALTHY EATING

The majority of respondents (36.5%) reported sometimes feeling guilty after eating unhealthy foods. About 21.0% answered “yes,” while 12.5% always experienced guilt and 12.0% often felt guilty. Around 16.5% reported never experiencing guilt after unhealthy eating, while 1.5% provided other responses. This indicates that feelings of guilt after consuming unhealthy foods were relatively common among participants and may reflect tendencies associated with Orthorexia Nervosa.

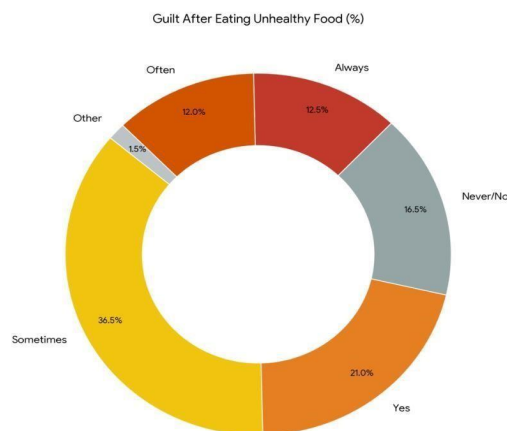


TABLE 5.8 GUILT AFTER EATING UNHEALTHY FOOD

VI. CONCLUSION

The study concludes that awareness and practice of healthy eating behaviours are common among young adults and adults; however, excessive concern regarding food quality and clean eating may contribute to orthorexic tendencies in certain individuals. While most participants maintained balanced dietary attitudes and flexible eating behaviours, a smaller proportion demonstrated characteristics associated with Orthorexia Nervosa, including guilt after unhealthy eating, rigid dietary rules, emotional distress, and excessive focus on healthy food choices. The study findings suggest that psychological factors, emotional responses, body image perceptions, and dietary beliefs play an important role in influencing orthorexic tendencies. Significant associations observed between eating behaviours, emotional reactions, and clean eating practices indicate that unhealthy obsession with “pure” or “healthy” eating may negatively affect mental and emotional well-being.

Overall, the study highlights the growing influence of clean eating culture and the need for greater awareness regarding balanced nutrition and healthy eating attitudes. Early identification, nutrition education, and psychological support may



help prevent the progression of orthorexic tendencies into more severe eating-related disorders. Further large-scale studies are recommended to better understand Orthorexia Nervosa and its long-term impact on physical and psychological health.

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