Eating Disorders

Contextualizing eating disorders
- Culture and gender are going to affect these in very large ways
  - Are there different cultures with with more emphasis on physicality?
  - Are there subcultures within the culture?
  - Is one gender, ethnicity, etc. more at risk for struggling with eating issues?
- Need to consider the context in which this “disordered” eating behavior occurs
- Is the behavior distressing to the individual or others (or both)?

Contextualizing eating disorders
- What is the bigger picture where we see these behaviors?
  - What is going on in the person’s life?
  - May be causing other family/relationship probs
  - May be facilitated by family/relationship probs
- What is the individual trying to achieve with these eating strategies?

General Considerations with weight loss
- Physiologic causes of weight loss
  - Cancer
  - Autoimmune diseases (lupus, AIDS)
  - Intestinal diseases
  - Thyroid disease
  - Infections

Psychological causes of weight loss
- Depression:
  - appetite disturbance or change
- Obsessive-compulsive disorder:
  - complicated rituals around eating which may make getting adequate nutrition very difficult
Psychological causes of weight loss

- Schizophrenia:
  - delusions that they are being poisoned and may refuse to eat.
- Somatization Disorder:
  - symptoms of multiple disorders, including loss of appetite; may lose weight

Eating Disorders

- Anorexia
- Bulimia
- Eating Dis NOS
  - (Body Dysmorphic Disorder)

Anorexia Nervosa

- Diagnostic Criteria
  - refusal to maintain a body weight consistent with build, age and height
  - 85% or less than considered typical for similar build, age and height
  - failure to make weight gain
  - individual experiences intense and overwhelming fear of gaining weight or becoming fat, even though underweight

Anorexia Nervosa

- disturbance in body weight or shape is experienced
- undue influence of weight/shape on self-evaluation
- denial of seriousness of problem
- Amenorrhea if postmenarcheal female
  - At least three consecutive menstrual cycles must be missed, if the woman was menstruating previously before onset
  - (a woman is considered to have amenorrhea if her periods occur only following hormone, e.g., estrogen, administration)

AN Specifiers:

- restricting type
- binge-eating/purging type
  - Bulimic behavior, which occurs only when associated with a period of AN

Considerations of AN

- starve selves to thinness and death
- over-control of eating behavior and relentless pursuit of thinness
- weight is 15-20% below what would be considered "ideal" weight by many
- many begin with normal diet, then become extreme - e.g., limit caloric intake to 600 calories/day
Considerations of AN

- Person becomes phobic about gaining weight.
- Person is preoccupied with thinness and becomes obsessed with food and food-related issues.
- Person may become a gourmet cook—cooking for others though.
- These people will eat alone often times.
- May be hyperactive, may be very into exercise as part of method of losing weight.

- Often times, they wear bulky clothes (big sweaters) as they get thinner and thinner to camouflage thinness—because they are cold, they've lost most of their body fat (insulator).
- They develop brittle hair and nails.
- Eyes become sunken, lower body temperature, pulse drops, develop constipation—body will begin to feed off of itself, off its own tissue to survive.

- Often times as this progresses, the person will report difficulty thinking clearly.
- Hospitalization is necessary at extreme ends to keep person alive—i.v. feedings.

Complications of AN

- 6 to 20% eventually will die from their disease.
  - 30 to 50 percent of the deaths due to suicide.
  - Remainder are due to medical complications.

Cardiac (Heart problems)

- Slowed heart rate.
- Low blood pressure.
- Irregular heart rate.
- Heart failure.
- Cardiomyopathy.

Gastrointestinal Problems

- Delayed gastric emptying, leaving person feeling bloated and full.
- Constipation.
- Esophageal perforation.
Other problems of AN

- Pancreatitis
- Kidney Damage
- Dental
  - Erosion of dental enamel from vomiting
  - Cavities
- Blood
  - Anemia
  - Low white count
  - Low platelet count

Other problems of AN

- Skin
  - Development of baby-like skin over body and face
  - Dry, scaly skin
- Yellow tinge to skin
- Green tinge to skin

Bulimia Nervosa

Diagnostic Criteria

- Recurrent episodes of binge eating, occurring on average twice a month for a minimum of three months, which consists of:
  - Eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances
  - A sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating)

Recurrent compensatory strategies to prevent gaining any weight, including self-induced vomiting; overusing laxatives, diuretics, enemas, or other medications; refusing to eat (fasting); or excessive exercise

Self-evaluation is unduly influenced by body shape and weight

Not just due to AN

Specifiers:

- Purging Type:
  - The person regularly engages in self-induced vomiting or the misuse of laxatives, diuretics, or enemas
- Non-purging Type:
  - The person has used other inappropriate compensatory behaviors, such as fasting or excessive exercise, but has not regularly engaged in self-induced vomiting or the misuse of laxatives, or enemas

Considerations of BN

- Person tends to be very secretive in both eating and purging
- Person may use diet pills in addition to purging
- Can be very painful to ingest massive amounts of calories
- Look for “soft foods” as choice for purging
Considerations of BN
- person often feels very depressed afterwards
- see this behavior in borderline p.d.s, and in incest survivors
- studies show that 61% of college women have some kind of eating disturbance - chronic dieting, restrained eaters
  - about 0.1 to 1% of college women meet definition of anorexia
  - bulimics are more common
  - one study indicated that 1-5% of freshman women are bulimic

Complications of BN
- Digestive
  - Enlarged salivary glands
  - Delayed gastric emptying, leaving person feeling bloated and full
  - Constipation
  - Esophageal perforation
  - Pancreatitis

Complications of BN
- Kidney Damage
- Enlarged brain ventricles
- Dental
  - Erosion of dental enamel from vomiting
  - Cavities

Complications of BN
- Blood
  - Anemia
  - Low white count
  - Low platelet count
- Skin
  - Dry, scaly skin

Eating Disorders Not Otherwise Specified
- Individuals who have an eating disorder of clinical severity but do not meet criteria for either Anorexia or Bulimia
- Common in clinical practice
- Includes Binge Eating Disorder which is characterized by binge eating in the absence of compensatory behaviors
- repeated episodes of binge eating without the compensation of exercising, vomiting or fasting
- This diagnosis is likely to have its own, individual listing in future editions of the DSM
Rule-outs for Bulimia

- Anorexia Nervosa, Binge-Eating/Purging Type
  - Bulimic behavior, which occurs only when associated with a period of anorexia

Rule-outs for Eating Disorders

- Major Depressive Disorder with Atypical Features
  - Associated with a pattern of overeating
  - But these people do not engage in compensatory behaviors (purging).

Rule-outs for Eating Disorders

- Anxiety Disorders
  - Some people vomit in response to anxiety
  - Presence or absence of being upset with body image and/or disturbed eating patterns differentiates eating disorder from anxiety-based vomiting

Rule-outs for Eating Disorders

- Kline-Levin syndrome
  - Disturbed eating pattern that may resemble binge eating, often accompanied by hypersomnia (sleeping too much) and hypersexuality
  - Presence or absence of body image disturbance differentiates the person with an eating disorder from one with this neurologically based condition.

Main Treatment Considerations for Eating Disorders:

- Developing successful coping strategies
- Monitoring food intake (diaries)
- Monitoring exercise (diaries)
- Responding to hunger
- Learning to eat (fullness, calories, energy levels)
- Learning portions
- Accepting body image

Eating Disorder treatments

- Research has focused mostly on Bulimia, but treatment strategies are relevant to the other disorders.
- Wide range of therapies have been used to treat individuals with eating disorders including:
Eating Disorder treatments

- CBT
- Behavior therapy
- IPT
- Psychodynamic therapy
- Family therapy
- Experiential therapy
- 12-Step approach based on addiction models
- Pharmacology

Two most thoroughly studied and best-documented treatments are anti-depressant medication and CBT. IPT and CBT appear to be equally effective in the long term but CBT is superior in the short term. The combination of CBT and antidepressant drug treatment appears to be no more effective that CBT alone.

Pharmacological treatment

**Advantages:**
- Studies involving tricyclics (i.e. imipramine and desipramine), monoamine oxidase inhibitors (i.e. phenelzine) and SSRIs (i.e. fluoxetine) have shown significant improvements.
- Mean reduction in the rate of purging of 82%
- Review (Craighead and Agras, 1991)

**Disadvantages:**
- Most patients relapse rapidly when medication is withdrawn.
- High drop-out rate.
- General reluctance of individuals to accept medication as the sole form of treatment.
- Does not address central issue of faulty beliefs about weight and body shape.

Cognitive Behavioral Therapy

- Clinically significant reductions in binge eating (mean = 51% to 71%) and purging (mean = 36% to 56%).
- Dietary restraint is reduced.
- Attitudes to shape and weight improve.
- Maintenance of change has been shown to be reasonably good at one-year follow-up.

- Improvements have also been found in common comorbid complaints such as depression, low self-esteem, impaired social functioning and personality disorders.
- It can be tailored to the individual's needs.
Eating Disorders Emergencies
- fluid imbalance (dehydration)
- electrolyte imbalances (potassium depletion)
- Potassium depletion is the mechanism by which the heart can fail, causing sudden death

Body Dysmorphic Disorder
- Preoccupation with an imagined defect in appearance.
  - If a slight physical anomaly is present, the person's concern is markedly excessive
  - The preoccupation causes clinically significant distress or impairment in social, occupational, or other important areas of functioning
  - The preoccupation is not better accounted for by another mental disorder
    - e.g., dissatisfaction with body shape and size in Anorexia Nervosa

Body Dysmorphic Disorder
- Talked about as an OCD spectrum disorder and as an Eating Disorder
- Use exposure based therapies

Contextualizing Eating Disorders
- Always keep in mind these are on continuum
  - Many, many people engage in problematic dieting strategies
- Consideration of family and relationship dynamics
  - come from family that places great emphasis on physical beauty
  - 70% of these women tend to be on diets as early as elementary school

Contextualizing Eating Disorders
- Considerations of culture
  - Societal “pressures”
- Considerations of social norms