

Abnormal Psychology

PSYCH 40111

Eating Disorders

Eating Disorders: An Overview

- Two Major Types of DSM-IV Eating Disorders
 - Anorexia nervosa and bulimia nervosa
 - Severe disruptions in eating behavior
 - Extreme fear and apprehension about gaining weight
- Other Subtypes of DSM-IV Eating Disorders
 - Binge-eating disorder
 - Rumination disorder
 - Pica
 - Feeding disorder

DSM-IV: Anorexia Nervosa

- Refusal to maintain body weight at or above a minimally normal weight for age and height
- Intense fear of gaining weight or becoming fat, even though underweight
- Self-evaluation unduly influenced by body shape and weight
- Amenorrhea -- absence of at least three consecutive menstrual cycles
- Subtypes
 - Restricting Type
 - Binge Eating Purging Type

DSM-IV: Bulimia Nervosa

- Recurrent episodes of binge eating characterized by:
 - Eating in a discrete period of time an amount of food that is larger than most people would eat during a similar period of time or under similar circumstances
 - A sense of loss of control over eating during the episode
- Recurrent inappropriate compensatory behavior in order to prevent weight gain (i.e., self-induced vomiting, misuse of laxatives)

DSM-IV: Bulimia Nervosa (cont'd)

- Binge eating and compensatory behaviors average two times a week for three months
- Self-evaluation unduly influenced by body shape and weight
- Disturbance does not occur during an episode of Anorexia Nervosa
- Subtypes:
 - Purging Type (vomiting, laxatives, diuretics)
 - Non-purging Type (fasting, excessive exercise)

Rates of Eating Disorders

- Anorexia Nervosa: steady over time <1%
- Bulimia Nervosa: rising, currently 2%
 - Perhaps due to better recognition
 - Perhaps due to the "contagion effect"
- 90% of cases female in AN, BN
- College women at highest risk
- May be higher number struggling with subclinical symptoms

Anorexia Nervosa vs. Bulimia Nervosa

- Age of onset
 - 13 years old for AN, 16-19 year old for BN
- Recovery rates
 - Better prognosis for BN with treatment
 - 10%-20% suffer chronically with AN
- Ego syntonic vs. ego dystonic
- Co-occurring impulsive behaviors
- BN feels like a "failed" AN

Anorexia Nervosa: Associated Medical Complications

- Cardiovascular Complications
- Metabolic Complications
- Fluid and Electrolyte Complications
- Hematological Complications
- Dental Problems
- Endocrine Complications
- Gastrointestinal Complications

Bulimia Nervosa: Associated Medical Complications

- Renal Complications
- Gastrointestinal Complications
- Electrolyte Complication
- Dental Problems
- Laxative Abuse Complications
- Other Abnormalities and Complications

Risk Factors for AN and BN

- Pre-morbid characteristics
 - Childhood obesity (bulimia)
 - Personality traits
 - Depression
 - Parental history
- Pre-morbid experiences
 - Criticism of weight and shape by parents
 - Teasing by peers
 - Participation in appearance focused activities (i.e., ballet, ice skating, cheerleading, acting)

Fairburn and Harrison (2003)

Precipitating Events

- Major life transitions
- Family problems
- Social / Romantic problems
- Failure at school, work, or competitive event
- Traumatic event

Binge Eating Disorder

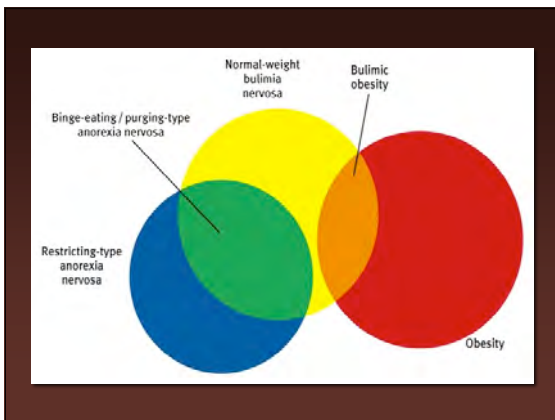
- Appendix of DSM-IV-Experimental diagnostic category
- Binge Eating Disorder involves
 - Recurrent binges (twice a week for at least 6 months)
 - Lack of control during the binge episode
- Binge Eating Disorder does not involve
 - Loss of weight
 - Compensatory behaviors of purging

Rates of Binge Eating Disorder

- Community Samples 1-2%
- Clinical Samples
 - 15% Jenny Craig
 - 30% University weight loss clinics
 - 70% Overeaters Anonymous
- 60% cases are female
- Age of average client is 40
- Share similar concerns as anorexics and bulimics regarding shape and weight

Vulnerability Factors for BED

- Biological risk factors
 - Childhood obesity
 - Parental affective illness
 - Obesity and psychological distress
- The role of dieting
 - Dieting and binge eating: Which came first?
 - Weight cycling



Psychological Views of Eating Disorders

- Psychodynamic View
- Family Systems View
- Personality Factors View
- Cognitive-Behavioral View
- Sociocultural View

Etiology of Eating Disorders

- Biological accounts of eating disorders:
 - Genetic
 - Anorexia and bulimia run in families
 - Twin studies show genetic contribution to anorexia and bulimia
 - Endogenous opioids may play role in bulimia
 - Serotonin may be deficient in bulimia:
 - Bulimics have less serotonin metabolites
 - Bulimics are less responsive to serotonin agonists
 - Serotonergic drugs are often effective for bulimia
 - Dysregulation of hypothalamus

Cultural Pressures on Eating Behavior

- The value of thinness in our society
- The myth of the infinitely malleable body
- The “ideal” is not real
- Stice studies
- Ethnic differences

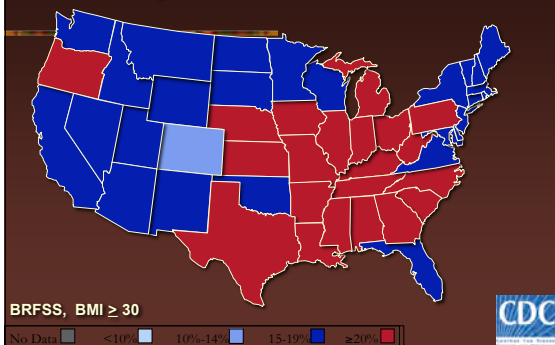
For Female to be Barbie



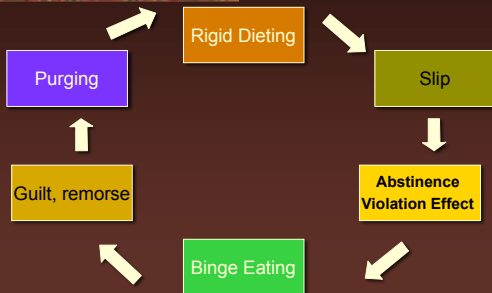
Average Model/Average Woman

| Average Model | Average Woman |
|---------------|---------------|
| 5'9" | 5'4" |
| 110 lbs. | 142 lbs. |
| 16.3 BMI | 24.3 BMI |

Obesity Prevalence: 2000



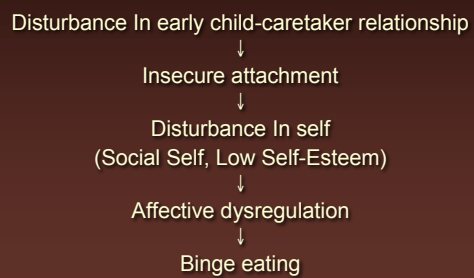
Diet-Binge-Purge Cycle



Restraint Model



Interpersonal Vulnerability Model



What to Make of Models

- They probably interact
- Biological, psychological, and environmental contributors

Levels of Treatment

- Inpatient hospital programs ←Most intensive
- Day treatment hospital programs
- Outpatient individual and group psychotherapy
- Family therapy
- Medication
- Nutritional counseling
- Self-help books and groups ←Least intensive

Medical Treatment

- Antidepressants can help reduce bingeing and purging behavior
- Antidepressants are not efficacious in the long-term
- There are none with demonstrated efficacy for anorexia

Psychological Therapy

- First goal
 - Weight restoration (for AN)
 - Regulate eating patterns (for BN)
- Then change thought processes
- Treatment involves education, behavioral, and cognitive interventions

Cognitive Behavioral Therapy

- Self monitoring
- Weekly weighing
- Prescribe regular meal pattern
- Examine eating style
- Prescribe exercise
- Pleasurable alternative activities

Cognitive Behavioral Therapy II

- Forbidden foods
- Weight and shape concerns
- Cognitive distortion
 - Identify problem thought
 - List objective evidence to support and dispute
 - Develop a reasoned conclusion
- Problem solving
 - Determine a course of action

Interpersonal Therapy

- Binge eating is used to “numb out” negative feelings from interpersonal difficulties
- Current interpersonal problems
- Experience and express positive and negative feelings directly
- Practice new ways of relating
- Time limited and focused

Prevention of Eating Disorders

- College- and University-based programs
- Community-based programs
- Government-based programs

Where Are We Now?

- DSM criteria
- More effective treatments needed
- Designing prevention programs
- Muscle dysmorphia
- Obesity and its prevention – how might it affect eating disorder messages?
