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
  - 5'9"
  - 110 lbs.
  - 16.3 BMI

- Average Woman
  - 5'4"
  - 142 lbs.
  - 24.3 BMI

Obesity Prevalence: 2000

BRFSS, BMI > 30
Diet-Binge-Purge Cycle

- Purging
- Rigid Dieting
- Slip
- Abstinence Violation Effect
- Guilt, remorse
- Binge Eating

Restraint Model

- Emphasis on weight/shape in social network
- Internalized social expectations
  - About thinness and beauty
  - Body image concerns
  - Extreme dietary restraint
  - Binge eating

Interpersonal Vulnerability Model

- Disturbance in early child-caretaker relationship
  - Insecure attachment
  - Disturbance in self
    - (Social Self, Low Self-Esteem)
  - Affective dysregulation
  - Binge eating
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 binging 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?