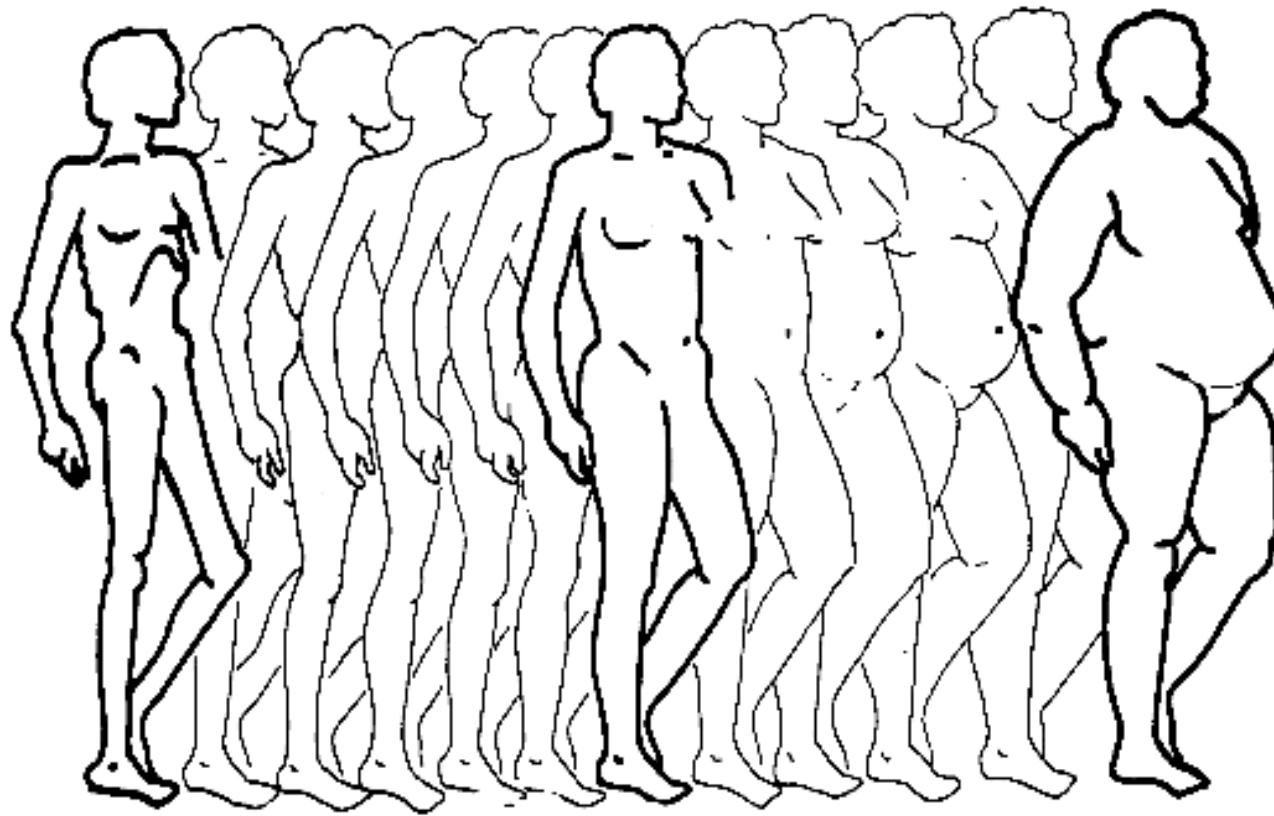


Brief Discussion of Eating Disorders



PNC Spring 2017



Anorexia Nervosa

Bulimia

**Developmental
obesity**

The Gamut of Eating Disorders

AN, BN, Eating Disorders Not Otherwise Specified (EDNOS), Compulsive Overeating, etc.

EATING DISORDERS Helpful terms

Amenorrhea

Anorexia Nervosa

Bulimia Nervosa

Binge Eating Disorder

Baryophobia

Compulsive Overeating

Disordered Eating

Eating Disorder

Endorphins

Female Athlete Triad

Ipecac

Lanugo

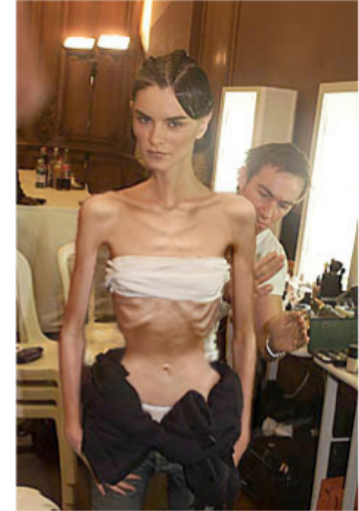
Laxative



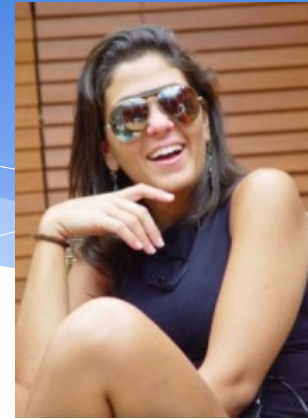
What's too thin?



What do they see?



Eating Disorders



- * 1% 12-18 yo
- * 15% < IBW
- * Denial of appetite
- * Perfectionist?
- * Symptoms: Lanugo, ↓BMR, heart rate; arrhythmia, amenorrhea, marasmus
- * Depression

AN death risk (DR): 10%*

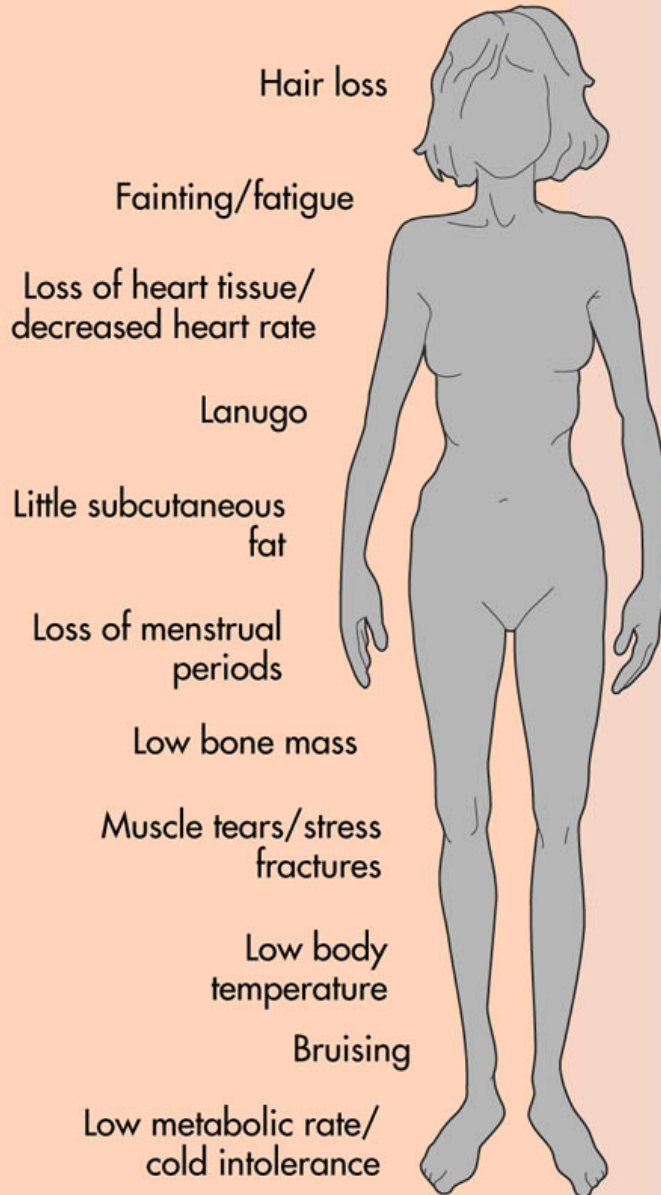
- 2-4% young women, adolescents
- ~Normal weight
- Binge-Purge cycle
- Addictive behavior
- Molestation history?
- Symptoms: Electrolyte imbalance, dental erosion, ulcers, “chipmunk cheeks,” calluses, stomach pain
- Depression

BN DR ~4-25%**

*Mitka, M. (2010). DSM Panel Considers Ways to Clarify Diagnostic Criteria for Eating Disorders. *J Am Med Assoc*. Vol.3(22).

**University of Maryland Medical Center. http://www.umm.edu/patiented/articles/how_serious_anorexia_nervosa_000049_5.htm.

Symptoms of Anorexia Nervosa



Symptoms of Both Disorders

Blood potassium
imbalance

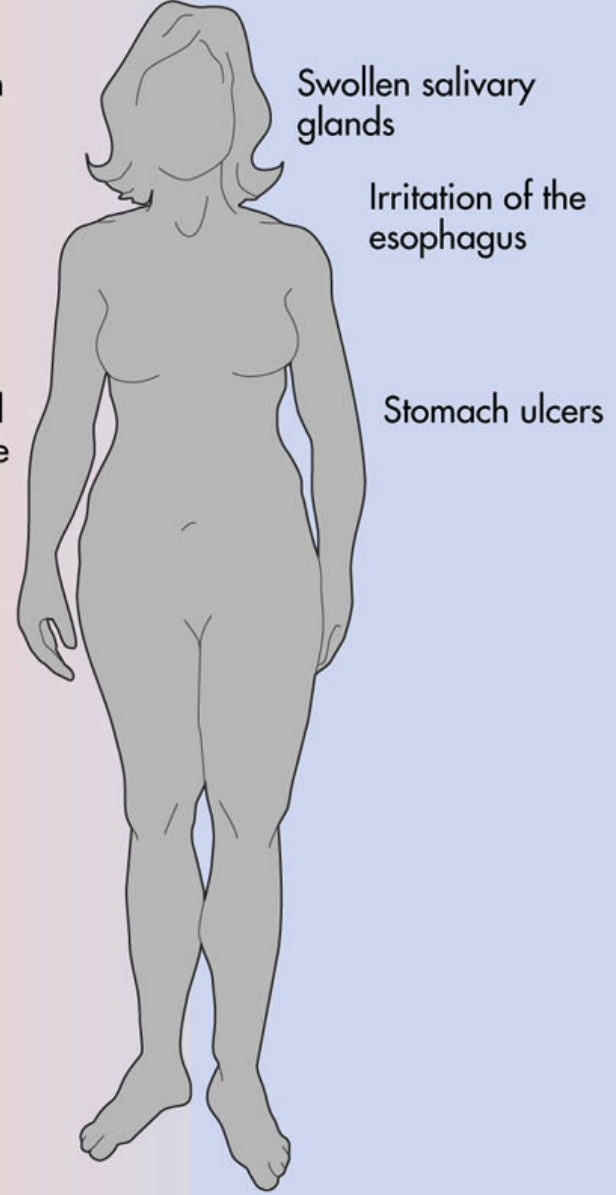
Dental decay

Iron-deficiency
anemia

Low white blood
cell count/decline
in immune
function

Constipation

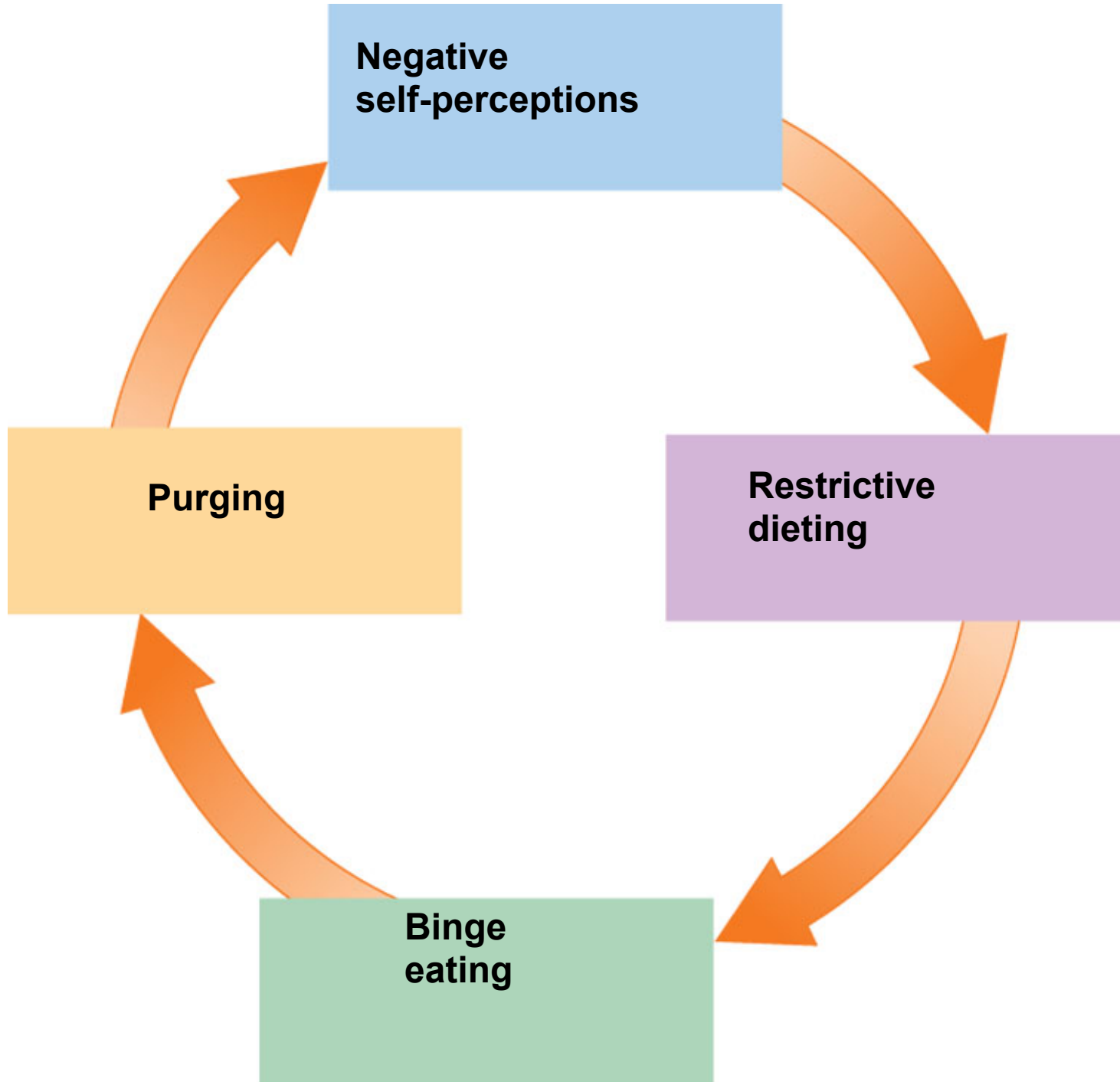
Symptoms of Bulimia Nervosa





Nutrition Issues and Oral Health





Mechanism of Action?

Figure 7 The Relationship Between Serotonin and Binge Eating

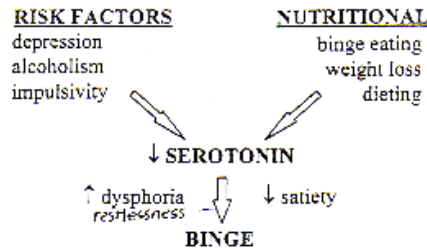
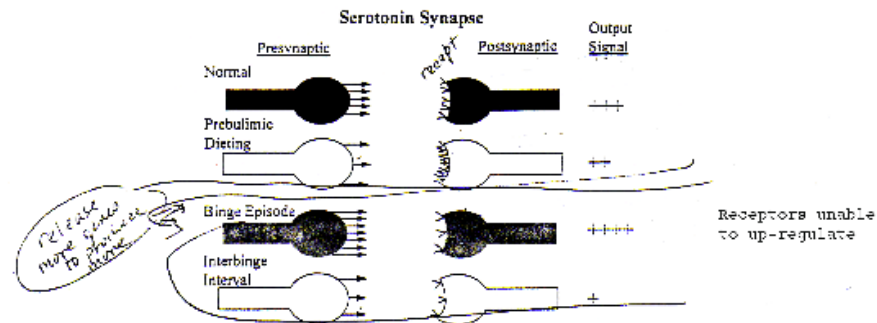
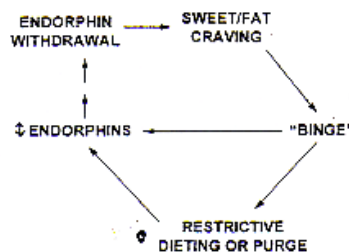


Figure 8. Schematic Outline of Serotonergic Activity Before, During and After a Binge Episode



Source: Welczin, T. E., M. H. Fernstrom and W. H. Kaye. Serotonin and Bulimia Nervosa. *Nutrition Reviews* 12: 399-409, 1994.

Figure 9. Endorphins and Cravings for Sweet/Fat Foods: A Proposed Mechanism



Add drugs here to regulate highs/lows

Adapted from: H. F. Endorphins, Eating Disorders and Other Addictive Behaviors. New York, NY: W. W. Norton & Co, 1993.

Binge-Eating Disorder



Richard Nowitz/NG Image Collection

Dear Diary,

I got on the scale today. What a mistake! My weight is up to 250 pounds. I hate myself for being so fat. Just seeing that I gained more weight made me feel ashamed – all I wanted to do was bury my feelings in a box of cookies or a carton of ice cream. Why do I always think the food will help? Once I started eating I couldn't stop. When I finally did I felt even more disgusted, depressed, and guilty. I am always on a diet but it is never long before I lose control and pig out. I know my eating and my weight are not healthy but I just can't seem to stop.

Distinguishing Between Eating Disorders

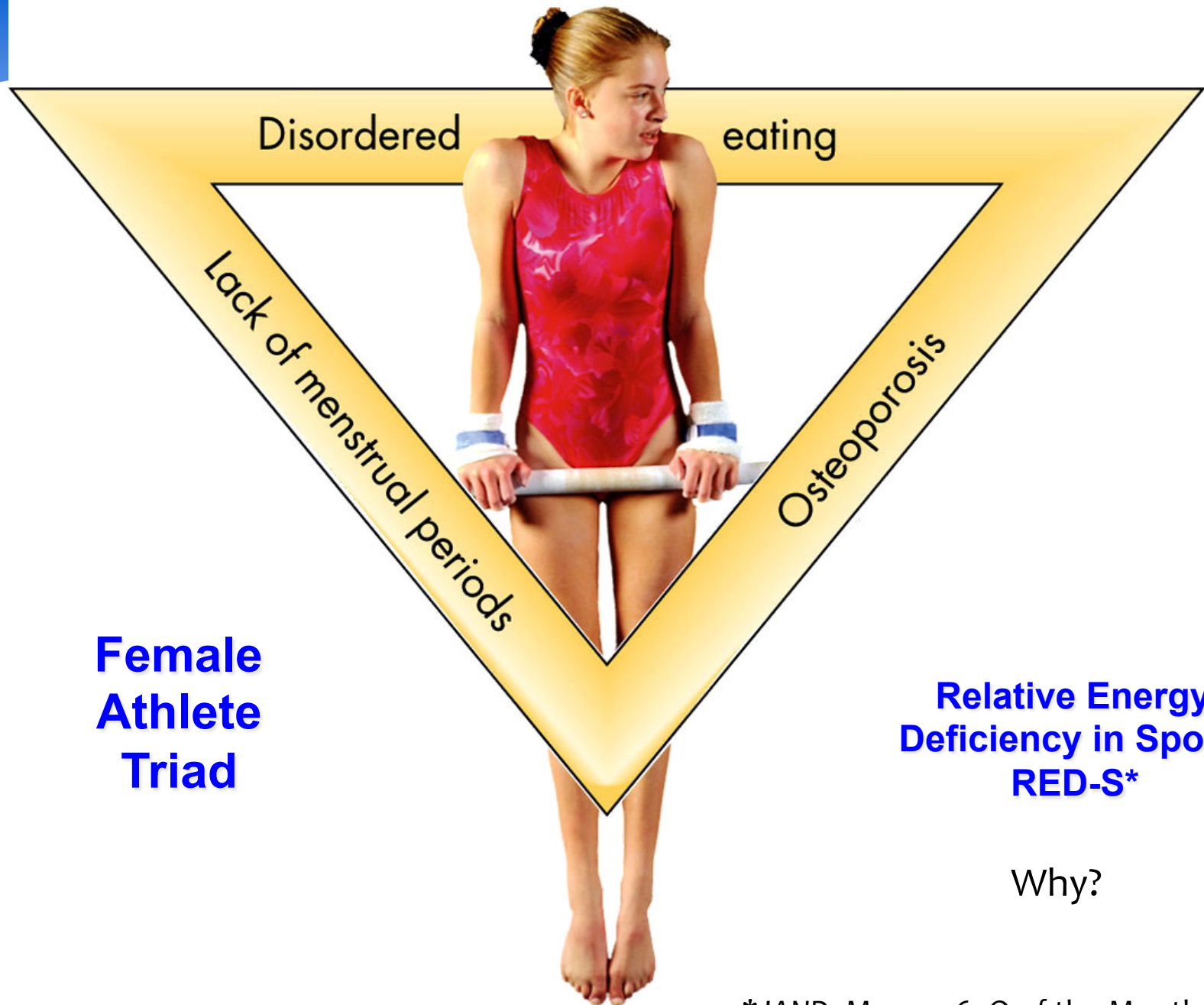
Distinguishing among eating disorders Table 9.3

| Characteristic | Eating disorder | | |
|-----------------------|--|--|--|
| | Anorexia nervosa | Bulimia nervosa | Binge-eating disorder |
| Body weight | Below normal | Usually normal | Above normal |
| Binge eating | Possibly | Yes, at least once a week for 3 months | Yes, at least once a week for 3 or more months |
| Purging | Possibly | Yes, at least once a week for 3 months | No |
| Restricts food intake | Yes | Yes | Yes |
| Body image | Dissatisfaction with body and distorted image of body size | Dissatisfaction with body and distorted image of body size | Dissatisfaction with body |
| Fear of being fat | Yes | Yes | Not excessive |
| Self-esteem | Low | Low | Low |
| Typical age of onset | Preadolescence/adolescence | Adolescence/young adults | Adults of all ages |

Other Eating Disorders

Other eating disorders Table 9.4

| Eating disorder | Who is affected | Characteristics and consequences |
|--|--|--|
| Anorexia athletica | Athletes in weight-dependent sports such as dance, figure skating, gymnastics, track and field, cycling, wrestling, and horse racing | Engaging in compulsive exercise to lose weight or maintain a very low body weight. Can lead to more serious eating disorders and serious health problems, including kidney failure, heart attack, and death. |
| Female athlete triad | Female athletes in weight-dependent sports | A syndrome involving energy restriction, along with high levels of exercise, that causes low estrogen levels. Low estrogen levels lead to amenorrhea and interfere with calcium balance, eventually causing reductions in bone mass and an increased risk of bone fractures (discussed further in Chapter 10). |
| Bigorexia (muscle dysmorphia or reverse anorexia) | Bodybuilders and avid gym-goers; more common in men than in women | An obsession with being small and underdeveloped. Those affected believe that their muscles are inadequate, even when they have good muscle mass. They become avid weightlifters and may experiment with steroids or other muscle-enhancing drugs. |
| Avoidant/restrictive food intake disorder | Infants/children/adults | Similar to anorexia nervosa in that the individual avoids eating and experiences weight loss and the other physical symptoms of anorexia. However, there is no distorted body image or fear of weight gain. |
| Selective eating disorder | Children | Children with this disorder will eat only a few foods, mostly those high in carbohydrate. If the disorder continues for long periods, it increases the risk of malnutrition. |



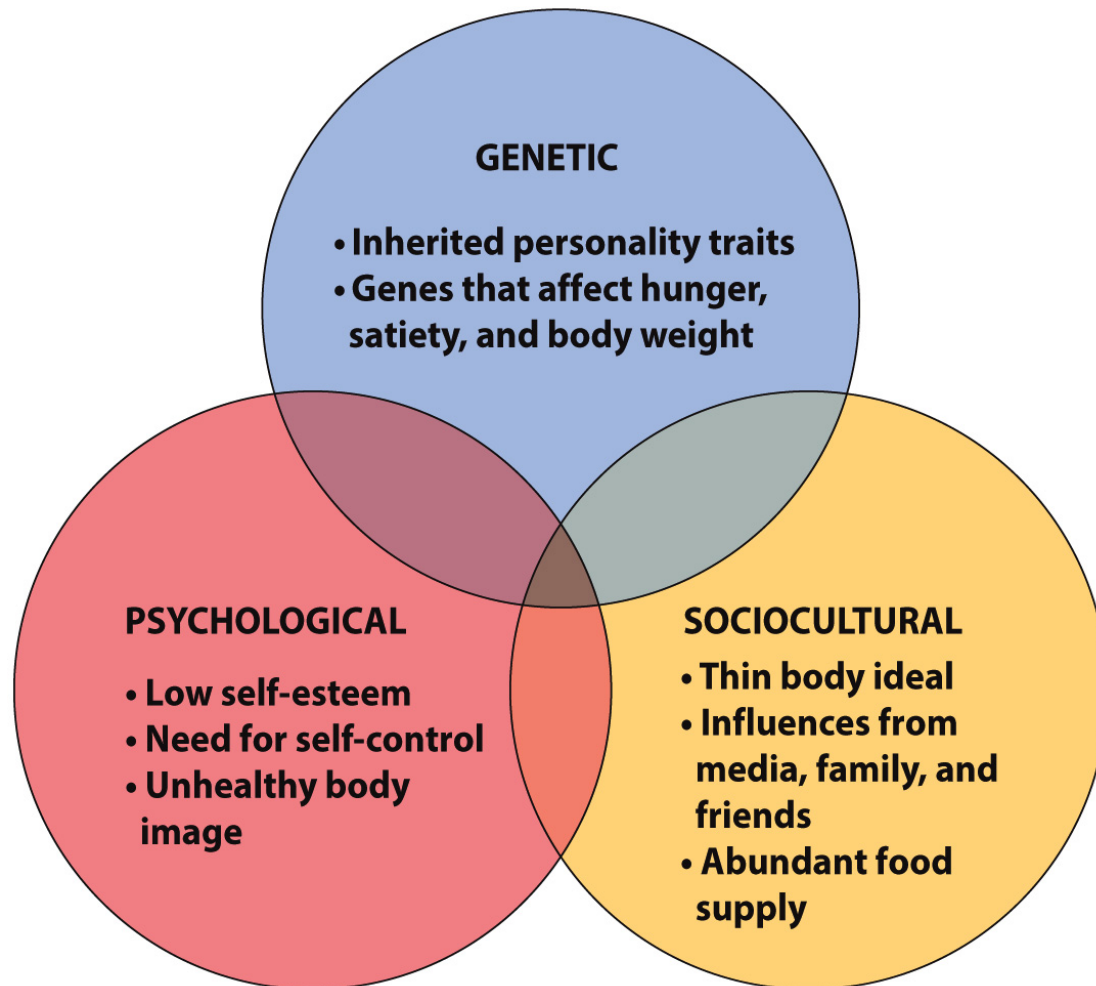
**Female
Athlete
Triad**

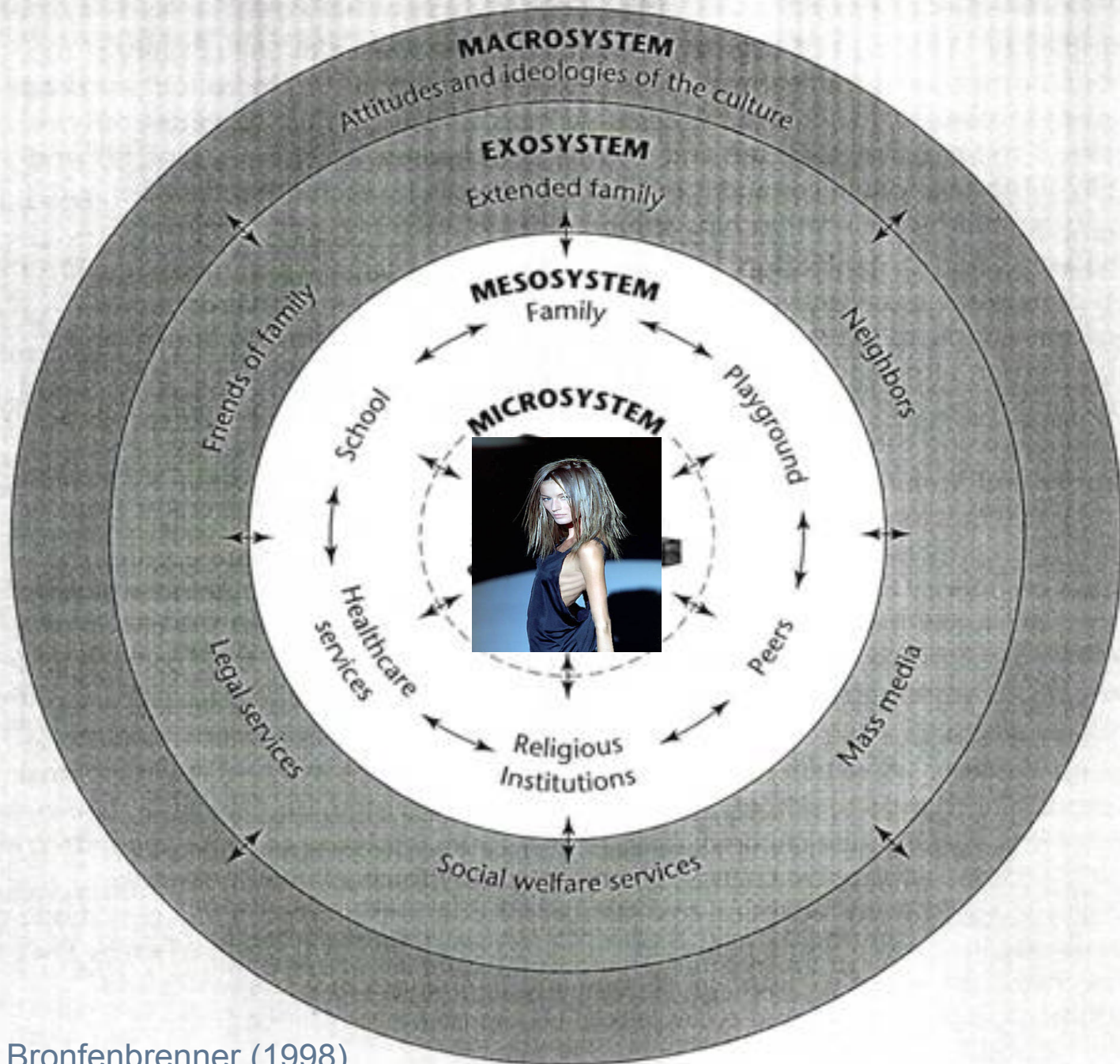
**Relative Energy
Deficiency in Sports
RED-S***

Why?

*JAND. May 2016. Q of the Month, p. 744.

Factors Contributing to Eating Disorders





Bronfenbrenner (1998)

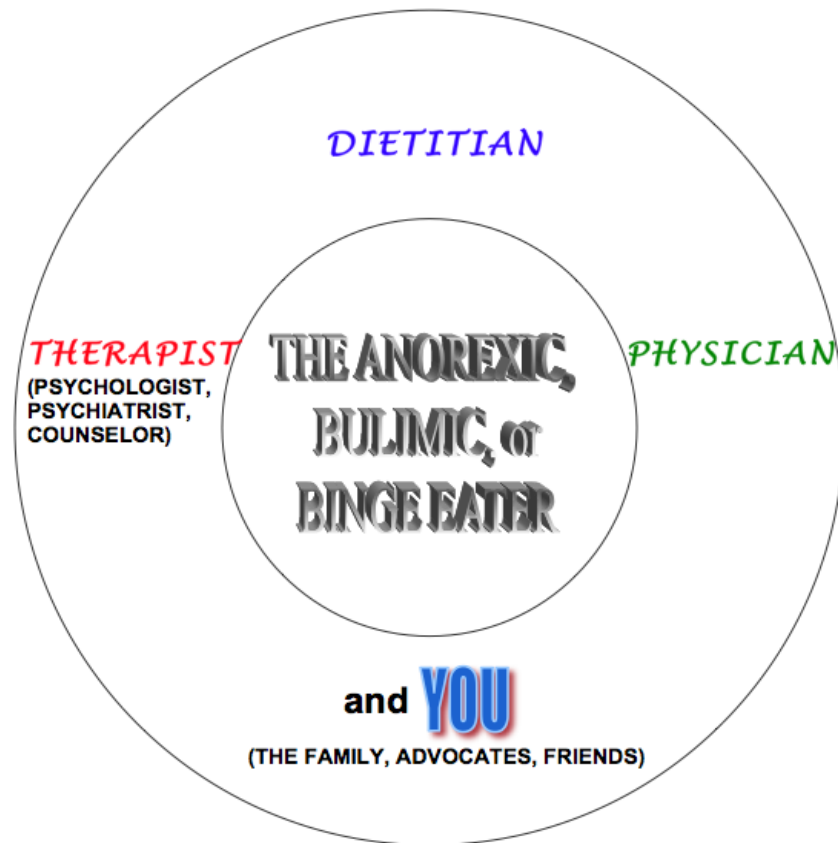
ARE YOU DYING TO BE THIN?

1. I would panic if I got on the scale tomorrow and found out I gained 2 pounds.
1. Often 2. Sometimes 3. Rarely 4. Never
2. My friends tell me I am thin, but I don't believe them because I feel fat.
1. Almost always 2. Sometimes 3. Rarely 4. Never
3. I find myself going on uncontrollable eating binges during which I consume large amounts of food to the point that I feel sick and make myself vomit.
1. Never 2. < 1 time/week
3. 1-6 times/week 4. Every day
4. I find myself playing games with food (cutting it into tiny pieces, hiding it so people think I ate it), and/or telling myself that certain foods are bad.
1. Often 2. Sometimes
3. Rarely 4. Never
5. I tend to be a PERFECTIONIST and am not satisfied with myself unless I do things PERFECTLY.
1. Often 2. Sometimes
3. Rarely 4. Never
6. It is important to me to try to be thinner than all of my friends.
1. Almost always 2. Sometimes 3. Rarely 4. Never

| | |
|--------------------|---|
| 38 or less: | - Strong tendencies -> ANOREXIA |
| 39-50: | - Strong tendencies -> BULIMIA |
| 50-60: | - WEIGHT CONSCIOUS. May have tendencies of ED |
| >60: | - Unlikely, but does not rule out tendencies to compulsive eating/obesity. |

Treatment Approach - Holistic

THE TEAM

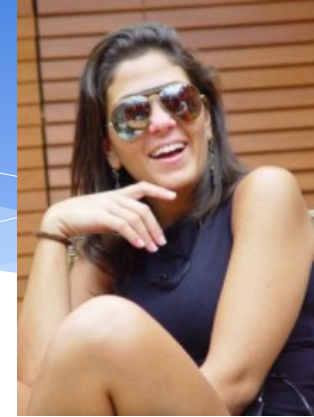


Goals in Treatment



* Stop weight loss!

- * Symptoms: lanugo, ↓BMR, heart rate; arrhythmia, amenorrhea, marasmus
- * Depression



- Normalize eating behaviors
- Symptoms: Electrolyte imbalance, dental erosion, ulcers, “chipmunk cheeks,” calluses, stomach pain
- Depression

AN death risk (DR): 10%*;

BN DR ~4-25%**

**University of Maryland Medical Center. http://www.umm.edu/patiented/articles/how_serious_anorexia_nervosa_000049_5.htm.. Retr. 1/22/06.