Eating Disorders

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Eating Disorders

• Anorexia Nervosa
• Bulimia Nervosa
• Binge Eating Disorder
Anorexia Nervosa

• The term anorexia nervosa is derived from the Greek term for “loss of appetite” and a Latin word implying nervous origin.

• The term *anorexia* is a misnomer, because loss of appetite is usually rare, until late in the disorder.
Anorexia Nervosa

- Anorexia nervosa is a syndrome characterized by three essential criteria:
  - The first is a self-induced starvation to a significant degree—a behavior.
  - The second is a relentless drive for thinness or a morbid fear of fatness—a psychopathology.
  - The third criterion is the presence of medical signs and symptoms resulting from starvation—a physiological symptomatology.
- The behaviors and psychopathology are present for at least 3 months.
Anorexia Nervosa
DSM-5 Diagnostic Criteria

A. Restriction of energy intake relative to requirements, leading to a significantly low body weight in the context of age, sex, developmental trajectory, and physical health. Significantly low weight is defined as a weight that is less than minimally normal or, for children or adolescents, less than that minimally expected.

B. Intense fear of gaining weight or of becoming fat, or persistent behavior that interferes with weight gain, even though at a significantly low weight.

C. Disturbance in the way in which one’s body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or persistent lack of recognition of the seriousness of the current low body weight.
Anorexia Nervosa

• Two subtypes of anorexia nervosa exist:
  ➢ Restricting type: During the last 3 months, the individual has not engaged in recurrent episodes of binge eating or purging behavior (i.e., self-induced vomiting or the misuse of laxatives, diuretics, or enemas). This subtype describes presentations in which weight loss is accomplished primarily through dieting, fasting, and/or excessive exercise.
  ➢ Binge-eating/purging type: During the last 3 months, the individual has engaged in recurrent episodes of binge eating or purging behavior (i.e., self-induced vomiting or the misuse of laxatives, diuretics, or enemas).
Anorexia Nervosa
Epidemiology

• The most common ages of onset is between 14 and 18 years, but up to 5% have the onset in their early 20s.
• Is estimated to occur in about 0.5 to 1% of adolescent girls.
• It occurs 10 to 20 times more often in females than in males.
• It seems to be most frequent in developed countries, and it may be seen with greatest frequency among young women in professions that requires thinness, such as modelling and ballet.
Anorexia Nervosa
Etiology

• Biological factors:
  ➢ Neurotransmitters: serotonin, norepinephrine and dopamine dysregulation.
  ➢ PET scan finding: higher metabolism in the caudate nucleus.
Anorexia Nervosa
Etiology

• Social factors:

  ➢ Patients find support for their practices in society’s emphasis on thinness and exercise.
  ➢ Families of children with eating disorders may exhibit high levels of hostility, chaos, and isolation and low levels of nurturance and empathy.
Anorexia Nervosa
Etiology

• Psychological and Psychodynamic factors
  ➢ Anorexia nervosa appears to be a reaction to the demand that adolescents behave more independently and increase their social and sexual functioning.
  ➢ Many experience their bodies as somehow under the control of their parents, so that self-starvation may be an effort to gain validation as a unique and special person.
Anorexia Nervosa
Medical complications

- Vital signs: bradycardia, hypotension, hypothermia.
- Dependent edema.
- Lanugo hair.
- Electrolyte changes.
- ECG changes: T-wave flattening or inversion, ST segment depression, lengthening of QT interval.
- Endocrine changes: Low luteinizing hormone, low follicle-stimulating hormone, low estrogen or testosterone, low triiodothyronine, increased prolactin.
Anorexia Nervosa
Course and Prognosis

• The course varies greatly:
  ➢ Spontaneous recovery without treatment.
  ➢ Recovery after a variety of treatments.
  ➢ A fluctuating course of weight gains followed by relapse.
  ➢ A gradually deteriorating course resulting in death caused by complications of starvation.
Anorexia Nervosa
Course and Prognosis

• About half of patients with anorexia nervosa eventually will have the symptoms of bulimia, usually within the first year after the onset of anorexia nervosa.
• Overall the prognosis is not good.
• Mortality rates range from 5-18 %.
Anorexia Nervosa
Comorbidity

- Anorexia Nervosa is associated with depression in 65% of cases, social phobia in 35% of cases, and obsessive-compulsive disorder in 25% of cases.
- Suicide rate is higher in persons with binge eating-purging type of anorexia nervosa than in those with the restricting type.
Anorexia Nervosa
Treatment

• Psychotherapy
  Cognitive-Behavior Therapy
Anorexia Nervosa

Treatment

• Pharmacotherapy

Pharmacological studies have not yet identified any medication that yields definitive improvement of the core symptoms of anorexia nervosa.

Some reports support the use of cyproheptadine (Periactin), a drug with antihistaminic and anti-serotonergic properties, for patients with the restricting type of anorexia nervosa.

In patients with anorexia nervosa and coexisting depressive disorders, the depressive condition should be treated.

Trials of fluoxetine (Prozac) have resulted in some reports of weight gain, and serotonergic agents may yield positive responses in some cases.

Once an adequate nutritional status has been attained, the risk of serious adverse effects from the tricyclic drugs may decrease; in some patients, the depression improves with weight gain and normalized nutritional status.
Bulimia Nervosa

• The term bulimia nervosa derives from the terms for “oxhunger” in Greek and “nervous involvement” in Latin.
Bulimia Nervosa

- Bulimia nervosa is characterized by episodes of binge eating combined with inappropriate ways of stopping weight gain.
- Physical discomfort—for example, abdominal pain or nausea—terminates the binge eating, which is often followed by feelings of guilt, depression, or self-disgust.
- Unlike patients with anorexia nervosa, those with bulimia nervosa typically maintain a normal body weight.
Bulimia Nervosa
DSM-5 Diagnostic Criteria

A. Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:

1. Eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than what most individuals would eat in a similar period of time under similar circumstances.

2. 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).
Bulimia Nervosa
DSM-5 Diagnostic Criteria

B. Recurrent inappropriate compensatory behaviors in order to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, or other medications; fasting; or excessive exercise.

C. The binge eating and inappropriate compensatory behaviors both occur, on average, at least once a week for 3 months.

D. Self-evaluation is unduly influenced by body shape and weight.

E. The disturbance does not occur exclusively during episodes of anorexia nervosa.
Bulimia Nervosa
Epidemiology

• Bulimia nervosa is more prevalent than anorexia nervosa.
• Estimates of bulimia nervosa range from 1 to 4 percent of young women.
• As with anorexia nervosa, bulimia nervosa is more common in women than in men.
• Its onset is often later in adolescence than that of anorexia nervosa. The onset may also occur in early adulthood.
• Although bulimia nervosa is often present in normal-weight young women, they sometimes have a history of obesity.
Bulimia Nervosa

Etiology

• Biological Factors :

  ➢ Neurotransmitters: Because antidepressants often benefit patients with bulimia nervosa and because serotonin has been linked to satiety, serotonin and norepinephrine have been implicated.

  ➢ MRI suggests that overeating in bulimia nervosa may result from an exaggerated perception hunger signals related to sweet taste mediated by the right anterior insula area of the brain.
Bulimia Nervosa
Etiology

• Social Factors:

  ➢ Patients with bulimia nervosa, as with those with anorexia nervosa, tend to be high achievers and to respond to societal pressures to be slender.
  
  ➢ As with anorexia nervosa patients, many patients with bulimia nervosa are depressed and have increased familial depression, but the families of patients with bulimia nervosa are generally less close and more conflictual than the families of those with anorexia nervosa.
  
  ➢ Patients with bulimia nervosa describe their parents as neglectful and rejecting.
Bulimia Nervosa
Etiology

• Psychological factors:
  ➢ Patients with bulimia nervosa, as with those with anorexia nervosa, have difficulties with adolescent demands, but patients with bulimia nervosa are more outgoing, angry, and impulsive than those with anorexia nervosa.
  ➢ Alcohol dependence, shoplifting, and emotional lability (including suicide attempts) are associated with bulimia nervosa.
  ➢ The struggle for separation from a maternal figure is played out in the ambivalence toward food; eating may represent a wish to fuse with the caretaker, and regurgitating may unconsciously express a wish for separation.
Bulimia Nervosa
Course and Prognosis

• Bulimia nervosa is characterized by higher rates of partial and full recovery compared with anorexia nervosa.

• Patients who are untreated tend to remain chronic or may show small, but generally unimpressive, degrees of improvement with time.

• The mortality rate for bulimia nervosa has been estimated at 2 percent per decade according to DSM-5.
Bulimia Nervosa

Treatment

• Most patients with uncomplicated bulimia nervosa do not require hospitalization.

• In general, patients with bulimia nervosa are not as secretive about their symptoms as patients with anorexia nervosa. Therefore, outpatient treatment is usually not difficult, but psychotherapy is frequently stormy and may be prolonged.

• In some cases when eating binges are out of control, outpatient treatment does not work or a patient exhibits such additional psychiatric symptoms as suicidality and substance abuse—hospitalization may become necessary. In addition, electrolyte and metabolic disturbance resulting from severe purging may necessitate hospitalization.
Bulimia Nervosa Treatment

• Psychotherapy
  Cognitive-Behavior Therapy (CBT)
Bulimia Nervosa Treatment

• Pharmacotherapy
  • Antidepressant medications have been shown to be helpful in treating bulimia; they can reduce binge eating and purging independent of the presence of a mood disorder.
  • This includes the selective serotonin reuptake inhibitors (SSRIs), such as fluoxetine (Prozac).
  • The only FDA approved drug for bulimia nervosa is fluoxetine.
  • Medication is helpful in patients with comorbid depressive disorders and bulimia nervosa.
Binge Eating Disorder

• Individuals with binge eating disorder engage in recurrent binge eating during which they eat an abnormally large amount of food over a short time.

• Unlike bulimia nervosa, patients with binge eating disorder do not compensate in any way after a binge episode (e.g., laxative use).

• Binge episodes often occur in private, generally include foods of dense caloric content, and, during the binge, the person feels he or she cannot control his or her eating.
Binge Eating Disorder
Epidemiology

• Binge eating disorder is the most common eating disorder.
• It appears in approximately 25 percent of patients who seek medical care for obesity and in 50 to 75 percent of those with severe obesity (body mass index [BMI] greater than 40).
• It is more common in females (4 percent) than in males (2 percent).
Binge Eating Disorder
Etiology

• The cause of binge eating disorder is unknown.
• Impulsive and extroverted personality styles are linked to the disorder as are persons who place themselves on a very low calorie diet.
• Binge eating may also occur during periods of stress. It may be used to reduce anxiety or alleviate depressive moods.
Binge Eating Disorder
DSM-5

A. Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:

1. Eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than what most people would eat in a similar period of time under similar circumstances.

2. 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).
Binge Eating Disorder
DSM-5

B. The binge-eating episodes are associated with:

1. Eating much more rapidly than normal.
2. Eating until feeling uncomfortably full.
3. Eating large amounts of food when not feeling physically hungry.
4. Eating alone because of feeling embarrassed by how much one is eating.
5. Feeling disgusted with oneself, depressed, or very guilty afterward.
C. Marked distress regarding binge eating is present.

D. The binge eating occurs, on average, at least once a week for 3 months.

E. The binge eating is not associated with the recurrent use of inappropriate compensatory behavior as in bulimia nervosa and does not occur exclusively during the course of bulimia nervosa or anorexia nervosa.
Differential Diagnosis

• Bulimia nervosa
  Binge eating disorder and bulimia nervosa share the same common feature of recurrent binge eating. Binge eating disorder is distinct from bulimia nervosa, however, in that binge eating disorder patients do not report recurrent compensatory behavior such as vomiting, laxative abuse, or excessive dieting.

• Anorexia nervosa
  Binge eating disorder is distinct from anorexia nervosa in that patients do not exhibit an excessive drive for thinness and are of normal weight or are obese.
Binge Eating Disorder
Course and Prognosis

• Little is known about the course of binge eating disorder.
• Severe obesity is a long-term effect in over 3 percent of patients with the disorder.
• One prospective study of women in the community with binge eating disorder suggested that by 5 years of follow up fewer than one fifth of the sample still had clinically significant eating disorder symptoms.
Binge Eating Disorder Treatment

• Psychotherapy
  Cognitive-Behavior Therapy (CBT) is the most effective psychological treatment.

• Psychopharmacotherapy
  SSRIs
  Most studies show that medication added to CBT is more effective than medication alone.
THE END