

Chapter 12 – Eating disorders

Characteristics of eating disorders

- Most individuals who initially meet the criteria for one of the disorders “migrate” between them, meeting criteria for 2 or more of the disorders at different times
- **Eating disorder not otherwise specified:** individuals show behaviors of the eating disorders without meeting the criteria for one of the 3 main diagnosis

3 Main Types of Eating disorders:

• 1. Anorexia Nervosa

- Starve themselves, subsisting on little or no food for very long periods of time, yet they remain sure that they need to lose weight
- **Criteria:**
 - 1. Refusal to maintain body weight at or above a minimally normal weight for age and height (weight loss leading to a weight at least 15% below minimum healthy body weight)
 - 2. Intense fear of gaining weight or becoming fat, despite being underweight
 - 3. Distortions in the perception of one’s body weight or shape, undue influence of body weight or shape on self evaluation, or denial of the seriousness of the current low body weight
 - 4. In females who have reached menarche, amenorrhea (absence of at least 3 consecutive menstrual cycles)
 - Likely to be dropped as criteria for DSM-5
- Characteristics of a person w/ Anorexia Nervosa: chronically fatigued, usually keep a grueling schedule at school or work, develop elaborate rituals about food
- Types of Anorexia
 - 1. **Restricting type of anorexia nervosa:** simply refuse to eat as a way of preventing weight gain
 - 2. **Binge/purge type of anorexia nervosa:** people periodically engage in bingeing or purging behaviors (self-induced vomiting or the misuse of laxatives or diuretics)
- Prevalence
 - 1-2% of people will develop anorexia nervosa at some time in their life
 - Between 90-95% of people diagnosed with AN are female
 - Caucasian women are more likely than African American women to develop the disorder
 - Usually begins in adolescence 15-19 years
 - As many as half of the women who develop AN have a positive outcome 10-15 years after treatment, but the remainder continue to have eating-related problems or other psychopathology
- Dangers
 - Death rate 5-8%
 - Serious consequences: cardiovascular complications (bradycardia – slow heart rate and arrhythmia – irregular heart beat), heart failure, acute expansion of the stomach – to the point of rupturing, bone strength issues (low estrogen), kidney damage, low immune functioning

- **2. Bulimia Nervosa**

- People with bulimia nervosa regularly binge eat and then attempt to avoid gaining weight from their binge
- **Criteria:**
 - 1. Recurrent episodes of binge eating characterized by:
 - Eating, in a discrete period of time (e: within a 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 (ex: 3000 – 4000 cal)
 - A sense of lack of control over eating during the episodes (the person may only eat 1000 cal. but feels as if they have no control over the eating)
 - 2. Recurrent inappropriate behaviors to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, enemas, or other medications; fasting; or excessive exercise
 - 3. Binge eating and inappropriate purging behaviors both occur, on average, at least twice a week for 3 months
 - 4. Self-evaluation is unduly influenced by body shape and weight
- **Purging type of bulimia nervosa:** people who use self-induced vomiting or purging medications
- **Nonpurging type of bulimia nervosa:** people who use excessive exercise or fasting to control their weight but do not engage in purging
- **Prevalence:**
 - 0.5-3% in the general pop.
 - More common in women than in men
 - More common in Caucasians than A.A.
 - Onset usually 15-29 years
 - Death rate not as high as those with AN
 - Serious medical complications
 - Imbalance in body's electrolytes – chronic imbalance can lead to heart failure
 - Tends to be a chronic condition
 - Those with a more persistent course tended to have been obese as children, excessively valued shape and low weight, frequently dieted, and had high levels of social maladjustment

- **3. Binge eating disorder**

- Resembles BN, except that a person with binge-eating disorder does not regularly engage in purging, fasting, or excessive exercise to compensate for binges
- Not officially recognized in DSM-IV-TR
- **Criteria:**
 - 1. Recurrent episodes of binge eating that occur in discrete period of time (within 2 hours) and a sense of loss of control during the eating
 - 2. Binge episodes are associated with 3 or more of the following:
 - Eating more rapidly than normal
 - Eating until feeling uncomfortably full
 - Eating large amounts of food even when not hungry

- Eating alone due to embarrassment or guilt
 - Eating amounts that lead to feeling disgusted, depressed, and very guilty
 - Marked distressed regarding binge eating is present
 - Binge eating occurs at least 2 days a week for a 6-month period
 - The binge eating is not associated with the regular use of inappropriate compensatory behaviors, such as purging, fasting, or excessive exercise, and does not occur exclusively during the course of anorexia or BN
- Characteristics:
 - People with BED often are significantly overweight and say they are disgusted with their body and ashamed of their bingeing
 - Typically have a history of frequent dieting, membership in weight control programs, and family obesity
- Prevalence:
 - More common in women than in men
 - Gender difference is less than in AN or BN
 - Do not appear to be racial or ethnic differences in rates of binge-eating disorder
 - Also, have high rates of depression and anxiety and a higher incidence of alcohol abuse and personality disorders
 - Tends to be chronic
- **Key differences** between the 3 major types of eating disorders
 - AN Binge/Purge differs from bulimia nervosa in 2 major ways
 - 1. People with Binge/purge type of anorexia continue to be at least 15% below healthy body weight, whereas people with bulimia nervosa typically are at normal weight or somewhat overweight
 - 2. Women with Binge/purge anorexia have amenorrhea, whereas women with bulimia nervosa usually do not
 - 3. Usually a person with AN binge/purge does not engage in binges in which large amounts of food are eaten. If even a small amount of food is eaten the person feels as if she has binged and will purge this food.
 - BN vs. AN
 - BN people do not tend to show gross distortions in their body images
 - A women with BN has a more realistic perception of her actual body shape – still, they are constantly dissatisfied with their shape and weight
 - Inset table

Variations of eating disorders

- *Partial syndrome eating disorders* – syndromes on the less severe end of the continuum of eating disorders that don't meet the full criteria for anorexia or BN
 - May binge at least once every week but not multiple times every week
 - May be underweight but not 15% underweight
 - Just as likely as those with full blown eating disorders to have several psychological problems, both as adolescents and in their 20s
- **Eating disorder not otherwise specified (EDNOS)**