

Chapter 11: Eating Disorders

- Anorexia Nervosa-Disorder marked by the pursuit of extreme thinness and by extreme weight loss
 - o DSM-IV-TR qualifications for Anorexia Nervosa
 - Refusal to maintain a body weight ideal for their weight and body, leading to a body weight that is 85% less than what is expected
 - Intense fear of gaining weight, despite being underweight
 - Distorted body perception, places too much emphasis on weight and body shape in self-evaluation, denial of severity of current low weight
 - Amenorrhea (loss of menstrual cycle)
 - o Two types of Anorexia Nervosa
 - Restricting Type Anorexia Nervosa: Restricting food consumption
 - Binge-Eating/Purging-type Anorexia Nervosa: Forced vomiting after meals, laxative use after meals, frequent eating binges
 - o 90-95% of Anorexia Nervosa cases occurred in females
 - o Peak onset age of 14-18 years old
 - o 0.5-3.5% of females in western cultures will develop Anorexia Nervosa
 - o Losing weight is the goal, fear of weight gain is the motivation
 - o People become obsessed and preoccupied with food → Plan all meals, Talk about food constantly, Dream of food
 - o Starvation Study-In the late 1940's there was a study conducted with 36 normal-weight subjects. They were placed on semi starvation diet, only allowed to eat half of the calories they would normally consume. Subjects became obsessed with food; they planned all their meals, only talked about food, and some reported even dreaming about food.
 - o People with Anorexia Nervosa often display other psychological disorders like depression, anxiety, insomnia, sometimes substance abuse, OCD
 - o Medical issues associated with Anorexia Nervosa → Amenorrhea, Low blood pressure, Decreased heart rate, Reduced bone mineral density, Lanugo-a fine silky hair that grows all over the body
- Bulimia Nervosa-Disorder marked by frequent eating binges followed by forced compensatory behaviors to avoid gaining weight
 - o DSM-IV-TR qualifications for Bulimia Nervosa
 - Recurrent episodes of binge eating
 - Recurrent inappropriate behavior in order to prevent weight gain
 - Symptoms persisting *at least* twice a week for two months
 - Undue influence of weight or body shape on self-evaluation
 - o Binge-An episode of uncontrollable eating where someone consumes an extreme amount of food
 - o After a binge, one will engage in some sort of compensatory behavior
 - o Two types of Bulimia Nervosa
 - Purging-type Bulimia Nervosa: Vomiting, abusing laxatives, enemas
 - Non Purging-type Bulimia Nervosa: Excessive exercise, fasting
 - o 90-95% of cases occur in women

- o 15-21 years old is peak onset age
- o Unlike Anorexia Nervosa, weight remains relatively unchanged
- o Binge-eating disorder-Not listed in the DSM-IV-TR, one engages in binge eating behavior, *without* the subsequent compensatory behavior
- o People with Bulimia Nervosa tend to engage in...
 - 1-30 binge episodes per week
 - 1,000-10,000 calories consumed per binge episode
- Anorexia Nervosa vs. Bulimia Nervosa
 - o Both commonly begin after a period of dieting
 - o Both are driven by a fear of gaining weight
 - o People with either disorder are at a heightened risk of committing suicide
 - o People with Bulimia tend to be more concerned with pleasing other people, they tend to be more sexually active and experienced, tend to have a longer/more complicated history of mood swings, when compared to people with Anorexia Nervosa
 - o Only half of women with Bulimia Nervosa develop amenorrhea
- What Causes an Eating Disorder?
 - o Multidimensional risk perspective-Theory that identifies risk factors that are thought to combine and result in a disorder. The greater number of factors present, the greater the chance of developing the disorder.
 - o Psychodynamic perspective on Eating Disorders
 - Disturbed mother-child interactions lead to ego deficiencies which lead to serious perceptual disturbances, which manifest themselves as an eating disorder
 - The psychodynamic perspective thinks that there are two types of parents
 - Effective Parents-Parents who correctly respond to their child's biological and emotional needs
 - o Child is crying due to hunger→Parent feeds them
 - o Child is crying due to fear→Parent comforts them
 - Ineffective Parents-Parents fail to correctly respond to their child's needs
 - o Child is crying due to hunger→Parent incorrectly interprets their crying as fear and comforts the child, leaving the child hungry
 - o Child is crying due to fear→Parent incorrectly interprets their crying as hunger and feeds child, leading the child to associate eating with a time of anxiety
 - Ineffective parents cause children to not know how to interpret their own internal feelings and desires
 - People with eating disorders are often have alexithymia (difficulty describing/interpreting their feelings)
 - o Cognitive Perspective on Eating Disorders
 - Improper labeling of needs and desires, feeling of no control over one's own life, BUT they feel as if they have full desire of their body and their weight

- These deficiencies lead to cognitive distortion, which leads to eating disorder
- o Biological Perspective on Eating Disorders
 - Relatives who are helping a family member through an Eating Disorder are 6x more likely to develop an Eating Disorder
 - If identical twin has Anorexia, the other is 70% more likely to develop a Anorexia as well (20% in fraternal twins)
 - If an identical twin has Bulimia, the other is 23% more likely to develop a Anorexia as well (9% in fraternal twins)
 - Research has found that there is a link between genes that produce serotonin and eating disorder
 - People with an eating disorder have observable low levels of serotonin
 - NOTE: People with an eating disorder often have other psychological disorders like depression, anxiety, OCD. These disorders all are linked to low serotonin levels, so it's possible that the low levels in eating disorder patients are due to that.
 - Possible link in the Hypothalamus
 - Hypothalamus regulates bodily functions
 - There are two areas in the hypothalamus that control eating
 - o Lateral Hypothalamus (LH) → side areas of hypothalamus, produce hunger when activated
 - o Ventromedial Hypothalamus (VHM) → bottom middle of the hypothalamus, reduce hunger when activated
 - These areas are activated by appetite suppressing chemicals
 - o Cholecystokinin (CCK)
 - o Glucagon-like peptide-1
 - Scientists believe that hypothalamus and chemicals work together to keep individual at "weight set point"
 - o Weight Set Point-weight level that a person is predisposed to maintain
 - When someone's weight dips below their weight set point the Lateral Hypothalamus seeks to restore weight by
 - o Increasing hunger
 - o Lowering metabolic rate
 - When someone's weight surpasses their weight set point the Ventromedial Hypothalamus seeks to restore weight by
 - o Decreasing hunger
 - o Raising metabolic rate
- o Social Perspective on Eating Disorders
 - As thinness becomes more desirable, rates of Eating Disorders are increasing
 - Women in higher socioeconomic classes are more concerned with dieting than women in lower socioeconomic classes → Eating disorders are more common in higher socioeconomic classes
- o Family Perspective on Eating Disorders