



Eating Disorders

Statistics

- Over one-half of teenage girls and one-third of teenaged boys use unhealthy weight control behaviors such as skipping meals, smoking, fasting, vomiting, or taking laxatives

Statistics

• 42% of 1st-3rd grade girls want to be thinner

• 81% of 10 year olds are afraid of being fat

Statistics

- ✦ The average woman is 5'4" and weighs 140 pounds. The average supermodel is 5'11" and weighs 117 pounds.
- ✦ Americans spend over \$40 billion on dieting and diet related products each year

Anorexia Nervosa

✦ Description

- Characterized by excessive weight loss
- Self-starvation
- Preoccupation with foods, progressing restrictions against whole categories of food
- Anxiety about gaining weight or being “fat”
- Denial of hunger
- Consistent excuses to avoid mealtimes
- Excessive, rigid exercise regimen to “burn off” calories
- Withdrawal from usual friends

Anorexia

✦ Symptoms

- Resistance to maintaining body weight at or above a minimally normal weight for age and height
- Intense fear of weight gain or being “fat” even though underweight
- Disturbance in the experience of body weight or shape on self-evaluation
- Loss of menstrual periods in girls and women post-puberty

Anorexia

- What do counselors look for?
 - Rapid loss of weight
 - Change in eating habits
 - Withdrawal from friends or social gatherings
 - Hair loss or dry skin
 - Extreme concern about appearance or dieting

Anorexia

✦ Age Range

- Most cases are in women ranging in age from early teens to mid-twenties
- Recently there have been more cases of women and men in 30's and 40's suffering from an eating disorder
- 40% of newly identified cases are in girls 15-19
- Significant increase in women aged 15-24

Anorexia

✦ Prevalence in Population

- 0.5%-1% of women from late adolescence to early adulthood meet the full criteria for anorexia
- Even more are diagnosed under a subthreshold
- Limited data on number of males with anorexia
- 10 million people have been diagnosed with having an eating disorder of some type



Bulimia Nervosa

Description

- Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:
 - eating, in a discrete period of time (e.g., within any 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
 - 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)

Description

- ✦ Recurrent inappropriate compensatory behavior in order to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, enemas, or other medications; fasting; or excessive exercise.
- ✦ The binge eating and inappropriate compensatory behaviors both occur, on average, at least twice a week for 3 months.
- ✦ Self-evaluation is unduly influenced by body shape and weight.
- ✦ The disturbance does not occur exclusively during episodes of Anorexia Nervosa.

Symptoms

- ✦ Eating large amounts of food uncontrollably (binging)
- ✦ Vomiting, using laxatives, or using other methods to eliminate food (purging)
- ✦ Excessive concern about body weight
- ✦ Depression or changes in mood
- ✦ Unusual dental problems, swollen cheeks or glands, heartburn, or bloating (swelling of the stomach)

Warning Signs That Counselors Look For

- ✦ Evidence of binge eating
- ✦ Evidence of purging behaviors
- ✦ Excessive, rigid exercise regimen
- ✦ Unusual swelling of the cheeks and jaw area
- ✦ Calluses on the back of the hands and knuckles from self-induced vomiting
- ✦ Discoloration or staining of teeth

Warning Signs That Counselors Look For

- ✦ Creation of lifestyle schedules and rituals to make time for binge-and-purge sessions
- ✦ Withdrawal from friends and activities
- ✦ In general, behaviors and attitudes indicating that weight loss, dieting, and control of food are becoming primary concerns

Developmental Level

- ✦ The average onset of Bulimia begins in late adolescence or early adult life
 - Usually between the ages of 16 and 21
- ✦ However, more and more women in their 30s are reporting that they suffer from Bulimia

Prevalence

- ✦ The prevalence of Bulimia Nervosa among adolescent and young adult females is approximately 1%-3%.
- ✦ The rate of occurrence in males is approximately one-tenth of that in females.

Bulimia Nervosa

*onset and course

- ✚ usually begins in late adolescence or early adult life and affects 1-2% of young women
- ✚ 90% of individuals are female
- ✚ frequently begins during or after an episode of dieting
- ✚ course may be chronic or intermittent
- ✚ for a high percentage the disorder persists for at least several years
- ✚ periods of remission often alternate with recurrences of binge eating
- ✚ purging becomes an addiction

Bulimia Nervosa

*onset and course cont..

- ✦ occurs with similar frequencies in most industrialized countries
- ✦ most individuals presenting with the disorder in the U.S. are Caucasian.
- ✦ only 6% of people with bulimia receive mental health care
- ✦ the incidence of bulimia in 10-39 year old women **TRIPLED** between 1988 and 1993



Health Consequences of Bulimia Nervosa:

- ✦ Causes electrolyte imbalances that can lead to irregular heartbeats and possibly heart failure and death. Electrolyte imbalance is caused by dehydration and loss of potassium and sodium from the body as a result of purging behaviors.
- ✦ Inflammation and possible rupture of the esophagus from frequent vomiting.
- ✦ Tooth decay and staining from stomach acids released during frequent vomiting.
- ✦ Chronic irregular bowel movements and constipation as a result of laxative abuse.

Anorexia Nervosa

*onset and course

- mean age at onset is 17 years
- affects about 1% of all females in late adolescence and early adulthood
- bi-modal peaks at ages 14 and 18
- rarely occurs in females over age 40
- course and outcome are highly variable
 - recover after a single episode
 - fluctuation pattern of weight gain followed by relapse
 - chronic deteriorating course of the illness over many years



● Onset often associated with a stressful life event:

- ✦ leaving home for college
- ✦ termination or disruption of an intimate relationship
- ✦ family problems
- ✦ physical abuse
- ✦ sexual abuse

Anorexia Nervosa

*onset and course cont..

Other developments throughout the course of anorexia

- dramatic weight loss
- preoccupation with food and dieting
- refusal to eat certain foods
 - progresses to restrictions against whole categories of food (i.e.; carbohydrates)
- denial of hunger
- anxiety about gaining weight or being fat
- consistent excuses to avoid meal times
- withdrawal from friends and activities
- development of food rituals
 - eating foods in certain orders, excessive chewing, rearranging food on a plate



Health Consequences of Anorexia Nervosa

- ✿ Abnormally slow heart rate and low blood pressure, which mean that the heart muscle is changing. The risk for heart failure rises as heart rate and blood pressure levels sink lower and lower.
- ✿ Reduction of bone density (osteoporosis), which results in dry, brittle bones.
- ✿ Muscle loss and weakness.
- ✿ Severe dehydration, which can result in kidney failure.
- ✿ Fainting, fatigue, and overall weakness.
- ✿ Dry hair and skin, hair loss is common.
- ✿ Growth of a downy layer of hair called lanugo all over the body, including the face, in an effort to keep the body warm.



Causes of Eating Disorders

- ✦ Personality Traits
- ✦ Genetics
- ✦ Environmental Influences
- ✦ Biochemistry

Personality Traits

- ✚ Low self-esteem
- ✚ Feelings of inadequacy or lack of control in life
- ✚ Fear of becoming fat
- ✚ Depressed, anxious, angry, and lonely feelings
- ✚ Rarely disobey
- ✚ Keep feelings to themselves
- ✚ Perfectionists
- ✚ Achievement oriented
 - Good students
 - Excellent athletes
 - Competitive careers

Personality traits contribute to the development of eating disorders because:

- ✦ Food and the control of food is used as an attempt to cope with feelings and emotions that seem overwhelming
- ✦ Having followed the wishes of others...
 - Not learned how to cope with problems typical of adolescence, growing up, and becoming independent
- ✦ People binge and purge to reduce stress and relieve anxiety
- ✦ Anorexic people thrive on taking control of their bodies and gaining approval from others
- ✦ Highly value external reinforcement and acceptance

Genetic Factors May Predispose People to Eating Disorders

*Studies Suggest:

- ✦ Increased risk of anorexia nervosa among first-degree biological relatives of individuals with the disorder
- ✦ increased risk of mood disorders among first-degree biological relatives of people with anorexia, particularly the binge-eating/purging type.
- ✦ Twin studies
 - concordant rates for monozygotic twins is significantly higher than those for dizygotic twins.
- ✦ Mothers who are overly concerned about their daughter's weight and physical attractiveness might cause increase risk for development of eating disorders.
- ✦ Girls with eating disorders often have brothers and a father who are overly critical of their weight.

● Genetics Linked to Anorexia, Bingeing

- Indianapolis Star, March 12, 2006

- ✦ 2 new studies show that genetics may outweigh environmental factors in producing eating disorders.
- ✦ 1) Records from 30,000 Swedish twins found identical twins more likely to share an eating problem than fraternal twins or non twin siblings
 - found that genes were responsible for 56% of the cases.
- “People need to understand that they are fighting their biology and not just a psychological need to be thin” - Dr. Cynthia Bulik of University of North Carolina School of Medicine

● Genetics linked to anorexia, bingeing - Indianapolis Star, March 12, 2006

- 2) Strong genetic contribution to binge-eating - Dr. James Hudson at Harvard Medical School
 - Interviewed the parents, siblings, and children of 300 people, half with a history of binge-eating
 - Findings:
 - family members of binge-eaters were twice as likely to have a similar eating disorder than those without a history.
 - relatives of binge-eaters were more than twice as likely to be obese

Environmental Factors

- Interpersonal and Social

✦ Interpersonal Factors

- troubled family and personal relationships
- difficulty expressing emotions and feelings
- history of being teased or ridiculed based on size or weight
- history of trauma, sexual, physical and/or mental abuse
 - 60-75% of all bulimia nervosa patients have a history of physical and/or sexual abuse

Environmental Factors

✦ Social Factors (media and cultural pressures)

- Cultural pressures that glorify "thinness" and place value on obtaining the "perfect body"
- Narrow definitions of beauty that include only women and men of specific body weights and shapes
- Cultural norms that value people on the basis of physical appearance and not inner qualities and strengths
- People pursuing professions or activities that emphasize thinness are more susceptible
 - ie. Modeling, dancing, gymnastics, wrestling, long distance running

Environmental Factors

- Media messages help to create the context within which people learn to place value on the size and shape of their body.
 - Advertising and celebrity spot lights scream “thin is in,” defining what is beautiful and good.
 - Media has high power over the development of self-esteem.

Some Basic Facts About the Media's Influence in Our Lives:

- ✪ According to a recent survey of adolescent girls, the media is their main source of information about women's health issues
- ✪ Researchers estimate that 60% of Caucasian middle school girls read at least one fashion magazine regularly
- ✪ Another study of mass media magazines discovered that women's magazines had 10.5 times more advertisements and articles promoting weight loss than men's magazines did
- ✪ A study of one teen adolescent magazine over the course of 20 years found that in articles about fitness or exercise plans, 74% cited "to become more attractive" as a reason to start exercising and 51% noted the need to lose weight or burn calories
- ✪ The average young adolescent watches 3-4 hours of TV per day
- ✪ A study of 4,294 network television commercials revealed that 1 out of every 3.8 commercials send some sort of "attractiveness message," telling viewers what is or is not attractive (as cited in Myers et al., 1992). These researchers estimate that the average adolescent sees over 5,260 "attractiveness messages" per year.

Biochemical Factors

- ✚ Chemical imbalances in the neuroendocrine system
 - these imbalances control hunger, appetite, digestion, sexual function, sleep, heart and kidney function, memory, emotions, and thinking
- ✚ Serotonin and norepinephrine are decreased in acutely ill anorexia and bulimia patients
 - representing a link between depression and eating disorders
- ✚ Excessive levels of cortisol in both anorexia and depression
 - caused by a problem that occurs in or near the hypothalamus



Assessment of Eating Disorders

By Becky Sosby



Assessing Eating Disorders

- ✚ No specific tests to diagnose
- ✚ No routine screening for eating disorders
- ✚ Medical history, physical exam, and specific screening questions, along with other assessment tests help to identify eating disorders



What should an assessment include?

- ✦ A full physical exam
- ✦ Laboratory and other diagnostic tests
- ✦ A general diagnostic interview
- ✦ Specific interview that goes into more detail about symptoms



Thorough Medical Assessment

✦ Physical Exam

- Check weight
- Blood pressure, pulse, and temperature
- Heart and lungs
- Tooth enamel and gums

✦ Nutritional assessment/evaluation

- Eating patterns
- Biochemistry assessment—how chemistry with eating disorders contributes to additional appetite decline and decreased nutritional intake



Thorough Medical Assessment

✿ Lab & other diagnostic tests

- Blood tests
- X-rays
- Other tests for heart and kidneys

✿ Interviews

- History of body weight
- History of dieting
- Eating behaviors
- All weight-loss related behaviors
- Past and present stressors
- Body image perception and dissatisfaction



Mental Health Assessment

- Screen for depression
- Self-esteem
- Anxiety
- Appearance, mood, behavior, thinking, memory
- Substance, physical, or sexual abuse
- Any mental disorders?

Screening Questions

✦ Some sample questions to ask during an interview include:

- How many diets have you been on in the past year?
- Do you think you should be dieting?
- Are you dissatisfied with your body size?
- Does your weight affect the way you think about yourself?

✦ Any positive responses to these questions should prompt further evaluation using a more comprehensive questionnaire

Assessment Tools

- ✦ There are numerous tests that can be used to assess eating disorders
- ✦ EAT, EDI-2, PBIS, FRS, and SCOFF are some of the more popular tests

EAT (Eating Attitudes Test)

- ✦ 26 item self-report questionnaire broken down into 3 subscales
 - Dieting
 - Bulimia & food preoccupation
 - Oral control
- ✦ Designed to distinguish patients with anorexia from weight-preoccupied, but healthy, female college students
- ✦ Has advantages & limitations
 - Subjects are not always honest when self-reporting
 - Has been useful in detecting cases of anorexia nervosa



EDI-2 (Eating Disorder Inventory)

- ✦ A self-report measure of symptoms
- ✦ Assess thinking patterns & behavioral characteristics of anorexia and bulimia
- ✦ 8 subscales
 - 3 about drive for thinness, bulimia, & body dissatisfaction
 - 5 measure more general psychological traits relevant to eating disorders
- ✦ Provides information to clinicians that is helpful in understanding unique experience of each patient
- ✦ Guides treatment planning

PBIS

(Perceived Body Image Scale)

- ✦ Provides an evaluation of body image dissatisfaction & distortion in eating disordered patients
- ✦ A visual rating scale
- ✦ 11 cards containing figure drawings of bodies ranging from emaciated to obese
- ✦ Subjects are asked 4 different questions that represent different aspects of body image

FRS

(Figure Rating Scale)

- ✦ Widely used measure of body-size estimation
- ✦ 9 schematic figures varying in size
- ✦ Subjects choose a shape that represents:
 - their "ideal" figure
 - how they "feel" they appear
 - the figure that represents "society's ideal" female figure
- ✦ Used to determine perception of body shape
- ✦ Used for self and "target" body size estimation

SCOFF

- Questionnaire to determine eating disorders
 - **S**ick
 - **C**ontrol
 - **O**ne stone
 - **F**at
 - **F**ood
- 1 point for every “YES” answer
- Score greater than 2 means anorexia and/or bulimia



Differential Diagnosis



Anorexia Nervosa

- ✦ Superior Mesenteric Artery Syndrome
- ✦ Major Depressive Disorder
- ✦ Schizophrenia



Bulimia Nervosa

- ✦ Kleine-Levin Syndrome
- ✦ Major Depressive Disorder
- ✦ Borderline Personality Disorder



Treatment Strategies

For Eating Disorders

Treatment Strategies:

- ✦ Ideally, treatment addresses physical and psychological aspects of an eating disorder.
- ✦ People with eating disorders often do not recognize or admit that they are ill
 - May strongly resist treatment
 - Treatment may be long term
- ✦ E.D. are very complex and because of this several health practitioners may be involved:
 - General practitioners, Physicians, Dieticians, Psychologists, Psychiatrists, Counselors, etc.
- ✦ Depending on the severity, an eating disorder is usually treated in an:
 - Outpatient setting: individual, family, and group therapy
 - Inpatient/Hospital setting: for more extreme cases

Anorexia Treatment

✦ Three main phases:

- Restoring weight lost
- Treating psychological issues, such as:
 - Distortion of body image, low self-esteem, and interpersonal conflicts.
- Achieving long-term remission and rehabilitation.

✦ Early diagnosis and treatment increases the treatment success rate.

Anorexia Treatment

☼ Hospitalization (Inpatient)

- Extreme cases are admitted for severe weight loss
- Feeding plans are used for nutritional needs
 - Intravenous feeding is used for patients who refuse to eat or the amount of weight loss has become life threatening

☼ Weight Gain

- Immediate goal in treatment
- Physician strictly sets the rate of weight gain
 - Usually 1 to 2 pounds per week
 - In the beginning 1,500 calories are given per day
 - Calorie intake may eventually go up to 3,500 calories per day

☼ Nutritional Therapy

- Dietitian is often used to develop strategies for planning meals and to educate the patient and parents
- Useful for achieving long-term remission

Bulimia Treatment

✶ Primary Goal

- Cut down or eliminate bingeing and purging
- Patients establish patterns of regular eating

✶ Treatment Involves:

- Psychological support
 - Focuses on improvement of attitudes related to E.D.
 - Encourages healthy but not excessive exercise
 - Deals with mood or anxiety disorders
- Nutritional Counseling
 - Teaches the nutritional value of food
 - Dietician is used to help in meal planning strategies
- Medication management
 - Antidepressants (SSRI's) are effective to treat patients who also have depression, anxiety, or who do not respond to therapy alone
 - May help prevent relapse

Eating Disorder Treatment

Medical Treatment

– Medications can be used for:

- Treatment of depression/anxiety that co-exists with the eating disorder
- Restoration of hormonal balance and bone density
- Encourages weight gain by inducing hunger
- Normalization of the thinking process

– Drugs may be used with other forms of therapy

- Antidepressants (SSRI's such as Zoloft)
 - May suppress the binge-purge cycle
 - May stabilize weight recovery

Eating Disorder Treatment

Individual Therapy

- Allows a trusting relationship to be formed
- Difficult issues are addressed, such as:
 - Anxiety, depression, low self-esteem, low self-confidence, difficulties with interpersonal relationships, and body image problems
- Several different approaches can be used, such as:
 - Cognitive Behavioral Therapy (CBT)
 - Focuses on personal thought processes
 - Interpersonal Therapy
 - Addresses relationship difficulties with others
 - Rational Emotive Therapy
 - Focuses on unhealthy or untrue beliefs
 - Psychoanalysis Therapy
 - Focuses on past experiences

Eating Disorder Treatment

✦ Nutritional Counseling

- Dieticians or nutritionists are involved
- Teaches what a well-balanced diet looks like
 - This is essential for recovery
 - Useful if they lost track of what “normal eating” is.
- Helps to identify their fears about food and the physical consequences of not eating well.

Eating Disorder Treatment

Family Therapy

- Involves parents, siblings, partner.
- Family learns ways to cope with E.D. issues
- Family learns healthy ways to deal with E.D.
- Educates family members about eating disorders
- Can be useful for recovery to address conflict, tension, communication problems, or difficulty expressing feelings within the family

Eating Disorder Treatment

• Group Therapy

- Provides a supportive network
 - Members have similar issues
- Can address many issues, including:
 - Alternative coping strategies
 - Exploration of underlying issues
 - Ways to change behaviors
 - Long-term goals



Prognosis for Improvement

✦ Anorexia

- 50% have good outcomes
- 30% have intermediate outcomes
- 20% have poor outcomes

✦ Bulimia

- 45% have good outcomes
- 18% have intermediate outcomes
- 21% have poor outcomes



Prognosis for Improvement

✦ Factors that predict good outcomes:

- Early age at diagnosis
- Beginning treatment as soon as possible
- Good parent-child relationships
- Having other healthy relationships with friends or therapists

Prognosis for Improvement

✶ Anorexia

– Poorer prognosis with:

- Initial lower weight
- Presence of vomiting
- Failure to respond to previous treatment
- Bad family relationships before illness
- Being Married

✶ Bulimia

– Poorer prognosis with:

- High number hospitalizations because of severity
- Extreme disordered eating symptoms at start of treatment
- Low motivation to change habits

Relapse Triggers

✦ Factors that may cause relapse:

- Allowing to become excessively hungry
 - May lead to overeating and temptation to purge
- Frequent weigh-ins on the scale
 - Weight gain may cause anxiety and high chance of relapse
- Depriving self of good tasting food
 - Deprivation can lead to cravings and food binges
 - Deprivation may build to include most food resulting in relapse
- Not paying attention to emotions
 - Certain emotions may be triggers
 - Not learning alternative ways to deal with strong emotions may cause relapse