Today's Discussion

- Anorexia Nervosa
- Bulimia Nervosa
- Binge Eating Disorder
- Other eating disorders

Defining an Eating Disorder

- An eating disorder is a complex illness that develops over time from a combination of psychological, interpersonal, cultural, and physiological factors resulting in a disturbance of thoughts and behaviors about food and weight, and a distorted body image.
- Eating Disorders are progressive in nature, affect males and females, and can have life-threatening consequences.
Anorexia Nervosa

Restricting
Anorexia

Anorexia
Binge-Purge
or Purging

Purging
Bulimia

Binge-Purge
Bulimia

Binge Eating

Eating Behavior Continuum

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 and adolescents, less than that minimally expected
- Body weight less than 85% expected or BMI equal to or less than 17

Diagnostic Criteria - DSM5
Intense fear of gaining weight or becoming fat or persistent behavior that interferes with weight gain, even though significantly low weight.

Undue influence of body weight/shape on self-evaluation

Denial of seriousness of current body weight

Elimination of amenorrhea as a requirement for diagnosis

A literature review yielded a body of research showing that women who meet all the criteria for anorexia nervosa but still report some menstrual activity are virtually identical in terms of clinical impairment and treatment response

Restricting Type

Binge-Purge Type

Progression from restrictive only

Tend to be older

More psychopathology

Poorer outcomes
Occurrence

Gender:
- Female 0.9%
- Male 0.3%

Ethnicity: Function of Westernization

Age of Onset: Becoming more variable
- Usually occurs during adolescence, at a mean age of 17
- Older adult onset has poorer prognosis

Socio-Cultural Influences

The symptoms are an expression of:
- Advertising, media and culture
- Multi-billion dollar diet industry
- Fear based and exaggerated health risks
- Obesity campaigns
- Overvaluation of “clean eating”

Familial Influences

Family Systems Overvaluation
- Perfectionism
- "Looking good"
- High achievement
- Athleticism
- Health (Orthorexia)
- Low body weight
- Unrecognized and inadvertently supported
Biological Influences

Serotonin System
- Restriction is associated with too much serotonin
- Linked to Obsessive Compulsive Disorder and over-regulation
- Lack adaptability and resilience to environmental stressors

Dopamine System
- Increase in receptor availability (opposite in BE and substance users)
- Impairment in “set shifting." Inability to inhibit old stimuli or control counterproductive thoughts in order to shift and adapt to a new set of stimuli

Biological Influences

- Low impulsivity
- High harm avoidance
- Difficulties in experiencing pleasure
- Obsessional personalities
- Perfectionism
- Rigidity
- Difficulty incorporating feedback to modify behaviors
Restriction of food
- Result of an overly inhibited system
- An attempt to self-regulate a system that can’t negotiate or adapt to change internally and externally

Avoidance of food
- Food Rituals
- Calorie counting and calculations

Excessive or compulsive exercise
- Body checking
- Body dissatisfaction
- Body distortions
- Obsessional weighing

Generalized Anxiety Disorder (GAD)
Obsessive Compulsive Disorder (OCD)
Major Depressive Disorder (MDD)
Bulimia Nervosa

Recurrent episodes of binge eating:
- Eating in a discrete period of time (2 hour period), an amount of food that is definitely larger than most people would eat under similar circumstances
- A sense of lack of control over eating during the episode

Diagnostic Criteria - DSM5

Recurrent inappropriate compensatory behaviors in order to prevent weight gain
- Vomiting, laxatives, diuretics, enemas, fasting, exercise
- Occurs once per week for 3 months
- Self-evaluation unduly influenced by body shape and weight
- Does not occur exclusively during episodes of Anorexia Nervosa
“There is very little evidence for the validity and utility of a BN-NP subtype. There is also insufficient and inconclusive evidence to decide whether patients who display nonpurging types of compensation behavior should be categorized as BN or as BED.”

Hoeken et al, 2009

Diagnostic Criteria - DSM5

Gender:
- Female 0.6%
- Male 0.1%

Ethnicity: Function of westernization

Age: variable

Other:
- History of pica (7x higher)
- History of dieting, weight concerns, and negative body image

Occurrence

Socio-Cultural Influences

The symptoms are an expression of:
- Advertising, media and culture
- Multi-billion dollar diet industry
- Fear based and exaggerated health risks
- Obesity campaigns
- Overvaluation of “clean eating”
Familial Influences
- Alcohol, relational trauma, physical or sexual abuse
- Issues with eating, weight and appearance

Biological Influences
Serotonin System
- Lower levels of serotonin
- Influence on satiety
- Linked to impulsivity and dysregulation

Biological Influences
High stimulus/sensation seeking
- High novelty seeking
- Affective instability
- Depression
- Dissociative
- Impulsive
- Leads to legal issues, substance abuse and suicidality
**Biological Influences**

- Lacks interoceptive awareness
- Anhedonic
- Maturity fears
- Feeling ineffective or powerless
- Intimacy issues
  - Relational
  - Sexual

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**Biological Influences**

- Insecure attachments due to chaotic families and relational trauma
- Early attachment issues directly affect systems of self-regulation and self-soothing

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**Symptoms**

- Range of intensity and frequency of B-P episodes
- Cognitive distortions and irrational beliefs around food, weight, and appearance
- Body loathing, body checking, obsessive weighing
- Food ritual around binge eating, hiding and sneaking food, discomfort with eating in public, excessive dieting
- Frequent/compulsive exercise or exercise avoidant
Binge Eating Disorder

Eating an amount of food, in a discrete period of time, that is definitely larger than most would eat in a similar period of time under similar circumstances

A sense of lack of control over eating during the episode

* A feeling that one cannot stop eating or control what or how much one is eating

Diagnostic Criteria - DSM5

The binge eating episodes are associated with three or more of the following:

* Eating much more rapidly than normal
* Eating until feeling uncomfortably full
* Eating large amounts of food when not feeling physically hungry
* Eating alone because of being embarrassed by how much one is eating
* Feeling disgusted with oneself, depressed or very guilty after overeating
Diagnostic Criteria - DSM5

Marked distress regarding binge eating
The binge eating occurs on average at least once a week for three months
The binge eating is not associated with the recurrent use of inappropriate compensatory behaviors (purging) and does not occur exclusively during the course of anorexia or bulimia

Occurrence

Gender:
- Female 3.5%
- Male 2.0%

Ethnicity: Function of westernization
Age: Emotional eating proceeds binge eating; binge eating follows restriction

Risk Factors

Heritability as high as 50%
Specific risk factors
- Childhood obesity
- Teasing and bullying
- Perceived stress
- Loss of control of eating in childhood
Socio-Cultural Influences
The symptoms are an expression of:
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- Obesity campaigns
- Overvaluation of “clean eating”

Co-occurring Disorders
- High correlation with obesity
- Medical problems: metabolic syndrome, PCOS, Diabetes, Cardiovascular disease, Gallbladder disease
- Depression
- Anxiety
- Substance Use
- ADHD

Personality Features
Personality Disorders
- Avoidant, Borderline, Obsessive-Compulsive
Perfectionism
Impaired executive function and decision making (low self-directedness)
Dilemmas

- Are eating disorders addictions?
- Does the continuum model still hold true?
- Are those with true restricting anorexia different from their binge-purge cohorts?
- How different is BED with and without obesity?

Auto-Addiction Opioid Theory

- Every drug of abuse mimics in some way a neurotransmitter or brain chemical that is involved in the reward system… it is an unproven hypothesis that ED… also capture this system (Steve Hyman, MD)
- Starving, bingeing, and purging all serve as drug delivery devices since they increase circulating levels of B-endorphins that are chemically identical to exogenous opiates

Other Eating Disorders - DSM5

Avoidant/Restrictive Food Intake Disorder (AFRID)
Defined as an “eating or feeding disturbance”
Including but not limited to apparent lack of interest in eating or food, avoidance based on the sensory characteristics of food, or concern about aversive consequences of eating
Persistent failure to meet appropriate nutritional and energy needs
- Resulting weight loss or inability to gain weight or faltering growth in children
- Nutritional deficiency, dependence on enteral feeding, psychosocial deficits
Other Eating Disorders - DSM5

EDNOS changed to FEDNEC:
Feeding and Eating Disorder Not Elsewhere Classified
Examples:
- Atypical Anorexia Nervosa - all symptoms except weight is in normal ranges
- Subthreshold BN and BED
- Purging Disorder (PD) does not binge, normal weight
- Other Feeding and Eating Conditions not elsewhere classified but have clinical significance

SCOFF - Assessment

- Simple, brief screening tool for eating disorders
- Oral and written are both valid
- Picks up nearly 100% AN and BN cases

Questions:
1. Do you make yourself sick because you feel uncomfortably full?
2. Do you worry you have lost control over how much you eat?
3. Have you recently lost more than 15 pounds in a three month period?
4. Do you believe yourself to be fat when others say you are too thin?
5. Would you say that food dominates your life?
(Two or more yes answers may be an indicator of an eating disorder)

Referral

- All eating disorders are serious psychiatric illnesses and need referral to Eating Disorder Specialist and should be treated by a team including a primary care provider.
- AIH-ME-BE is a program for the treatment of Binge Eating Disorder.
- Any co-occurring disorders should be seen concurrently by behavioral and/or medical treatment professional.
Outcomes

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<th>1 YEAR</th>
<th>5 YEAR</th>
<th>10+ YEAR</th>
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<td>Anorexia</td>
<td></td>
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<tr>
<td></td>
<td>10% Good</td>
<td>44% Good</td>
<td>71% Good</td>
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<td>45% Intermediate</td>
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<tr>
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<td>44% Poor</td>
<td>24% Poor</td>
<td>13% Poor</td>
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<tr>
<td></td>
<td>1% Deceased</td>
<td>4% Deceased</td>
<td>6% Deceased</td>
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<tr>
<td>Bulimia</td>
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<tr>
<td></td>
<td>50% Good</td>
<td>60% Good</td>
<td>75% Good</td>
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<td>20% Poor</td>
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<tr>
<td></td>
<td>9% Deceased</td>
<td>1% Deceased</td>
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Resources

National Institutes of Health: [www.nih.gov](http://www.nih.gov)
National Association of Anorexia Nervosa and Associated Disorders (ANAD): [www.anad.org](http://www.anad.org)
Academy for Eating Disorders (AED): [www.aedweb.org](http://www.aedweb.org)
International Association of ED Professionals (IAEDP): [www.iaedp.com](http://www.iaedp.com)
American Dietetic Association: [www.eatright.org](http://www.eatright.org)