EATING DISORDERS

- Eating disorders are characterised by marked disturbance in eating behaviour
- Two major disorders:
  - **ANOREXIA NERVOSA**
  - **BULIMIA NERVOSA**

ANOREXIA NERVOSA:

- Definition:
  - A serious and potentially fatal condition characterised by a disturbed body image and self-imposed severe dietary limitations that usually result in serious malnutrition
  - Range of mortality is 5-18% of patients
- **Diagnosis:**
  - There are two types of AN:
    - Restricting type (take in as few calories as is possible)
      - Have OCD traits with respect to food
    - Binge-eating/purging type:
      - Share many features with people with bulimia nervosa
  - **DSM-IV criteria:**
    - Refusal to maintain body weight at or above a minimally normal weight for age and height (less than 85% expected weight for age and height)
    - Intense fear of gaining weight or becoming fat, even though underweight
    - Disturbance in the way in which one's body weight or shape is experienced
    - Undue influence of body weight or shape on self-evaluation
    - Denial of the seriousness of the current low weight
    - In postmenarcheal women, amenorrhoea
- **Epidemiology:**
  - Lifetime prevalence among women is 0.5-3.7%
  - Onset usually between 10 and 30 years of age
  - 10-20x women compared to men
  - Most common in professions that require thinness and in developed countries
- **Aetiology:**
  - Biologic:
    - Higher concordance rates in monozygotic twins than in dizygotic
    - Increase in familial depression, alcohol dependence and esting disorders has been noted
    - PET studies suggest increased caudate nucleus activity during anorectic state
  - Psychological:

        - Reaction to demands for independence and social or sexual functioning in adolescence
    - Social:
        - Society's emphasis on thinness and exercise
        - Troubled relationship with parents
- **Differential diagnosis:**
    - Medical illnesses can account for weight loss (e.g. cancer, GIT disorders)
    - Depressive disorders:
        - Usually these patients have a decreased appetite, whereas those with AN believe there appetite is normal
        - No fear of weight gain/body image problems
    - Schizophrenia with delusions regarding food
    - Bulimia nervosa – weight loss is seldom more than 15%
        - Can be co-existent with AN (30-50% cases)
- **Treatment:**
    - Hospitalisation:
        - First consideration in a person with AN is restoration of patient's nutritional state
        - Rule of thumb:
            - If <80% expected are recommended for inpatient programs
            - If <70% expected, then consider psychiatric hospitalisation
    - Psychological therapy:
        - CBT:
            - Patients are taught to monitor there food intake, feelings and emotions, bingeing and purging behaviour
            - Taught also to challenge their core beliefs (i.e. cognitive restructuring)
        - Dynamic psychotherapy
        - Family therapy
    - Pharmacological therapy:
        - Patients often resist medication
        - Antidepressant medications are used if major depression is coexistent
            - Beware use of TCA in low weight depressed patients due to vulnerability to hypotension, arrhythmia and dehydration

BULIMIA NERVOSA

- DEFINITION:
    - Episodic, uncontrolled, compulsive and rapid ingestion of large amounts of food within a short period of time (binge eating)
        - Followed by self-induced vomiting, sue of laxatives or diuretics, fasting or vigorous exercise to prevent weight gain (binge and purge)
- **Diagnosis:**
    - **DSM-IV criteria:**

        - Recurrent episodes of binge eating, characterised by both of the following:
            - Eating, in a discrete period of time, 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
        - Recurrent inappropriate compensatory behaviour in order to prevent weight gain:
            - Self-induced vomiting
            - Misuse of laxatives
            - Diuretics
            - Enemas
            - Fasting
            - Excessive exercise
        - The bingeing and purging occur at least twice per week over a three month period
        - Self-evaluation is unduly influenced by body shape and weight
        - The disturbance does not occur exclusively during episodes of AN
    - Can be purging (using laxatives or inducing vomiting) or non-purging (using exercise/fasting)
- **Epidemiology:**
    - Prevalence is approximately 1%
    - Age at onset usually 16-18
    - 10x female to male
- **Aetiology:**
    - Biological:
        - Plasma levels of endorphins (reward mechanism) are raised in some patients with BN after vomiting, implicating reinforcement behaviour
        - Increased prevalence amongst first degree relatives
    - Social:
        - Reflects society's premium on thinness
        - Patients tend to be perfectionists and achievement oriented
        - Family strife, rejection and neglect are more common than in AN
    - Psychological:
        - Difficulties with adolescent demands
        - BN sufferers are more outgoing, angry and impulsive
        - Anxiety and depressive symptoms are common
        - Suicide is a risk
- **Course and prognosis:**
    - Usually chronic but not debilitating when not complicated by electrolyte imbalance and metabolic alkalosis
    - 60% may recover with treatment
- **Treatment:**
    - Hospitalisation:

        - Electrolyte imbalance, metabolic alkalosis and suicidality may necessitate hospitalisation
        - Careful attention must be paid to complications of BN (tooth decay and oesophagitis)
    - Psychological:
        - CBT:
            - Should be considered a first line therapy
            - Implements a number of cognitive and behavioural procedures to:
                - Interrupt the self-maintaining behavioural cycle of bingeing and dieting
                - Alter the individuals dysfunctional cognitions and beliefs about food, weight, body image and overall self concept
        - Pharmacological:
            - Antidepressants appear to be more beneficial than in AN