Eating Disorders

- Key Symptoms for Differential Diagnosis
    - Binge Eating Episode
        - Eating much more food than a normal person would in a similar period of time and under similar circumstances (ex. whole pizza in 30 min).
        - 2,000-4,000 calories per binge.
        - Sense of loss of control over what and/or how much the person eats.
    - Compensatory Behavior
        - Efforts to counteract the effects of eating.
        - Maladaptive or harmful to the person.
        - May occur even after regular or small meals.
- DSM-5 Eating Disorders
    - Bulimia nervosa
        - Recurrent binge eating episodes.
        - Recurrent compensatory behaviors.
        - At least once a week for three months.
        - Self-evaluations are usually influenced by body weight/shape.
        - Binging or purging does not occur only during episodes that would be common in anorexia.
        - Health consequences:
            - Electrolyte imbalance.
            - Dental problems.
            - Damage to the esophagus.
            - Enlargement of salivary glands.
            - Disruption of menstrual cycle.
    - Anorexia nervosa
        - Restriction of caloric intake.
            - Leading to being significantly underweight or quick drastic weight loss.
        - Strong fears of gaining weight or behaviors that interfere with weight gain.
        - Disturbed cognitions
            - Irrational perceptions of body weight/shape.
            - Denial of problems caused by low body weight.
            - Self-evaluations unduly influenced by body weight/shape.
        - Specifiers:
            - Restricting subtype:
                - Weight loss achieved by primary fasting, dieting and/or excessive exercise.
            - Binge-eating/purging subtype
                - Engages in binging and purging.
        - Health Consequences:
            - Excessive weight loss.
                - Cold intolerance.
                - Lanugo.

            - Muscle loss.
        - Organ symptoms.
            - Weakened/small heart.
            - Abdominal pain.
        - Amenorrhea
            - Loss of menstruation.
            - Body shuts down all processes not essential for survival.
            - Infertility.
        - Osteoporosis
- Difference between Anorexia and Bulimia
    - A person who engages in behaviors to achieve a low body weight is anorexic.
- Binge Eating Disorder
    - Recurrent binge eating episodes.
    - Binge eating episodes associated with 3+ of the following eating behaviors:
        - Much more rapidly than normal.
        - Feeling uncomfortably full.
        - Large amounts of food when not feeling physically hungry.
        - Alone because of feeling embarrassed by how much they are eating.
        - Feeling disgusted with oneself, depressed, or very guilty afterwards.
    - Marked distress about binge eating.
    - Occurs at least 1 time a week for 3 months.
    - Binge eating not associated with compensatory behaviors.
    - Health Consequences:
        - Excessive weight gain
            - Clinical obesity.
            - Weight cycling.
        - Heart Disease
        - Diabetes
        - Musculoskeletal Problems
        - Artritis
        - Sleep Apnea
        - Gastrointestinal Complications
        - Infertility
        - Weight Stigma
- Orthorexia
    - Captured under Avoidant/Restrictive Food Intake Disorder.
    - There is an avoidance or restriction of food intake and nutritional/energy needs are inadequate.
    - Plus 1 of the following:
        - Significant weight loss or inability to gain weight.

- Nutritional deficiencies.
- Requires enteral feeding or oral supplementation.
- Impaired psychosocial functioning.
- Not explained by a lack of food resources, standard cultural practices, active anorexia or bulimia, or a co-occurring medical or mental disorder.
- Similar health consequences as anorexia.

Epidemiology of Eating Disorders

- Death from Eating Disorders
  - Mostly in the US and a few other countries.
- Eating Disorder Rates with Age
  - Least common in the older generations.
  - Between 15 and 34 yo have been increasing.
- Prevalence of Eating Disorders on College Campuses
  - 75% report skipping meals.
  - 55% know at least one person with an eating disorder.
  - 44% know someone who compulsively exercise
  - 38% know someone who purges by vomiting.
  - 10-20% of female college students have one.
  - 4-10% of male college students have one.
  - 1 in 4 college women binge and purge.
  - Anorexia nervosa is the 3rd most common chronic illness in young adults.
  - 91% of college women diet to change weight in an unhealthy way.
  - 95% of people with an ED are between 12 and 25.
- EDs in the General Population
  - 10x more common in women.
  - Onset in adolescence.
  - Decrease for women after marriage and childbearing.
  - Increase for men after young adulthood.
- EDs for people of color
  - Highest rates seen among Native American girls and women.
  - Rates for African American women have been rising.
  - AAs are less likely to seek help for eating disorders.
  - Black and Hispanic teens are more likely than white teens to exhibit bulimic behavior.
  - Doctors are less likely to ask people of color about eating concerns.
  - In the same case study among three different races, 44% identified the white women eating behavior as problematic, 41% identified the hispanic woman's eating behavior as problematic and only 17% identified the black woman's eating behavior as problematic.
- EDs and gender/sexuality
  - 15% of gay/bisexual men have a subclinical ED while 5% of hetero men have a subclinical ED.

    - Trans people are more likely to report an ED.
    - Subclinical eating behaviors are equal in men and women.

Eating Disorder Causes

- Biology
    - Genetic Predispositions
        - Genes are important for both anorexia and bulimia, and maladaptive attitudes about eating.
        - Dizygotic twins typically didn't have the same preoccupation with weight as monozygotic twins.
- Psychological
    - Lack of awareness of internal cues/sensations
        - Ex. Hunger
        - Pay more attention to external appearances.
    - High Need for Control and Perfectionism
        - Particularly among individuals who restrict.
        - Also includes tendencies to be high conforming.
        - Some even experience pride in their ability to restrict.
        - Not surprisingly, anorexia is highly comorbid with OCD and OCPD.
            - Likely that starvation -> obsessive thinking and compulsive behavior.
        - Conscientious Objector Study
            - Instead of serving in the military, 32 men were voluntary semi-starved for 6 months.
            - Developed food obsessions and eating rituals.
            - That persisted for many, even after the study ended and they regained their weight.
- Social
    - Family Interactions
        - Differences between anorexia and bulimia.
            - Bulimia -> rejecting, high levels of family conflict.
            - Anorexia -> cohesive, low levels of family conflict.
        - Family Interactions may relate to a need for control.
            - Enmeshment - families may be too cohesive.
            - But, keep in mind, the evidence is correlational.
    - Cultural Expectations
        - Men: muscular.
        - Women: thin with "all the right curves"
        - Socialization of these expectations starts young.
            - Western, industrialized cultures have valued thinness among women increasingly since the 1960s.
            - As the thin ideal has become more prominent, eating disorder rates have risen.
    - Shifting Cultural Ideals
        - Garner Study