

Types:

Anorexia Nervosa

Bulimia Nervosa

Binge-Eating disorder

Affect ~5 million Americans every year

Disturbance in eating & excessive concern about body shape or weight

**Others: we can't possibly cover them all...**

Depression (increase or decrease appetite)

Psychosis (delusions related to poisoning)

Obsessive compulsive disorder (person avoids "contaminated" foods)

Pica (eating non-food items)

Rumination (regurgitating and re-chewing food)

Obesity

Prader-willi

Night eating

Sleep eating

"Bigorexia"

"Orthorexia"

Anorexia (AN) rare = 1/100,000 per year

Bulimia (BN) much more common

BN rates have recently increased

Westernized cultures have highest rates

Rare in African Americans

Unheard of in sub-saharan Africa (except whites in South Africa)

Rarely seen in India and China

More common among dancers, gymnasts and models or similar groups

Sex ratio 9:1 (females:males)

Typical age of onset mid-teens to early twenties

Recent increase in purging among college students (eliminates genetics as cause)

Does not occur unless food is plentiful

Often starts with mild obesity—dieting leads to intentional weight loss—person continues to diet and body image becomes distorted

Comorbid with depression, OCD, Personality disorders, etc.

Treatments

Psychotherapy

Medication

Weight restoration for anorexia

For bulimia, 60-80% reduction in purging if treated.

Refer to physician.

## "EATING" DISORDERS

- Anorexia Nervosa
- Bulimia Nervosa
- Obesity
- Binge- Eating Disorder
- Pica
- Others

**NOTE: SOME OF THESE ARE PSYCHIATRIC DISORDERS THAT MANIFEST IN A WAY THAT IS RELATED TO FOOD!!**

**IT'S NOT REALLY ABOUT THE FOOD...**

# Anorexia Nervosa



Women suffering from anorexia nervosa have an irrational fear of becoming obese, a preoccupation or with their weight and food, a distorted body-image, persistently starve themselves and deny their appetites (Dictionary.com, 2004). Anorexic women are defined by weighing less than 85% of expected body weight for their age or having a BMI of 17.5 % or less (Wardlaw, 2003). When compared to the study of Playboy centerfold's and Miss American Contestants (Wiseman, Mosimann & Ahrens, 1992) it is evident that the majority of these women could be defined as having a major characteristic of this disorder. Since the ideal images from this study were taken from areas of the media, it appears that our culture is saying anorexic-like bodies are in and surrounding women with thousands of these images everyday. Although there are a number of factors that contribute to the development of this disorder, it is safe to say that the media plays a large role.

Refusal to maintain body weight

(<85% of ideal weight)

Fear of weight gain or being fat despite being underweight

Disturbance in the way shape/weight is experienced (disturbed body image)

Subtypes: restricting; binge-purging

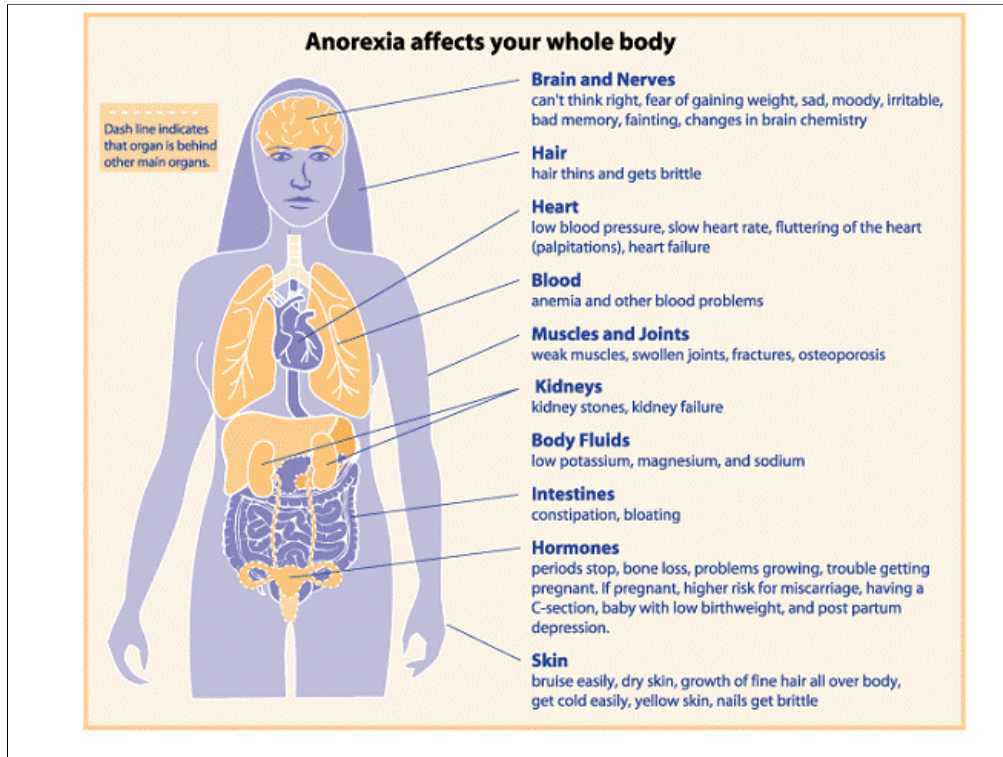
Amenorrhea ( 3 cycles)

Fascination with food/hoarding

Extreme or prolonged exercise

Obsessional traits (perfectionism)

Deviousness in weight loss/food avoidance



## Complications:

Bradycardia (slow heart rate)

Enlarged cerebral ventricles

Depression common- psychosis rare

Death (15% of cases)

usually not by suicide, but by damage due to starvation (heart stops)

Underweight, obesity

Menstrual irregularities

Osteoporosis

Heart disease

Erosion of digestive tract & teeth

Electrolyte imbalance, seizure, anemia

Dry skin/hair, hand abrasions

Depression, anxiety

Binge-eating- eating huge quantities of food in a short time

Feeling of loss of control over eating

Repeatedly compensates for bingeing by vomiting, taking laxatives, enemas, dieting and/ or extreme exercise

Behaviors occur on average 2X a week for at least 3 months

Distorted Body image

Most prevalent in adolescent and young adult women (4% of adolescent girls)

0.2% of adolescent boys

Secrecy reduces reported rates

Only 50% of detected cases are referred

Onset in teens or early adulthood

Extreme concern with weight and shape

Eating patterns: skipped meals, restrained eating, binge-purge episodes

Majority in **normal** weight range

Dietary restraint and negative emotions promote bingeing and purging

Complications:

Electrolyte disturbance, anemia

Cardiac arrhythmia due to electrolyte imbalance

Fainting and low blood pressure

Menstrual irregularities

Osteoporosis

Seizures

Tooth decay

Sore Throat

Gastro-intestinal problems

Depression, anxiety

Dry skin/hair, hand abrasions



This eating disorder is very similar to bulimia because it too is characterized by recurring binge eating. However, these individuals do not purge and are classified as feeling as though they have lost control over their eating patterns. Individuals suffering from compulsive overeating are generally categorized as bingeing twice a week for at least six months. Many times these bingeing episodes are provoked by feelings of extreme hunger, wanting to eat "forbidden foods" anger, depression, anxiety, helplessness, and frustration (Wardlaw, 2003, p. 418).

Recurrent binge eating (2 days per week for 6 months)

Marked distress

- Eat rapidly
- Uncomfortably full
- Eating when not hungry
- Eating alone
- Feeling disgusted or guilty after bingeing
- Most people with binge eating disorder are obese.

6:4 ratio (female:male)

Symptoms/warning signs:

- Anxiety
- Hirsutism (presence of excess body and facial hair)
- Mood swings, depression
- Weight fluctuation of at least 10 pounds
- Hiding food in unusual places
- weight may be very much above normal
- Chronic dieting
- Attributes problems in life to overeating or weight
- Fatigue
- Future is tied to "being thin"
- Weight gain
- May eat to relieve emotional pain
- Decreased mobility due to weight gain
- Often aware of self-destructive patterns
- Leg and joint pain
- Excessive sweating
- Feelings of shame related to food or weight
- Shortness of breath
- Insomnia
- Obesity

Health concerns: (primarily those associated with obesity)

High cholesterol-Some forms of cancer (uterine, breast, colorectal, gallbladder and kidney)-Stress incontinence (urine leakage caused by weak pelvic-floor muscles)-Menstrual irregularities-Pregnancy complications -Sleep apnea-High blood pressure, hypertension-Heart disease and Death

## Binge- Eating Disorder



-Prader-Willi Syndrome is a birth defect, which means that a person is born with this condition. It's a rare genetic disorder with an incidence of one in 16,000 live births.

-Neonates affected by the syndrome are characterized by a very distinct muscle hypotonia, the so-called "floppy" child syndrome. Between the 2nd and 4th year of life, an insatiable hunger drive sets in, leading to obesity.

-Sufferers from Prader-Willi Syndrome experience an insatiable appetite and involuntary urge to eat constantly. This insatiable appetite is caused by a defect in the hypothalamus - a part of the brain that regulates hunger - that causes the person to never actually feel full.

Characterized by:

Hypotonia

Hypogonadism

Obesity

CNS and endocrine gland dysfunction

AND OFTEN:

insatiable appetite - involuntary urge to eat constantly

stealing food

hiding food

eating pet food

behaviours such as picking the skin

mental retardation

learning disabilities

characteristic behaviour problems

psychoses

sleep disorders

rigidity

stubbornness

### **Physical Problems**

higher threshold for pain

delayed motor development

abnormal growth - short stature

speech impairments

incomplete sexual development

poor muscle tone

dental problems

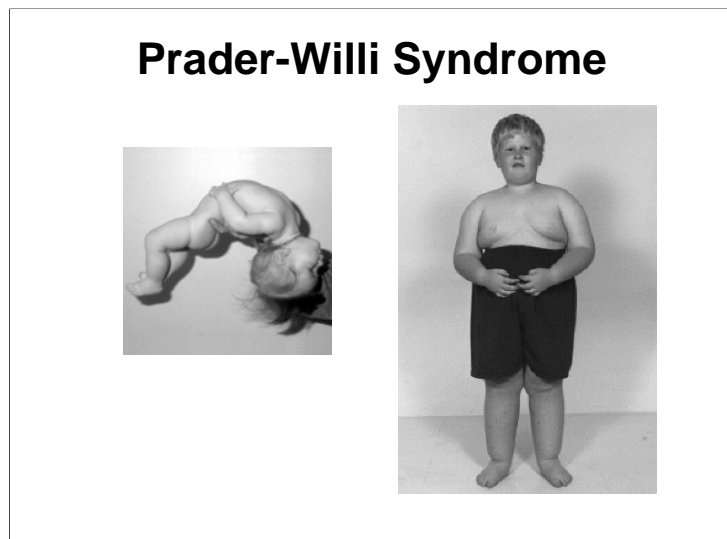
diabetes type II

If the weight is controlled, the life expectancy of a person with Prader-Willi Syndrome may be normal.

### **Treatment**

It is important to get the proper diagnosis early and to find medical and emotional support.

Unfortunately, no appetite suppressant has worked without exception for people with this disorder. Most sufferers must be on an extremely low-calorie diet all their lives. In addition, their environment must be designed in a way so that they have very limited access to food. For example, many families lock the kitchen or the fridge.



## Muscle Dysmorphic Disorder – “Bigorexia”



Muscle dysmorphic disorder, also known as reverse anorexia or “bigorexia” is thought of as the opposite of anorexia nervosa. These individuals, typically males, obsess that they are too small and underdeveloped even though they are quite large and muscular. Just like anorexia nervosa, they too suffer from a body image disorder (Thompson & Manore, 2005).

Characteristics of the someone who suffers from muscle dysmorphic disorder:

Rigid and excessive weight training

Diet that is high in protein

Use of performance enhancing drugs (e.g., anabolic steroids, protein powders, supplements, etc)

Poor attendance at work, school or other activities because of strict weight schedule

Avoidance of social situations that require deviation from strict diet

Negative and critical body image

## Orthorexia

Good Diets Gone Bad



Orthorexia nervosa, a new term coined by Steven Bratman, M.D., refers to this obsession with eating "proper" foods. ("Ortho" means straight and "orexia" refers to appetite.)

In the case of orthorexia nervosa, people remain consumed with what types of food they allow themselves to eat, and feel badly about themselves if they fail to stick to their diet.

People suffering from this obsession may display the following signs:

Spending more than three hours a day thinking about healthy food (except if they're taking a nutrition class!!!)

Planning tomorrow's menu today

Feeling virtuous about what they eat, but not enjoying it much

Continually limiting the number of foods they eat

Experiencing a reduced quality of life or social isolation (because their diet makes it difficult for them to eat anywhere but at home)

Feeling critical of others who do not eat as well they do

Skipping foods they once enjoyed in order to eat the "right" foods

Feeling guilt or self-loathing when they stray from their diet

Feeling in "total" control when they eat the correct diet

While orthorexia nervosa is not a formal medical condition, many doctors do feel that it explains an important and growing health phenomenon.

30 percent of U.S. adults 20 years of age and older are obese.

An adult who has a BMI between 25 and 29.9 is considered overweight.

An adult who has a BMI of 30 or higher is considered obese.

Among children and teens aged 6–19 years, 16 percent are considered overweight.

BMI calculations for children include factors for age and gender as well as height and weight.

Although the BMI number is calculated the same way for children and adults, the criteria used to interpret the meaning of the BMI number for children and teens are different from those used for adults.

For children and teens, BMI age- and sex-specific percentiles are used for two reasons:

The amount of body fat changes with age. (BMI for children and teens is often referred to as *BMI-for-age*.)

The amount of body fat differs between girls and boys.

Instead of dividing the scores into weight categories like for adults, the outcome is ranked as a percentile.

Healthy weight ranges cannot be provided for children and teens for the following reasons:

Healthy weight ranges change with each month of age for each sex.

Healthy weight ranges change as height increases.

Risks associated:

Dyslipidemia (for example, high total cholesterol or high levels of triglycerides)

Some cancers (endometrial, breast, and colon)

Sleep apnea and respiratory problems

Hypertension

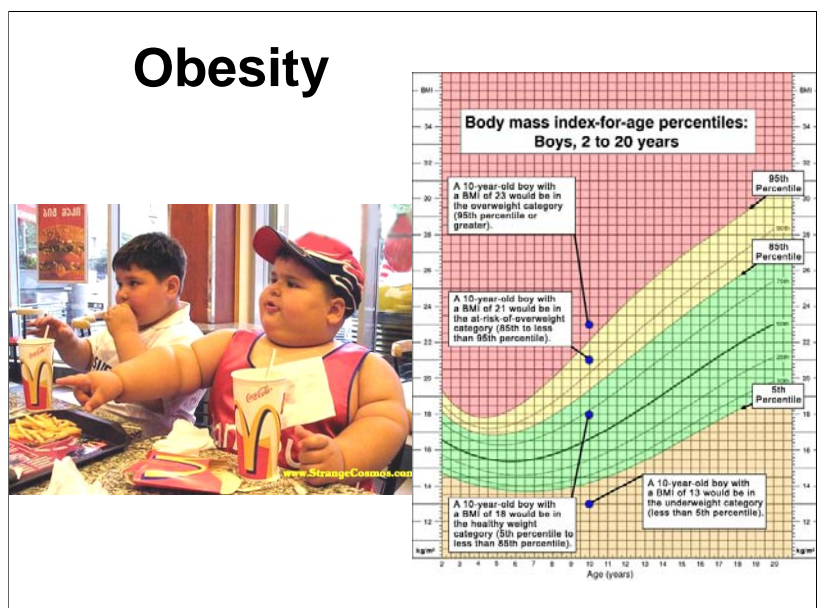
Type 2 diabetes

Coronary heart disease

Stroke

Gallbladder disease

Osteoarthritis



The name "pica" comes from the Latin word for magpie, a bird known for its large and random appetite. Pica is the craving or eating of items that are not food. There are many reasons why people eat dirt or other non food items. This practice has been described as "abnormal" and is a very misunderstood problem. To be diagnosed with Pica, a person must exhibit or show signs for at least one month. There is no specific medical test that can confirm Pica. Quite often, Pica is only seen and recognized when it results in complications that leads someone to obtain medical attention. There is no specific prevention of Pica. Individuals are encouraged to eat appropriate nutritional meals and follow healthy guidelines needed for optimum health.

People with pica may eat:

Dirt, Paint, Clay, Plaster,  
Chalk, Rocks, Cigarette Ashes,  
Sand, Gravel, Starch, coffee grinds,  
rust, hair, baking soda, glue,  
ice and other items

Populations likely to have pica:

-People who are pregnant Most frequently, pica occurs in women before or during their pregnancies or while they are breastfeeding. The incidence of pica during pregnancy varies. It has been suggested that pica during pregnancy occurs more frequently in people who exhibited similar practices during their childhood and non-pregnant states.

-Those who have poor nutrition (malnutrition) or vitamin deficiency Pica is also found in people who diet; they may attempt to ease hunger cravings with low-calorie and non-food substances. Sometimes, people with pica have family, ethnic, or religious customs that include eating a particular non-food substance.

-Mental Retardation Pica also has been found among small children and people with epilepsy, mental retardation, and mental illness. Sometimes, several household members may share these cravings, and those in lower socioeconomic groups seem to have more non-food cravings than those in higher socioeconomic groups.

-People who have ethnic customs or live in cultures where this is practiced For some pica is a cultural feature of certain religious rituals, folk medicine, and magical beliefs. Some people believe that eating dirt will help them incorporate magical spirits into their bodies. Still others believe that consuming certain kinds of clay can suppress morning sickness.

-People with OCD (obsessive compulsive disorder)

-Individuals who live in poverty

-A family history of Pica

-Pica is seen more in children than adults (esp. children between the ages of 2 to 6 years of age)

The specific causes of pica are unknown.

Some doctors suspect that deficiencies of iron or zinc may lead to the condition.

A common nutritional theory suggests that appetite-regulating brain enzymes, altered by an iron or zinc deficiency, trigger specific cravings. Yet, the non-food items craved usually do not supply the minerals lacking in the person's body. Pregnant women, for example, have given up pica after they were treated for iron-deficiency anemia, a common condition among pregnant women with pica.

Complications: Malnutrition, Intestinal obstruction, Intestinal infections or parasites from soil, Anemia, Mercury poisoning, Liver and Kidney damage Constipation and abdominal problems And lead poisoning.

## Pica- Geophagy



**Geophagy= geo (earth) phagy (eating)**

Rumination syndrome is characterized by the voluntary or involuntary regurgitation and re-chewing of partially digested food that is either re-swallowed or expelled. This regurgitation appears effortless. Regurgitation may be preceded by a belching sensation. Usually, regurgitation does not involve retching or nausea.

In rumination syndrome, the regurgitated food does not taste sour or bitter. The process of regurgitation may be repeated several times or for several hours per episode.

Rumination is sometimes associated with [anxiety disorders](#) and/or [depression](#)

Some complications of rumination syndrome include:

damage to dental enamel and tissues in the mouth

[bad breath](#)

[indigestion](#)

chapped lips and chin

inhaling of food

[pneumonia](#)

weight loss

[failure to grow](#)

electrolyte imbalance

dehydration

death (in extreme cases)

## Rumination



The exact cause of rumination disorder is not known; however, there are several factors that may contribute to its development:

Physical illness or severe stress may trigger the behavior

Neglect of or an abnormal relationship between the child and the mother or other primary caregiver may cause the child to engage in self-comfort. For some children, the act of chewing is comforting.

It may be a way for the child to gain attention.

How Common Is Rumination Disorder?

Since most children outgrow rumination disorder, and older children and adults with this disorder tend to be secretive about it out of embarrassment, it is difficult to know exactly how many people are affected. However, it is generally considered to be uncommon.

Rumination disorder most often occurs in infants and very young children (between 3 and 12 months), and in children with mental retardation. It is rare in older children, adolescents and adults. It may occur slightly more often in boys than in girls, but few studies of the disorder exist to confirm this.