Eating Disorders

Chapter 11

It has not always done so, but Western society today equates thinness with health and beauty – Thinness has become a national obsession

There has been a rise in eating disorders in the past three decades – The core issue is a morbid fear of weight gain

Two main diagnoses:
– Anorexia nervosa
– Bulimia nervosa

Anorexia Nervosa

The main symptoms of anorexia nervosa are:
– A refusal to maintain more than 85% of normal body weight
– Intense fears of becoming overweight
– Distorted view of weight and shape
– Amenorrhea
Anorexia Nervosa

- There are two main subtypes:
  - Restricting type
    - Lose weight by cutting out sweets and fattening snacks, eventually eliminating nearly all food
    - Show almost no variability in diet
  - Binge-eating/purging type
    - Lose weight by forcing themselves to vomit after meals or by abusing laxatives or diuretics
    - Like those with bulimia nervosa, people with this subtype may engage in eating binges

- The "typical" case:
  - A normal to slightly overweight female has been on a diet
  - Escalation toward anorexia nervosa may follow a stressful event
    - Separation of parents
    - Move away from home
    - Experience of personal failure
  - Most patients recover
    - However, about 2% to 6% become seriously ill and die as a result of medical complications or suicide
Anorexia Nervosa: The Clinical Picture

• The key goal for people with anorexia nervosa is becoming thin
  – The driving motivation is fear:
    • Of becoming obese
    • Of giving in to the desire to eat
    • Of losing control of body size and shape

Despite their dietary restrictions, people with anorexia nervosa are preoccupied with food
  – This includes thinking and reading about food and planning for meals
  – This relationship is not necessarily causal
    • It may be the result of food deprivation, as evidenced by the famous 1940s “starvation study” with conscientious objectors

Persons with anorexia nervosa also think in distorted ways:
  – Usually have a low opinion of their body shape
  – Tend to overestimate their actual proportions
    • Adjustable lens assessment technique
  – Hold maladaptive attitudes and misperceptions
    • “I must be perfect in every way”
    • “I will be a better person if I deprive myself”
    • “I can avoid guilt by not eating”
Anorexia Nervosa: The Clinical Picture

- People with anorexia nervosa also display certain psychological problems:
  - Depression (usually mild)
  - Anxiety
  - Low self-esteem
  - Insomnia or other sleep disturbances
  - Substance abuse
  - Obsessive-compulsive patterns
  - Perfectionism

Anorexia Nervosa: Medical Problems

- Caused by starvation:
  - Amenorrhea
  - Low body temperature
  - Low blood pressure
  - Body swelling
  - Reduced bone density
  - Slow heart rate
  - Metabolic and electrolyte imbalances
  - Dry skin, brittle nails
  - Poor circulation
  - Lanugo

Bulimia Nervosa

- Bulimia nervosa, also known as “binge-purge syndrome,” is characterized by binges:
  - Bouts of uncontrolled overeating during a limited period of time
  - Eat objectively more than most people would/could eat in a similar period
Bulimia Nervosa

• The disorder is also characterized by inappropriate compensatory behaviors, which mark the subtype of the condition:
  – Purging-type bulimia nervosa
    • Forced vomiting
    • Misusing laxatives, diuretics, or enemas
  – Nonpurging-type bulimia nervosa
    • Fasting
    • Exercising frantically

Bulimia Nervosa

• Patients are generally of normal weight
  – Often experience marked weight fluctuations
  – Some may also qualify for a diagnosis of anorexia
• “Binge-eating disorder” may be a related diagnosis
  – Symptoms include a pattern of binge eating with NO compensatory behaviors (such as vomiting)
  – This pattern is not yet listed in the DSM-IV-TR
Bulimia Nervosa

• Many teenagers and young adults go on occasional binges or experiment with vomiting or laxatives after hearing about these behaviors from friends or the media
• According to global studies, 25-50% of students report periodic binge-eating or self-induced vomiting

Bulimia Nervosa: Binges

• People with bulimia nervosa may have between 1 and 30 binge episodes per week
• Binges are often carried out in secret
  – Binges involve eating massive amounts of food very rapidly with little chewing
    • Usually sweet, high-calorie foods with soft texture
  – Binge-eaters commonly consume between 1,000 and 10,000 calories per binge episode

Bulimia Nervosa: Binges

• Binges are usually preceded by feelings of great tension and/or powerlessness
• Although the binge itself may be pleasurable, it is usually followed by feelings of extreme self-blame, guilt, depression, and fears of weight gain and being discovered
Bulimia Nervosa: Compensatory Behaviors

- After a binge, people with bulimia nervosa try to compensate for and “undo” the caloric effects
- The most common compensatory behaviors:
  - Vomiting
    - Fails to prevent the absorption of half the calories consumed during a binge
    - Repeated vomiting affects the ability to feel satiated ⇒ greater hunger and bingeing
  - Laxatives and diuretics
    - Also largely fails to reduce the number of calories consumed

Bulimia Nervosa: Compensatory Behaviors

- Compensatory behaviors may temporarily relieve the negative feelings attached to binge eating
  - Over time, however, a cycle develops in which purging ⇒ bingeing ⇒ purging...

Bulimia Nervosa

- The “typical” case:
  - A normal to slightly overweight female has been on an intense diet
  - Research suggests that even among normal participants, bingeing often occurs after strict dieting
Bulimia Nervosa vs. Anorexia Nervosa

• Similarities:
  – Begin after a period of dieting
  – Fear of becoming obese
  – Drive to become thin
  – Preoccupation with food, weight, appearance
  – Feelings of anxiety, depression, obsessiveness, perfectionism
  – Heightened risk of suicide attempts
  – Substance abuse
  – Distorted body perception
  – Disturbed attitudes toward eating

Bulimia Nervosa vs. Anorexia Nervosa

• Differences:
  – People with bulimia nervosa are more concerned about pleasing others, being attractive to others, and having intimate relationships
  – People with bulimia nervosa tend to be more sexually experienced and active
  – People with bulimia nervosa are more likely to have histories of mood swings, low frustration tolerance, and poor coping

Bulimia Nervosa vs. Anorexia Nervosa

• Differences:
  – More than one-third of people with bulimia display characteristics of a personality disorder, particularly borderline personality disorder
  – Different medical complications:
    • Only half of women with bulimia nervosa experience amenorrhea vs. almost all women with anorexia nervosa
    • People with bulimia nervosa suffer damage caused by purging, especially from vomiting and laxatives
What Causes Eating Disorders?

• Most theorists and researchers use a multidimensional risk:
  – More factors = greater likelihood of developing a disorder
  – Leading factors:
    • Psychological problems (ego, cognitive, and mood disturbances)
    • Biological factors
    • Sociocultural conditions (societal, family, and multicultural pressures)

What Causes Eating Disorders?

Family Environment

– Leading factors continued:
  • Family Environment
  • Racial and Ethnic Differences
  • Gender Differences

How Are Eating Disorders Treated?

• Eating disorder treatments have two main goals:
  – Correct dangerous eating patterns
  – Address broader psychological and situational factors that have led to, and are maintaining, the eating problem
    • This often requires the participation of family and friends
Treatments for Anorexia Nervosa

• The immediate aims of treatment for anorexia nervosa are to:
  – Regain lost weight
  – Recover from malnourishment
  – Eat normally again

Researchers have found that people with anorexia nervosa must overcome their underlying psychological problems to achieve lasting improvement.

Treatments for Anorexia Nervosa

• The most popular weight-restoration technique has been the combination of supportive nursing care, nutritional counseling, and high-calorie diets
  – Necessary weight gain is often achieved in 8 to 12 weeks

Treatments for Anorexia Nervosa

• Therapists use a combination of therapy and education to achieve this broader goal, using a combination of individual, group, and family approaches; psychotropic drugs have been helpful in some cases.
Treatments for Anorexia Nervosa

• In most treatment programs, a combination of behavioral and cognitive interventions are included
  – On the behavioral side, clients are required to monitor feelings, hunger levels, and food intake and the ties among those variables
  – On the cognitive sides, they are taught to identify their “core pathology”

Treatments for Anorexia Nervosa

• Therapists help patients recognize their need for independence and control
• Therapists help patients recognize and trust their internal feelings
• A final focus of treatment is helping clients change their attitudes about eating and weight
  – Using cognitive approaches, therapists correct disturbed cognitions and educate about body distortions

Treatments for Anorexia Nervosa

• Family therapy is important for anorexia nervosa treatment
  – The main issues are often separation and boundaries
Treatments for Anorexia Nervosa

- The use of combined treatment approaches has greatly improved the outlook for people with anorexia nervosa
  - But even with combined treatment, recovery is difficult
- The course and outcome of the disorder vary from person to person

Positives of treatment:
- Weight gain is often quickly restored
  - As many as 90% of patients still showed improvements after several years
- Menstruation often returns with return to normal weight
- The death rate from anorexia nervosa is declining

Negatives of treatment:
- As many as 25% of patients remain troubled for years
- Even when it occurs, recovery is not always permanent
  - Anorexic behavior recurs in at least one-third of recovered patients, usually triggered by new stresses
  - Many patients still express concerns about their weight and appearance
- Lingering emotional problems are common
Treatments for Bulimia Nervosa

• The immediate aims of treatment for bulimia nervosa are to:
  – Eliminate binge-purge patterns
  – Establish good eating habits
  – Eliminate the underlying cause of bulimic patterns

• Programs emphasize education as much as therapy

Treatments for Bulimia Nervosa

• Cognitive-behavioral therapy is particularly helpful:
  – Behavioral techniques
    • Diaries are often a useful component of treatment
    • Exposure and response prevention (ERP) is used to break the binge-purge cycle

Treatments for Bulimia Nervosa

• Cognitive-behavioral therapy is particularly helpful:
  – Cognitive techniques
    • Help clients recognize and change their maladaptive attitudes toward food, eating, weight, and shape
    • Typically teach individuals to identify and challenge the negative thoughts that precede the urge to binge
Treatments for Bulimia Nervosa

• Other forms of psychotherapy
  – Interpersonal therapy (IPT); a treatment that seeks to improve interpersonal functioning may be tried
  – Psychodynamic therapy has also been used
  – Various forms of psychotherapy are often supplemented by family therapy and may be offered in either individual or group therapy format

• Antidepressant medications
  – During the past 15 years, all groups of antidepressant drugs have been used in bulimia nervosa treatment
    • Drugs help as many as 40% of patients
  – Medications are best when used in combination with other forms of therapy

• Left untreated, bulimia nervosa can last for years

• Treatment provides immediate, significant improvement in about 40% of cases
  – An additional 40% show moderate response

• Follow-up studies suggest that 10 years after treatment about 75% of patients have fully or partially recovered
Treatments for Bulimia Nervosa

- Relapse can be a significant problem, even among those who respond successfully to treatment
  - Relapses are usually triggered by stress
  - Relapses are more likely among persons who:
    - Had a longer history of symptoms
    - Vomited frequently
    - Had histories of substance use
    - Have lingering interpersonal problems