Overview of Eating Disorders

Psychology 311
Abnormal Psychology

Several types

- Anorexia Nervosa
- Bulimia Nervosa
- Eating Disorders not Otherwise Specified

Overview of Eating Disorders

Anorexia Nervosa

Background

- Occurs more in industrial societies
- Occurs more in females
  - 50% of all females can be diagnosed as anorexic sometime in their lifetime.
  - More are subthreshold
- Can also occur in males
  - 1/10th of females
  - Is also increasing
- Increased risk among first-degree biological relatives
- Also see mood disorders as well

Additional Background

- Usually occurs in thin-body cultures
- Rarely begins before puberty or after 40
- Hospitalization may be required
- Many individuals relapse or move to a binge/purging subtype.
- Death occurs from
  - Starvation
  - Suicide
  - Electrolyte imbalances

Clinical Features

- Person refuses to maintain a minimally normal body weight for age and height
  - Less than 85% of normal body weight
- Is afraid of gaining weight or becoming fat
- Occurs even when the person is underweight
- Experiences perceptual disturbances about their body shape
  - Denial of seriousness of low body weight
- Absence of at least three consecutive menstrual cycles
Other Features

- Loss of appetite is also rare
- In adolescence, there may be a lack of weight gain in relation to body size.
- Fear of gaining weight is not reduced by weight loss, and the concern may actually increase as weight decreases
- Use a variety of techniques to control weight

Self Esteem

- Is highly dependent on body shape and weight
- Weight loss is viewed as an achievement
  - Is a sign of self-discipline and self-control
  - Usually deny medical implications

Other Accompanying Disorders

- Depressive symptoms
  - Depressed mood, Social Withdrawal, Irritability, Insomnia, Decreased sexual interest
- Obsessive-Compulsive Disorders
  - May be preoccupied with food
    - Collect recipes, hoard food, others
- General Medical Conditions
  - All are related to starvation
    - Anemia
    - Dry Skin
    - Low body Temperature and Metabolism
    - Low levels of potassium – cardiac problems

Contributing Factors

- Personality
  - High risk of perfectionism
  - Tend to be obsessive – compulsive
- Family Factors
  - Disorder tends to run in families
  - Is it genetic or continued dysfunctional behavior learned in the family.
- Cultural factors
  - Occurs more in Caucasians
  - Occurs more in professions where “thin is in”

Subtypes

- Restricting
- Binge-Eating/Purging

Restricting

- Weight loss is accomplished through
  - Dieting
  - Fasting
  - Excessive Exercise
- Do not usually binge or purge food
Binge-Eating/Purging Type

- Person regularly binge eats, purges, or does both
- May use vomiting, laxatives, diuretics, enemas
- Some individuals do not binge but still purge even after small amounts of food.
- Often occurs weekly

Bulimia Nervosa

Background

- Occurs at about the same rate in most industrialized countries
- Most individuals are white
- 90% are females
  - Lifetime estimates 1-3%
- Usually begins in late adolescence or early adulthood
- Most seek treatment in late 20’s or early 30’s
- More males are bulimic than anorexic

Diagnostic Features

- Binge eating
  - Eat more than a normal person would under similar circumstances.
  - Have a lack of control over eating during the episode (Cannot stop or control eating)

Inappropriate Compensatory Behavior

- Behavior is used to prevent weight gain.
  - Self-Induced vomiting, Laxatives, Diuretics, Enemas, Fasting, Excessive Exercise
- Binge eating and compensatory behaviors occurs twice a week for 3 months.
- Self-Evaluation is induced by body shape and weight.

Other Aspects

- Binge eating often occurs in secrecy
- Accompanied by a lack of control
- 80%-90% use vomiting as a weigh controlling measure
  - Vomiting may become a goal by itself
  - May vomit even after eating small amounts of food
- May use laxatives or fasting to control weight
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Subtypes

• Purging
  • Uses
    • Self-induced vomiting
    • Laxatives
    • Diuretics
    • Enemas
• Non Purging
  • Uses
    • Fasting
    • Excessive exercise
    • Does not use purging methods

Difference between Anorexia and Bulimia

• Many symptoms appear similar
• Key difference
  • Individuals with Bulimia are able to maintain body weight at or above a minimally normal level.
  • Anorexics – are inflexible, rigid, stubborn
  • Bulimics - Have poor impulse control

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Associated Disorders

• Increased rate of depression or other mood disorders.
• May have anxiety disorders as well.
• 30% have a substance abuse or dependence disorder.
• Often use stimulants

Other Medical Conditions

• Loss of teeth enamel
  • Occurs from repeated vomiting
    • Stomach acid
  • Teeth may appear moth eaten
  • Have more cavities
• May have
  • Cardiac problems
  • Menstrual irregularity
  • Electrolyte imbalances due to laxatives

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Eating Disorder Not Otherwise Specified

• Does not meet the criteria for any specific eating disorder
• Examples
  • Female meets all Anorexic criteria except person has regular menstrual cycles
  • Chew and spit out (don’t swallow) large amounts of food
  • Others
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Treatment

- Counseling is important
- Use cognitive behavioral treatments.
- Group and individual therapy both have good results.
- May use antidepressants as well
- May require hospitalization
- Observation for relapse extremely important.
- Family therapy is also important.

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Conclusions

- Several types
- Occurs in a lot of individuals
- Has several good treatment methods.