



Eating Disorders

An eating disorder (ED), such as anorexia nervosa, bulimia nervosa, and binge-eating disorder, refers to the presentation of unhealthy eating habits that are sustained and at a level of severity which impedes on an individual's physical and mental health, social life and psychological well-being. Severe distress and preoccupation regarding body weight and /or shape, and consequentially maladaptive methods to manage weight or food intake also define an eating disorder. Eating disorders often coincide with other psychiatric disorders, particularly depression, self-harm, substance abuse or anxiety disorders. The disorder has also been shown to affect both genders, although women and girls are at a higher risk, approximately 2 times greater, than men and boys (National Comorbidity Survey- Adolescent Supplement). Regardless of gender, the lifetime prevalence rates of developing three of the most common eating disorders, anorexia nervosa, bulimia nervosa and binge-eating disorder, was 0.3%, 0.9% and 1.6% respectively (Merikangas et al., 2010). Developing an eating disorder is at its most prevalent during adolescence and young adulthood, however it may also develop during childhood or later in life (NHANES, CDC). Building awareness of eating disorders among adolescents remains an important endeavor as it is often associated with functional impairment (97%, 78%, and 68% respectively), and national surveys have established an association with suicidal ideation and attempts.



The following section describes the three most common variants of eating disorders and illustrates several symptoms individuals suffering from these eating disorders commonly present with.

Anorexia Nervosa

Anorexia nervosa is characterized by extreme food restriction, disproportionately low body weight, over-exercising and a distorted body image. Individuals with anorexia typically view themselves as overweight despite being dangerously underweight.

Behavioral Symptoms

Severely restricted eating
Emaciation- extreme thinness
Repeatedly weighing themselves
Over-exercising and constantly counting calories

Emotional Symptoms

Intense fear and anxiety around gaining weight
A relentless pursuit of thinness and unwillingness to maintain healthy weight
Self-esteem and self-image primarily centered around distorted perceptions of body weight and shape
Body loathing and comparing own body negatively to others'
Perfectionism
Denial of the seriousness of low body weight

Physical Symptoms

Osteopenia or osteoporosis
Swollen salivary glands
Worn tooth enamel and increasingly sensitive, decaying teeth due to continuous exposure to stomach acid
Acid reflux disorder and other gastrointestinal problems
Intestinal distress and irritation (from laxative abuse)
Severe dehydration
Electrolyte imbalance, which lead to greater risk of stroke or heart attack

Binge-Eating Disorder

Similar to bulimia nervosa, this variation of eating disorder presents with regular consumption of excessive amounts of food in short periods of time, often in secret, and the urge typically feels out of one's control. Individuals often experience feelings of shame, distress and guilt after an episode. However, binge-eating disorder differs from bulimia nervosa in that individuals do not regularly use maladaptive measures, such as purging, to compensate for their binge-eating behaviors. In turn, individuals with binge-eating disorder are often overweight or obese. .

Behavioral Symptoms

- Impulsive consumption of disproportionately large amounts of food
- Eating more rapidly than normal, usually within a specific amount of time
- Over-eating even when not feeling physically hungry or when you're already full
- Eating in secret to avoid embarrassment toward amounts of food being eaten
- Secretive food behaviors, including stealing, hiding or hoarding food
- Disrupted normal eating behaviors such as no planned mealtimes, engaging sporadic fasting/dieting and developing food rituals
- Rigidity and restriction with foods
- Lifestyle schedules to make time for binge sessions

Emotional Symptoms

- Sense of lack of control during binging episodes
- Self-loathing due to eating habits, depressed and extreme guilt after binging
- Distinct distress and shame around binge eating
- Reportedly lower quality of life than those without binge-eating disorder
- Often associated with symptoms of depression and anxiety, such as social isolation, mood swings and irritability
- Experiencing feelings of anger and worthlessness and in turn binging behaviors are used as means to alleviate tension and numb negative feelings
- Rigid and inflexible thinking
- Strong need to be in control; perfectionistic tendencies

Physical Symptoms

- Body weight can vary from normal to mild, moderate or severe obesity
- High cholesterol levels, blood pressure
- Heart disease
- Type II diabetes
- Gallbladder disease
- Joint pain
- Sleep apnea and fatigue

Risk factors contributing to developing an eating disorder

- The development of eating disorders have been found to be hereditary, for example the lifetime prevalence of anorexia nervosa or sub-clinical eating disorders increases to 3-12% if an individual has a first-degree relative with a history of the disorder (Thornton et al., 2011).
- Children and adolescents with a marked dissatisfaction with self-body image, negative affect, low self-esteem, maladaptive coping, thin-ideal internalization and extreme dieting behaviors are more likely to develop an eating disorder.
- Socio-cultural pressures and media influence encouraging a preference for thinness (e.g. Jacobi & Fittig, 2010)

Children with anxiety disorders or obsessional and perfectionistic traits are also at a higher risk to develop an eating disorder, particularly anorexia nervosa.
- NEDA (US) reported that 35% of individuals who engage in dieting progress to unhealthy methods of dieting – of those 20-25% develop an eating disorder.
- Troubled interpersonal relationships, difficulty expressing emotions and feelings, history of being teased based on body size and weight, and history of physical or sexual abuse have been deemed as potential factor that contribute toward an eating disorder.

What Can We Do To Help

All variants of eating disorders are severe and life-threatening conditions that are both physically and psychologically destructive. This is reflected by anorexia nervosa as it is associated with the highest mortality rate of any psychiatric disorder. Early diagnosis and intervention enhances recovery and better quality of life. Treatment plans are tailored to individual needs and may incorporate one or a combination of the following:

Individual, Group or Family Psychotherapies

Family-based therapy (specifically the Maudsley approach) and individual cognitive-behavioral therapy (CBT) are both effective methods for treating specific eating disorders. In the Maudsley approach, parents of adolescents with anorexia nervosa play a role of responsibility in managing their child's eating, and has demonstrated efficacy in helping adolescents gain weight, improve eating habits and mood. Additionally in CBT, therapists reduce or eliminate binge-eating and purging behaviors by building an individual's awareness of distorted thinking patterns and in turn recognize and shift these unhelpful beliefs into adaptive ones.

Medical Care and Monitoring

This may include hospitalization to treat severe problems caused by malnutrition or to regulate proper and healthy eating if underweight.

Nutritional Counselling

Restoring individuals to maintaining an adequate nutrition, reducing excessive exercising
Pharmacological intervention: Medications such as anti-depressants and mood stabilizers have also been effective for treating co-occurring anxiety and/or depression.

Bibliography

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The heritability of eating disorders: methods and current findings.

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Useful Links

www.nimh.nih.gov/index.shtml

www.nationaleatingdisorders.org/general-information

www.childmind.org

www.nlm.nih.gov/medlineplus/