Eating Disorder

* Eating disorders: Severe alterations in eating patterns
  + Associated with food restriction, binge eating, purging, and fluctuations in weight
  + Involve emotional and cognitive changes that affects the way a person perceives and experiences his or her body 🡪 psychological disorder
* Main types: anorexia nervosa and bulimia nervosa
  + Females more than males, 5:1 in the USA
  + Adolescence or early adulthood
  + Co-occur with other disorders (depression, anxiety, substance abuse, …)
  + Nervosa: disgust with one’s body
  + Across all ethnicities and classes (used to be reported that it’s more among middle and upper class Caucasian women)
  + Risk factors: genes and environment

1. Symptoms of B.N: Swollen salivary glands- irritation of the esophagus- stomach ulcers.
2. Symptoms of A.N: Hair loss- Fatigue- Loss of heart tissues- little subcutaneous fat- Loss of menstrual period- low bone mass- stress- muscle tears- low body temperature- Bruising- low metabolic rate- always cold.

Anorexia Nervosa

* + - Person refuses to eat enough food to maintain acceptable weight 🡪 self-induced starvation
    - Often allows them to exercise control (usually socially isolated and with family problems)
    - Patients think they are fat and intensely fear obesity
    - 10% of people with the disease eventually die
    - Extreme hunger, but they deny it
* Possible causes:
* A simple comment from a coach or friend about being too fat
* Specific jobs: ex: ballet dancers
* Changes associated with puberty
* Loss of a friend
* Starting a new job
* Perfectionism
* physical effects
  + Person is skin and bones: weight is <85% of what is expected to be
    - BMI < 17.5
  + Due to semi starvation
    - Lowered body temperature
    - Slow BMR (low thyroid hormone)
    - Rough, dry, scaly and cold skin
  + Low white blood cells
    - Loss of hair
    - Appearance of lanugo: downy hair that trap air to counteract heat loss (partial insulation)
    - Constipation (deterioration of GI tract and use of laxatives)
* Nutritional deficiencies
* Loss of menstrual periods, loss of bone mass and high risk of osteoporosis
  + Muscle tears and stress fractures in athletes
* Depression
* Low blood potassium (vomiting and/or diuretics)
* Low estrogen levels

Person denies that he/she has a problem

Intervention: family and friends

Treatment: multidisciplinary , outpatient clinic or hospital (if v. low weight and accompanying psychological problems like suicidal risk)

* Nutrition
  + Goal at the beginning: gain the patient trust
  + Ultimate objective: increase food intake
    - First to minimize or stop weight loss
    - then to regain normal eating habits
    - then slow weight gain (~ 1 Kg per week)
  + Teach how to eat in response to internal signs of hunger
  + Healthy food choices to achieve and maintain healthy weight gain
  + Multivitamin or mineral supplements
* Psychological
  + After physical problems are addressed
  + Underlying emotional problems that lead to the disease
  + Show how to regain control over other aspects of their lives
  + Cognitive behaviour therapy: change the way they think about dieting, body weight, …
  + Family therapy

Bulimia :

* Binge eating followed by different means to purge
* Unlike anorexia nervosa
  + Turn to food (not away from) in critical situations
  + Usually weight at or above normal weight
  + Eat food very fast (however anorexic may take 1 hour to finish a muffin after cutting it into tiny pieces)
  + People recognize their behaviour as abnormal
* Low self esteem and depression
* Family problems

Diagnosis: binge and purge at least 2x per week for 3 months

* Secret lives: underreported?
  + Usually practices happen at night
  + Binge triggers: stress, boredom, loneliness, excessive dieting
* Binge food: high CHO (cookies, cakes, ice creams)
  + 3000 Kcal or more
* Purging: 33-75% of the calories are still absorbed
  + Other than vomiting: laxatives, enemas (90% of food absorbed), intensive exercise
  + Triggers a feeling of guilt and a vicious cycle

Health problems

* + Repeated exposure of teeth to acid in vomit 🡪demineralization and tooth decay
  + Drop in blood potassium (vomiting or use of diuretics)
  + Salivary glands swelling (infection from persistent vomiting)
  + Stomach ulcers and tears in esophagus
  + Constipation (frequent laxatives)
* Bulimia Nervosa  
  Treatment

Multidisciplinary

* Does not need hospitalization as much as anorexia nervosa (Psychological can start before nutrition)

Nutrition and psychological:

* 1st goal: decrease amount of food in binge session to decrease risk of esophageal tears; decrease in frequency of vomiting to decrease damage to teeth
* Cognitive behavior therapy: to change thoughts about body image
* Avoid triggers of binge: fasting, regular meals, use other methods to deal with difficult situations
* Antidepressants

Nutrition:

* re-establish healthy eating habits and the binge-purge cycle decreases by itself
  + Food diary use
  + Time limits for meals: eat slowly
* Female Athlete Triad
* Women participating in appearance-based and endurance sports are at risk of developing eating disorders
* They also tend to experience irregular menstruation mainly because of stress and food restriction
* They also tend to have less dense and weaker bones due to lower estrogen
* Educate female athletes about the Female Athlete Triad and its health consequences
* Need to increase food intake in order to correct hormonal imbalance 🡪 restore regular menses and stabilize bone mass

Treatment :

* Reduce preoccupation with food, weight, and body fat
* Gradually increase meals and snacks to an appropriate amounts
* Achieve an appropriate weight for height
* Establish regular menstrual periods
* Decrease training time and/or intensity by 10-20%

Other disordered eating patterns

* Eating disorders not otherwise specified
  + Binge-eating disorder: binge episodes not accompanied by purging
  + Night eating syndrome
    - (> 1/3 of total calories after evening meal)

Binge-eating disorder

* Binge eating disorder= binge-eating episodes not accompanied by purging 🡪 risk of weight gain
* at least 2 times per week for 6 months
* Number of cases >>>> anorexia or bulimia
* More common among people who are severely obese or have a long history of frequent restrictive dieting
* Individuals with binge-eating disorder:
* Perceive themselves as hungry more often than the normal
* They usually started dieting at a young age, began binging during adolescence or in the early twenties
* Did not succeed in weight control programs
* Depression
* They isolate themselves and eat large quantities of a favorite food- lose control
* Triggered by stressful events and feelings of depression or anxiety, loneliness, self-pity, anger…
* Binge on foods easy to eat in large amounts
* Mainly “junk” or “fast” food
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