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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