

Doctors 2021 - رّوح - Medicine - Mu

PSYCHOLOGY SHEET

Eating disorder

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Introduction

An eating disorder is a negative change in eating behavior, typically manifested through extreme and unhealthy reduction of food intake or excessive overeating, Occur mostly in adolescents and young adult women ages 12-35 .

Eating disorders occurs more in Adolescents (Adolescence) & more in women due to it's sensitivity to her body image

Eating Disorders

- Anorexia nervosa
- Bulimia nervosa الشبه العصبي
- obesity

Anorexia nervosa: فقدان الشهية العصبي 

defined by a refusal to maintain minimal body weight within 15 percent of an individual's normal weight.

*BMI (Body Mass Index) , Normal level : (19 - 25)

*Patients with anorexia nervosa are under 19 BMI , So it appears on their shape and they have a very low weight .

Includes:

- An intense fear of gaining weight. خائف ينصح
- A distorted body image. شايف حاله لسا ناصح
- Denial. بنكر انه عنده مشكله وبنكر انه نحيف.
- Amenorrhea. female بالنسبة لل

-There are two subtypes of anorexia nervosa.

- Binging Eating يتخلص من الاكل./Purging Type. يأكل مقدار من الطعام
- Restricting Type. صيام وامتناع عن الاكل



• Many people move back and forth between subtypes during the course of their illness.

• In the restricting subtype, people maintain their low body weight purely by restricting their food intake and, possibly, by excessive exercise . (Low BMI;low food intake and excessive exercising to burn out the food one has indulged even tho it's below the normal

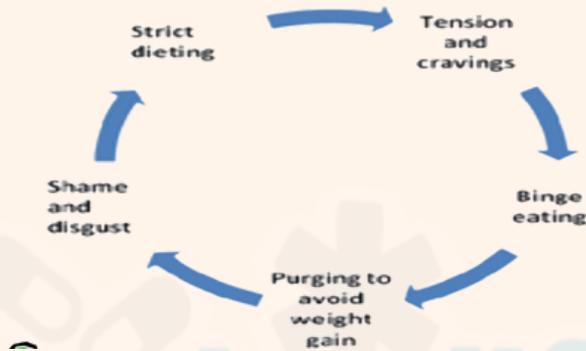


Individuals with the binge eating/purging subtype also regularly engage in binge vomiting or the. **حقن شرطي** eating and/or purging behaviors such as self-induced misuse of laxatives, diuretics, or enema

بكون ال binge eating بكميات قليلة في حالة ال anorexia

مش زي بحالة ال bulimia بتكون كثير أكبر بس عشان الشخص بحس بالندم أول ما يأكل فبلجاً لل purging

The binge and purge cycle eating disorder



Etiology combination of multifactor



Incidence and Prevalence:

- 0.5%-3.7% of females experience anorexia nervosa.
- Females are more likely to develop an eating disorder.

Certain personality traits;

- Perfectionism
- Fear from the normal development
- Low self-esteem
- Social isolation



perfectionism : needing the perfect standard of everything (shape, weight and so on)

بده الكمال في كل شي من الشكل والوزن وغيره

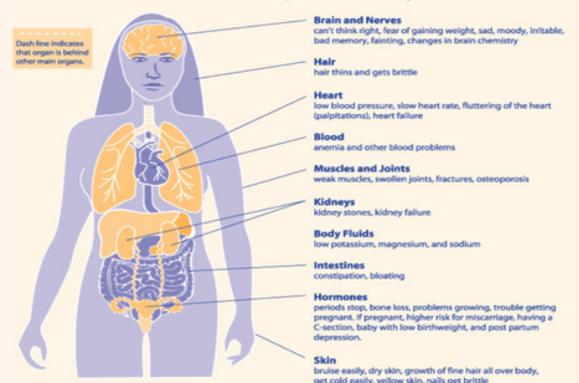
fear from the normal development : found more in female (women) when they are on pregnancy 🤰 , because of fear of normal changes on her shape.

Physiology

- Cardiac symptoms, EKGs, electrolyte imbalances.
- Amenorrhea, digestive, gastrointestinal disorders.
- Hypokalemic alkalosis .

cardiac symptoms, EKG OR ECGs

Anorexia affects your whole body



Clinical Presentations :

Lack energy

Physical weakness

.Poor school performance

The hallmark of anorexia nervosa is a preoccupation with food and a refusal to maintain minimally normal BW

Poor school performance because of feeling tired and low focused ,may lead to depression also

He cuts food to small bites to waste time and eat a small amount during long time OR share his to be not noticed by others (avoid draw attention to him eating (يعزم ع صحابه) meal with others small amount) Or may choose e. to eat his food alone

Lack of energy : General weakness occur

Behavioral Features :

.Persons with anorexia nervosa develop odd and ritualistic eating habits

- such as cutting their food into tiny piece

- refusing to eat in front of others.

-fixing elaborate meals for others that they themselves don't eat.



Differential diagnosis :

Extreme weight loss may be cause

.- (medical illnesses (cancer

.- (mental health illnesses (depressive disorder

of anorexic clients are diagnosed with major a depressive disorder 50-60%

.Anorexia must differentiated from BN

Not all ppl with BMI below normal have Anorexia Nervosa

Clinical Course and Complication;

.50-70% actually recover, 20% do improve, and 10- 20% have a chronic condition

.Clients with anorexia nervosa are 12 times more likely to die than women of a similar age

Suicidal rate with AN women is 57 times greater than women of a similar age, why

! ? Why do persons with eating disorders are more likely to die**

Due To: 1) Dehydration

Behaviors that affect any organ (as kidney) or system (as GIT)

? Why do suicide levels high in persons with anorexia nervosa**

Because of the Pain that produced from eating disorders



Study

In the study of Holm-Demona et al. (2007) on 9 case reports of individuals with AN who died by suicide to examine competing explanations of the high rate of death by suicide among individuals with anorexia nervosa (AN). The findings suggest individuals with AN may habituate to the experience of pain during the course of their illness and accordingly die by suicide using methods that are highly lethal

Management and Treatment :

.Most of the complications are reversible

Some patients can be treated as outpatients, but some may need hospitalization. If it was severe

.Weight gain of 1-3 (0.5kg-1)pounds per week is considered safe and desirable

Not all patients considered as Outpatients , some considered as Inpatients ,if there cases are severe and need hospitalization

Phases of treatment :

.Restoring weight

.(Treating the psychological issues (psychotherapy

.Establishing long-term remission and rehabilitation

We try to treat anorexia nervosa by weight gaining, about (0.5 - 1.5) Kg/week which equals (1-3) pounds/week

Weight gaining must be GRADUALLY , Not at one time -

Restoring weight: for maintaining physiological needs

The last two phases (treating & establishing) treat and deal with body image more

• Cognitive-behavioral therapy

.Group therapy

.Family therapy

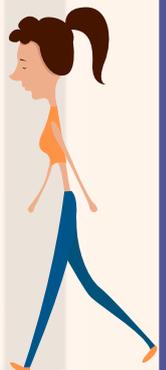
.a nutritionist

medications (such as SSRI),?not as a first stage medication but after I treat dehydration) (and electrolytes imbalances and make sure that physiological status is back to normal

STUDY

Key et al (1998) found that SSRI given after body restoration when serotonin level

.elevated to decrease the sad and obsessiveness associated with AN and prevent relapse



Bulimia nervosa

is a serious eating disorder marked by a destructive pattern of binge-eating and recurrent inappropriate compensatory behaviors to control one's weight (BMI is higher than Normal maybe 24 ,they look normal or maybe overweight

As anorexia nervosa, but he eat A lot of food then Purge it الفرق انه بويكل اكثر لهيك ما ببين فرق

In the **purging type**, the person regularly engages in self-induced vomiting or the misuse of laxatives, diuretics, or enemas

Patient diagnose with this disease by its behaviors

شكلا ما عنده مشكلة المشكلة بتكون بالسلوكيات يلي بتصاحبه

The hallmark feature of a binge is :

-feeling out of control

Bulimia nervosa is an invisible eating disorder, because patients are of normal weight or . overweight

:There are two types of bulimia nervosa

-The purging type

-The nonpurging type

Weight are normal or a little UP of normal

In the nonpurging type, the individual uses fasting or excessive exercise to control .weight, but does not regularly purge

To be diagnosed with bulimia nervosa :

a person must have had, on average, a minimum of two binge-eating episodes a week for at - .least three months

يويكل كميات كبيرة مرتين بالاسبوع لمدة 3 اشهر

:Incidence and Prevalence

-1.1-4.3% of women in USA have bulimia nervosa

.-It is 10 times more often in females than in males

-Occur mostly in the age late adolescence or early adulthood

50%of those who have anorexia nervosa later develop bulimia nervosa

Etiology:

a combination of environmental, genetic, psychological and physiological factors

Physiology :

-The repeated vomiting in bulimia may result in gastroesophageal reflux disorder

-The use of diuretics can cause kidney problems

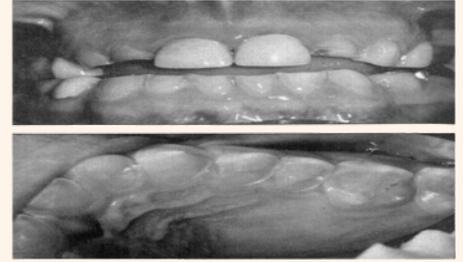
-Frequent use of laxatives can cause intestinal problem

-Dehydration



Behavioral features :

- Binge eating and purging are often done in secret and can be easily concealed by **بضل ياكل الخفاء**
- .a normal-weight person who is ashamed of his or her behavior
- .Lack of impulse control in area of substance dependence
- They visit bathroom regularly after meal



erosion of dental ena

Clinical Features :

- erosion of dental enamel
- Scarring on the backs of the hand
- Heart problems
- Stomach rupture
- Abdominal discomfort
- Irregular menstrual periods
- A depressed mood
- Social interruption



- lamenting over...caused by vomiting
- Stomach rupture resulting from vomitin

Differential diagnosis :

- .Distinguish between the binge eating and purging behaviors of anorexia nervosa and bulimia
- .of those with bulimia also report a history of a psychiatric disorder 83%
- of them have a history a mood disorder 50%

Comparison table

Anorexia | Bulimia

BMI: less than 19 | over 25

Food: very little. | very high

It may be associated with other psychological problems |

clinical course and complications :

Recovery rate range from 35%-75% after 5 years .

-approximately one third relapse

-very rare mortality rate is 0.5%



Treatment and management :

Most people with bulimia can be treated through individual outpatient therapy because they aren't in danger of starving themselves as are persons with anorexia nervosa

- CBT focuses on self-monitoring of eating and purging behaviors as well as changing the distorted thinking patterns associated with the disorder.
- Lead to complete abstinence from binge eating and purging in around 40% of patients.
- Group therapy
- The only FDA approved medication for bulimia nervosa is fluoxetine (Prozac) showing 50-60% reduction in median binge eating and purging in the short term.
- nutritional counseling.
- developing (support groups or other socially supportive environments).

FDA: Food and Drug Administration

STUDY

In the study of Gadbloom (1998) on 76 women diagnosed with BN to compare the effectiveness of fluoxetine and CBT in treatment of BN, the result showed that the combination of pharmacotherapy and psychotherapy was superior to pharmacotherapy alone, but no advantage over the psychotherapy alone.

Pharmacotherapy and Psychotherapy exceeds the effectiveness of use only one of them

obesity:

- it is a chronic condition defined by an excess amount body fat.

TheWorldHealthOrganization uses a classification system using the BMI to define overweight and obesity.

- ABMI of 25 to 29.9 is defined as a "Pre-obese."
- ABMI of 30 to 34.99 is defined as "Obese class I"
- ABMI of 35 to 39.99 is defined as "Obese class II."
- ABMI of greater than 40.00 is defined as "Obese class III."
- . One in three Americans is obese. The prevalence of obesity in children has increased markedly, with approximately 20%-25 % of children either overweight or obese.



• What Causes Obesity?

- The balance between calorie intake and energy expenditure determines a person's weight. If a person eats more calories than he or she burns (metabolizes), the person gains weight (the body will store the excess energy as fat).

There is ratio and proportion between the amount of food that is eaten by us and calories that burns (metabolizes)

هناك نسبة وتناسب بين كمية الأكل التي نأكلها والحرق الذي يحدث

Genetics

A person is more likely to develop obesity if one or both parents are obese.

.Overeating

.A diet high in simple carbohydrates

.Frequency of eating

.Slow metabolism

.Physical inactivity

Medications. include certain antidepressants), such as (anti-convulsants ,diabetes (medications ,oral contraceptives and most corticosteroids,etc

Psychological factors.

(.Diseases such as(hypothyroidism,etc

(كسل و خمول) Hypothyroidism : cause indolence

Focus on the QUALITY of food NOT on its QUANTITY

You may eat a large amount of food but has LOW calories and HIGH nutritional value and)

(!may the opposite occurs also

Frequency of eating : in which person who eats once/day ,his body will store food so he will

• be more risky to become obese

• Management and Treatment

.Dieting

.Increased physical activity

.Behavior modification

Bariatric surgical

(الشفط) Bariatric for treatment of Obesity by Techniques as Liposuction and Gastric sleeve

(والتكميم)



* health risks associated with obesity





Test yourself

1) Which of the following is a diagnostic criterion for anorexia nervosa :

- a) A refusal to maintain a minimal body weight
- b) A pathological fear of gaining weight
- c) A distorted body image in which, even when clearly emaciated, sufferers continue to insist they are overweight
- d) All of the above

Answer:d

2) In Restricted Type anorexia nervosa, self-starvation is NOT associated with which of the Following :

- a) Concurrent purging
- b) Socialising
- c) Body dysmorphic issues
- d) Eating only certain food types

Answer:a

3) In Binge-Eating/Purging Type anorexia nervosa, self-starvation is associated with:

- a) Not eating to help control weight gain
- b) Not being bothered about weight gain
- c) Regularly engaging in purging activities to help control weight gain
- d) Eating only certain food types

Answer:c

4) High rates of comorbidity exist between anorexia and other Axis I and Axis II disorders. What percentage of anorexia sufferers who also have a lifelong diagnosis of major depression :

- a) 50-60%
- b) 30-40%
- c) 20-30%
- d) 70-80%

Answer:a

5) In Bulimia nervosa, the nonpurging sub-type, a behaviour which is used to compensate for bingeing is :

- a) Exercise
- b) Controlling intake of certain food types
- c) Withdrawing from social interaction
- d) Controlling carbohydrate intake

Answer:a

6) Pick one of the following familial factors that plays a role in the development of eating disorders:

- a) Parental attitudes to sex**
- b) Parental obesity**
- c) Parental attitudes to the media**
- d) Parental attitudes to education**

Answer:b

7) Body dissatisfaction is associated with triggering bouts of:

- a) Purging**
- b) Binging**
- c) Dieting**
- d) Shopping**

Answer:c

8) Which of the following is a prominent characteristic of individuals with eating disorders:

- a) High self esteem**
- b) Low self esteem**
- c) High levels of responsibility**
- d) Narcissism**

Answer:b

9) Which of the following characteristics has regularly been implicated in the aetiology of eating disorders:

- a) Perfectionism**
- b) Narcissism**
- c) Extraversion**
- d) Introversion.**

Answer:a

10) Anorexia and bulimia are frequently comorbid with major depression, thus eating disorders have tended to be treated pharmacologically with which of the following:

- a) Antipsychotics**
- b) Antibiotics**
- c) Antihistamine**
- d) Antidepressants**

Answer:d

11) Which of the following is a common treatment for bulimia:

- a) Family therapy**
- b) Cognitive Behaviour Therapy**
- c) Psychodynamic therapy**
- d) Humanistic therapy**

Answer:b

12) In the DSM-IV-TR diagnostic criteria for anorexia nervosa, which of the following is considered to be a risk factor :

- a) Disturbance in the way in which one's body weight or shape is experienced
- b) Undue influence of body weight or shape on self-evaluation
- c) Denial of the seriousness of the current low body weight
- d) All of the above

Answer:d

قال الله تعالى:
"يُدَبِّرُ الْأُمْرَ مِنَ السَّمَاءِ إِلَى الْأَرْضِ"
أمورك ومطالبك وأمنياتك هي تحت تدبير الذي خلقك وتكفل
بك، ولن يضيعك..!❤