Eating Disorders

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Introduction

- The hypothalamus contains the appetite regulation center within the brain.
- It regulates the body's ability to recognize when it is hungry, when it is not hungry, and when it has been sated.

Introduction (continued)

- Eating behaviors are influenced by
  - Society
  - Culture
- Historically, society and culture also have influenced what is considered desirable in the female body.

Epidemiological Factors

- Anorexia Nervosa
  - Across all ages and genders, the lifetime prevalence for an episode of anorexia nervosa is 2.4 to 4.3 percent.
    - Men account for 25 percent of those with anorexia bulimia and 26 percent of those with binge—eating disorders.

Epidemiological Factors (continued_1)

- Bulimia nervosa
  - Prevalence has decreased in recent years with a lifetime prevalence of 2 percent among women.
  - Onset occurs in late adolescence or early adulthood
  - Occurs primarily in societies that place emphasis on thinness as a model of attractiveness for women

Epidemiological Factors (continued_2)

- Binge-eating disorder (BED) is recurrent episodes of eating significantly more than people would eat in a similar time period under similar circumstances.
- Obesity has been defined as a body mass index (BMI) of 30 or greater.
  - Statistics indicate that in the United States, 39.8 percent of adults 20 years of age and older are obese.
    - Percentage is higher among non-Hispanic black (46.8%) and Hispanic (47%) populations.

- Assessment
  - Anorexia nervosa
    - Characterized by morbid fear of obesity
    - Symptoms include:
      - Gross distortion of body image
      - Preoccupation with food
      - Refusal to eat
    - Weight loss is excessive, with some individuals who present for health-care services weighing less than 85 percent of expected weight.

- Assessment (continued)
  - Anorexia nervosa (continued)
    - Other symptoms include:
      - Hypothermia
      - Bradycardia
      - Hypotension
      - Edema
      - Lanugo
      - Metabolic changes
    - Feelings of anxiety and depression are common.

- Assessment
  - Bulimia nervosa
    - An episodic, uncontrolled, compulsive, rapid ingestion of large quantities of food over a short period (bingeing)
    - Episode is followed by inappropriate compensatory behaviors to rid the body of the excess calories (self-induced vomiting or the misuse of laxatives, diuretics, or enemas).

- Assessment (continued)
  - Bulimia nervosa (continued)
    - Fasting or excessive exercise may also occur.
    - Most clients with bulimia are within a normal weight range, some slightly underweight, and some slightly overweight.
    - Depression, anxiety, and substance abuse are not uncommon.
    - Excessive vomiting and laxative or diuretic abuse may lead to problems with dehydration and electrolyte imbalances.

- Assessment
  - Binge-eating disorder (BED)
    - An eating disorder that can lead to obesity.
    - Individual binges on large amounts of food, as in bulimia nervosa.
    - BED differs from bulimia nervosa in that the individual does not engage in behaviors to rid the body of the excess calories.
    - 50 percent of individuals with BED have a history of depression.

- Assessment (continued)
  - Body Mass Index
    - A BMI range for normal weight is 20 to 24.9.
    - Obesity is defined as a BMI of 30 or greater.
    - Anorexia nervosa is characterized by a BMI of 17 or lower, or less than 15 in extreme cases.

$$\text{Body mass index} = \frac{\text{Weight (kg)}}{\text{Height (m)}^2}$$

- Outcome Identification
  - The client
    - Has achieved and maintained at least 80 percent of expected body weight
    - Has vital signs, blood pressure, and laboratory serum studies within normal limits
    - Verbalizes importance of adequate nutrition
    - Verbalizes knowledge regarding consequences of fluid loss caused by self-induced vomiting (or laxative/diuretic abuse) and the importance of adequate fluid intake

- Outcome Identification (continued)
  - The client (continued)
    - Verbalizes events that precipitate anxiety and demonstrates techniques for its reduction
    - Verbalizes ways in which they may gain more control of the environment and thereby reduce feelings of powerlessness
    - Expresses interest in welfare of others and less preoccupation with own appearance

- Outcome Identification (continued)
  - The client (continued)
    - Verbalizes that image of body as “fat” was misperception and demonstrates ability to take control of own life without resorting to maladaptive eating behaviors (anorexia nervosa)
    - Has established a healthy pattern of eating for weight control and weight loss toward a desired goal is progressing (BED)
    - Verbalizes plans for future maintenance of weight control (BED)

- Planning and Implementation
  - Hospitalization may be necessary.
    - Malnutrition
    - Dehydration
    - Severe electrolyte imbalance
    - Cardiac arrhythmia or severe bradycardia
    - Hypothermia
    - Hypotension
    - Suicidal ideation

Treatment Modalities

- Behavior modification
  - Issues of control are central to the etiology of these disorders.
  - For the program to be successful, the client must perceive that they are in control of the treatment.

Treatment Modalities (continued_1)

- Behavior modification (continued)
  - Successes have been observed when the client
    - Has input into the care plan
    - Clearly sees what the treatment choices are

Treatment Modalities (continued_2)

- Behavior modification (continued)
  - The client has control over
    - Eating
    - Amount of exercise pursued
    - Whether to induce vomiting
  - Staff and client agree about
    - Goals
    - System of rewards

Treatment Modalities (continued_3)

- Individual therapy
  - Helpful when underlying psychological problems are contributing to the maladaptive behaviors

Treatment Modalities (continued_4)

- Family therapy
  - Involves educating the family about the disorder
  - Assesses the family's impact on maintaining the disorder
  - Assists in methods to promote adaptive functioning by the client

Treatment Modalities (continued_5)

- Psychopharmacology
  - No medications are specifically indicated for eating disorders.
  - Various medications have been prescribed for associated symptoms.
    - Anxiety
    - Depression

Treatment Modalities (continued_6)

- Psychopharmacology (continued)
  - Medications that have been tried with some success
    - For anorexia nervosa
      - Fluoxetine (Prozac)
      - Clomipramine (Anafranil)
      - Cyproheptadine (Pariactin)
      - Chlorpromazine (Thorazine)
      - Olanzapine (Zyprexa)

Treatment Modalities (continued_7)

- Psychopharmacology (continued)
  - Medications that have been tried with some success (continued)
    - For bulimia nervosa
      - Fluoxetine (Prozac)
      - Imipramine (Tofranil)
      - Desipramine (Norpramine)
      - Amitriptyline (Elavil)
      - Nortriptyline (Aventyl)
      - Phenelzine (Nardil)

Treatment Modalities (continued_8)

- Psychopharmacology (continued)
  - Medications that have been tried with some success (continued)
    - For BED with obesity
      - Topiramate (Topamax)
      - Lisdexamfetamine
    - Most studies reveal that medication in combination with CBT is more beneficial than medication alone.

Thank you