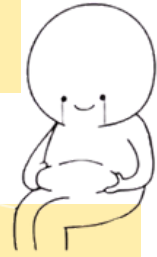


Psychology

Sheet



Eating Disorders

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**التبييض باللون الاخضر

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 SATIATED.

EATING DISORDERS هي مشكلة نفسية ولكن أعراضها تظهر على حسب الشخص

▪ EATING BEHAVIORS ARE INFLUENCED BY
• SOCIETY
• CULTURE

وهذا يختلف حسب نظرة المجتمع إلى الشخص ، بعض المجتمعات تفضل أن تكون الفتاة نحيفة ، فهذا الإشي بأثر على نظرة الفتاة لنفسها ولا يمكن تجاهله

▪ HISTORICALLY, SOCIETY AND CULTURE ALSO HAVE INFLUENCED WHAT IS CONSIDERED DESIRABLE IN THE FEMALE BODY.

EPIDEMIOLOGICAL FACTORS

▪ ANOREXIA NERVOSA

AFFECT FEMALES MORE THAN MALES



فقدان الشهية العصبي

هم أشخاص ال BMI عندهم قليلة

• 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.

THERE IS TWO TYPE ANAROXIA NERVOSA

1- RESTRICTIVE TYPE: هذول أشخاص بصوموا لفترات طويلة ممكن يومين أو ثلاث أو أنه باكل كميات كثير قليلة

2- PURGING TYPE: هذول أشخاص باكلوا كميات أكثر من النوع الأول ولكن الكميات الي باكلوها غير كافية وبعد ما ياكل يتعرض إلى INDUCED VOMITTING

أو إنه بروج بعمل EXCESSIVE EXCERCISE

▪ BULIMIA NERVOSA

PREVALENCE HAS DECREASED IN RECENT YEARS WITH ALIFETIME 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

هذول الأشخاص BMI يكون في ال NORMAL ويمكن يكون أعلى شوي أو أقل شوي وهم أشخاص-1
ياكلوا كويس ولكن بعد ما ياكلوا بروجوا بستفرغوا وهذا هو الأشي إلي ممكن يسبب كثير مشاكل

غالباً هذول الأشخاص بتلاقيهم ياكلوا بالخفاء عشان ما حد يشوفهم-2

عند الذكور أكثر-3

▪ BINGE-EATING DISORDER (BED)

IS RECURRENT EPISODES OF EATING SIGNIFICANTLY MORE THAN PEOPLE WOULD EAT IN A SIMILAR TIME PERIOD UNDER SIMILAR CIRCUMSTANCES.

هذول أشخاص بظلمهم ياكلوا وال BMI رح يكون عالي
ويمكن يوصل إلي OBESITY وهذا الإشي رح يآثر على

BODY IMAGE OF THE PERSON HIMSELF

▪ 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.

FROM AFRICA

– PERCENTAGE IS HIGHER AMONG NON-HISPANIC BLACK (46.8%) AND HISPANIC (47%) POPULATIONS.

FROM LATIN COUNTRIES



■ ASSESSMENT

■ ANOREXIA NERVOSA

- CHARACTERIZED BY **MORBID** FEAR OF OBESITY
- SYMPTOMS INCLUDE:
 - GROSS DISTORTION OF BODY IMAGE
 - PREOCCUPATION WITH FOOD **الإنشغال بالأكل**
 - REFUSAL TO EAT **برفضوا الأكل وإذا أكلوا باكلوا كميات قليلة**
- WEIGHT LOSS IS EXCESSIVE, WITH SOME INDIVIDUALS WHO PRESENT FOR HEALTH-CARE SERVICES WEIGHING LESS THAN 85 PERCENT OF EXPECTED WEIGHT.
- OTHER SYMPTOMS INCLUDE:
 - HYPOTHERMIA
 - BRADYCARDIA
 - HYPOTENSION
 - EDEMA
 - LANUGO **الزغب**
 - METABOLIC CHANGES
- FEELINGS OF ANXIETY AND DEPRESSION ARE COMMON.

***MAY HAVE SEVER DEHYDRATION**

■ BULIMIA NERVOSA

- AN EPISODIC, UNCONTROLLED, COMPULSIVE, RAPID INGESTION OF LARGE QUANTITIES OF FOOD OVER A SHORT PERIOD (BINGEING) **يصير يأكل كثير**
- 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).

**INJECTION OF FLUIDS
USED TO THE EMPTYING
OF YOUR BOWEL**

■ ASSESSMENT

■ BULIMIA NERVOSA (CONTINUED)

– FASTING OR EXCESSIVE EXERCISE MAY ALSO OCCUR.

طبعاً هاد الكلام بعد ما يكون ماكل وشبعان، بس عشان حس حالو أخطأ

– 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.

■ 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.

هو صح حكينا انو الاكتئاب الو

*ATYPICAL SYMPTOMS

هذول الي بيطور عندهم
الموضوع وبصير عندهم BED

بنام كثير
بياكل كثير

*TYPICAL SYMPTOMS

بنام قليل
بياكل قليل

■ 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.

$$\text{BODY MASS INDEX} = \frac{\text{WEIGHT (KG)}}{\text{HEIGHT (M)}^2}$$

الدكتور حكى إنه يفضل الحكم على ال
OBESITY من خلال نسبة الدهون في
الدم. كما هو معتاد حالياً وليس حسب
ال BMI

▪ OUTCOME IDENTIFICATION

• THE CLIENT

غالباً هاي الاهداف بتكون LONG-TERM GOALS

وزنو أقل ب 80 % من وزن الي قد عمرو

- 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

للناس الي معهم DEHYDRATION غالباً بشتغل معهم على ما يسمى FLUID INTAKE-OUTPUT

- 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
- 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)

رعاية

ASSESSMENT
DIGNOSIS
PLANING

INTERVENTION
EVALUATION

منخليه شريك في وضع
CARE PLAN ال

PLANNING AND IMPLEMENTATION

HOSPITALIZATION MAY BE NECESSARY.

- MALNUTRITION
- DEHYDRATION
- SEVERE ELECTROLYTE IMBALANCE
- CARDIAC ARRHYTHMIA OR SEVERE BRADYCARDIA
- HYPOTHERMIA
- HYPOTENSION
- SUICIDAL IDEATION

دخول المستشفى
ضروري في هاي حالات

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.

غالباً العلاجات ما بنكون ل
فوعين وإنما لنحن نهدف إلى علاج العرض
USUALLY WE USE ANTI-PSYCHOTICS
,ANTI-DEPRESSANTS

- SUCCESSES HAVE BEEN OBSERVED WHEN THE CLIENT
 - HAS INPUT INTO THE CARE PLAN
 - CLEARLY SEES WHAT THE TREATMENT CHOICES ARE

حتى إنه يكون العلاج فعال لازم أدمج المريض
بالعملية العلاجية عن طريق إنني أخذ برأيه حتى
إنه يكون مقتنع بالعلاج وباللاشي إلي بعمل فيه

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 OR REINFORCEMENT

النشاط الممارس



مثال: إنه اذا جبت علامة سيئة ما بخلي أبوك يضربك

▪ **INDIVIDUAL THERAPY**

- **HELPFUL WHEN UNDERLYING PSYCHOLOGICAL PROBLEMS ARE CONTRIBUTING TO THE MALADAPTIVE BEHAVIORS**

▪ **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**

▪ **PSYCHOPHARMACOLOGY**

1- NO MEDICATIONS ARE SPECIFICALLY INDICATED FOR EATING DISORDERS.

- **VARIOUS MEDICATIONS HAVE BEEN PRESCRIBED FOR ASSOCIATED SYMPTOMS.**

- **ANXIETY**

- **DEPRESSION**

2-MEDICATIONS THAT HAVE BEEN TRIED WITH SOME SUCCESS

- **FOR ANOREXIA NERVOSA**

- **FLUOXETINE (PROZAC)**

- **CLOMIPRAMINE (ANAFRANIL)**

- **CYPROHEPTADINE (PARIACTIN)**

- **CHLORPROMAZINE (THORAZINE)**

- **OLANZAPINE (ZYPREXA)**

▪ 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)

– FOR BED WITH OBESITY

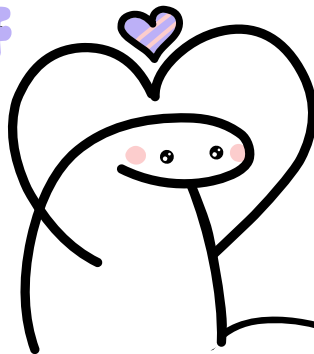
- TOPIRAMATE (TOPAMAX) **FOR EPILEPSY**

- LISDEXAMFETAMINE

– MOST STUDIES REVEAL THAT MEDICATION IN COMBINATION WITH CBT IS MORE BENEFICIAL THAN MEDICATION ALONE.

WITH BED WE MAY USE ADHD DRUGS

**LOVE YOURSELF
AS YOU ARE.**



Thank
you

عُشْرٌ واحد، نعيش فيه ألف حياة!

لم يكن مقياس العمر بالعدد، إنّما بالعدّة،
بقدر ما أعدّ الإنسان من غرس الآخرة،
بقدر ما ضاعف السرّ بينه وربّه،
بقدر ما اهترأ من تكرار المحاولة،
بقدر ما تألم وتقلّم، وصار جليدًا لا يرتجف!
بقدر ما ارتعشت يده، وقلّت راحته، وعاش تفاصيل التعب

- الأستاذ قصي الحسيني.

أمّا ميوعة السّير وتفاهة القصد،
ورياءُ العمل وفراغ الوقت

فليست لك

