

Eating disorder

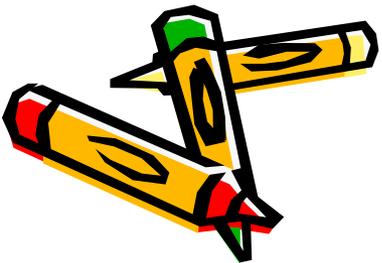
Dr. Faris Alsaraireh



Introduction

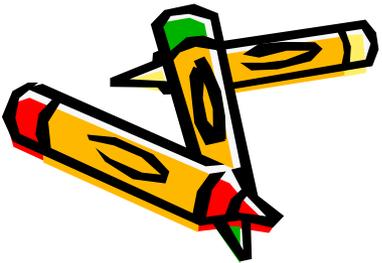
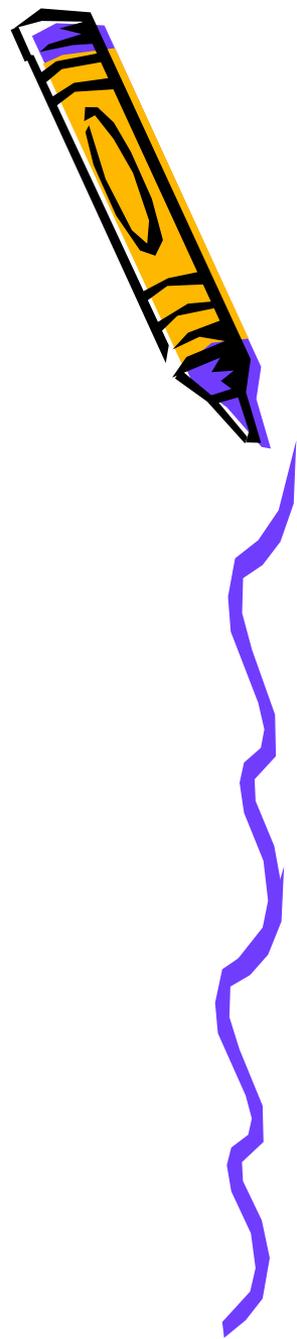


- An eating disorder is a negative change in eating behavior, typically manifested through extreme and unhealthy reduction of food intake or excessive overeating, Occur mostly in adolescents and young adult women ages 12-35 .



Eating Disorders

- Anorexia nervosa.
- Bulimia nervosa.
- Obesity.

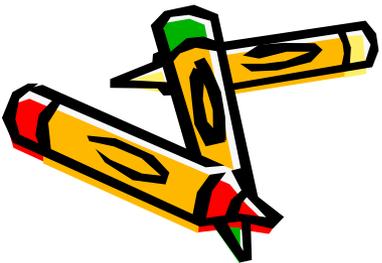


Eating Disorders



** Anorexia nervosa

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

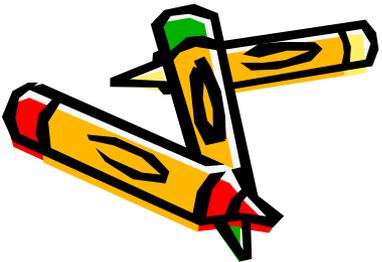


Eating Disorders

** Anorexia nervosa

Includes:

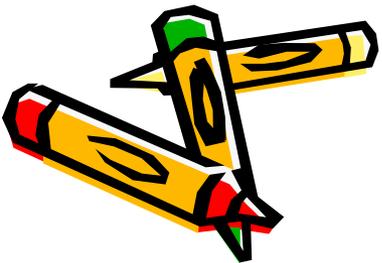
- An intense fear of gaining weight.
- A distorted body image.
- Denial.
- Amenorrhea.



Eating Disorders



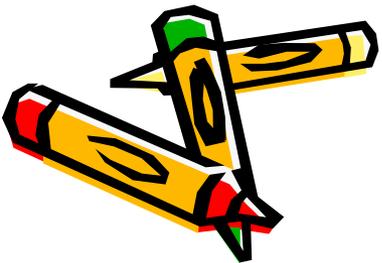
- There are two subtypes of anorexia nervosa.
 - ** Binging Eating/Purging Type.
 - ** Restricting Type.
- Many people move back and forth between subtypes during the course of their illness.



Eating Disorders

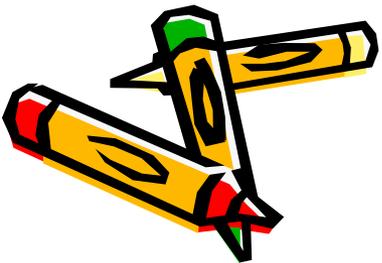


- In the **restricting subtype**, people maintain their low body weight purely by restricting their food intake and, possibly, by excessive exercise.



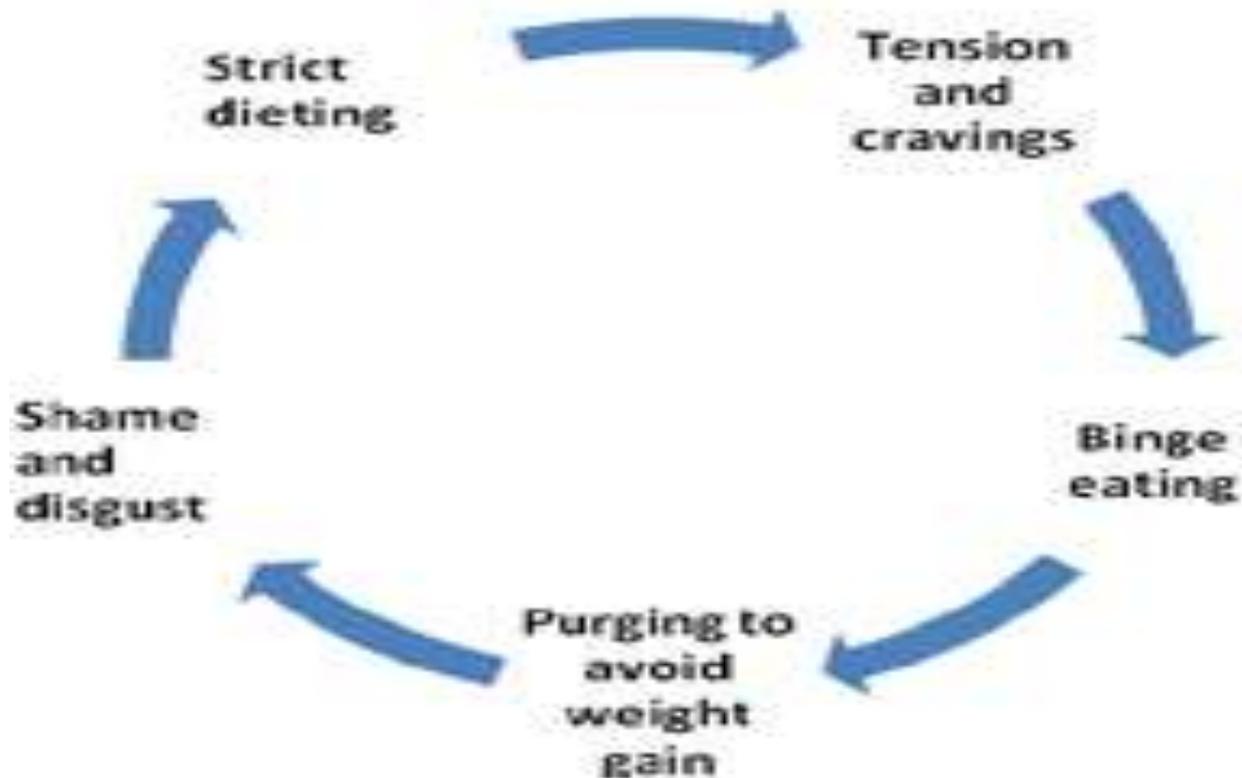
Eating Disorders

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



The binge and purge cycle

Eating Disorders

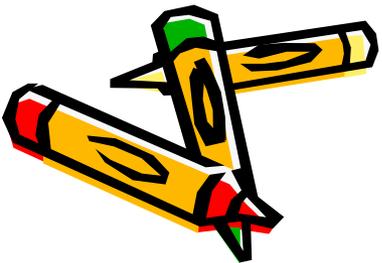


Eating Disorders



** Incidence and Prevalence

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

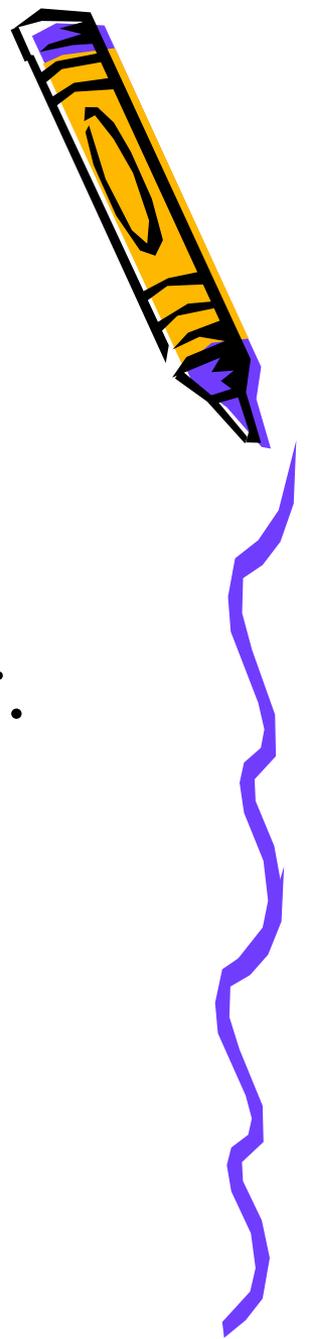


Eating Disorders

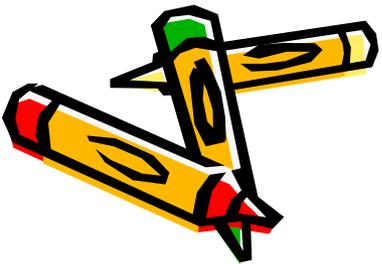
** etiology: a combination of multifactor.



Eating Disorders



- Certain personality traits
 - Perfectionism.
 - Fear from the normal development.
 - Low self-esteem.
 - Social isolation.

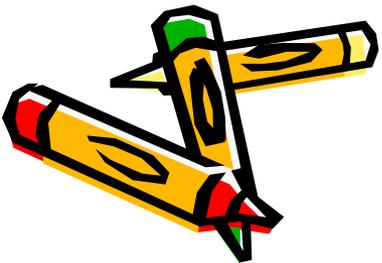


Eating Disorders



** Physiology

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

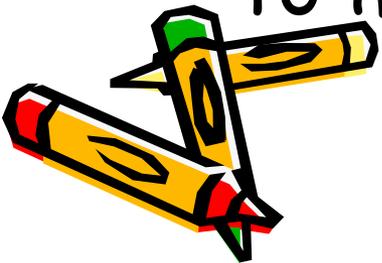


Eating Disorders



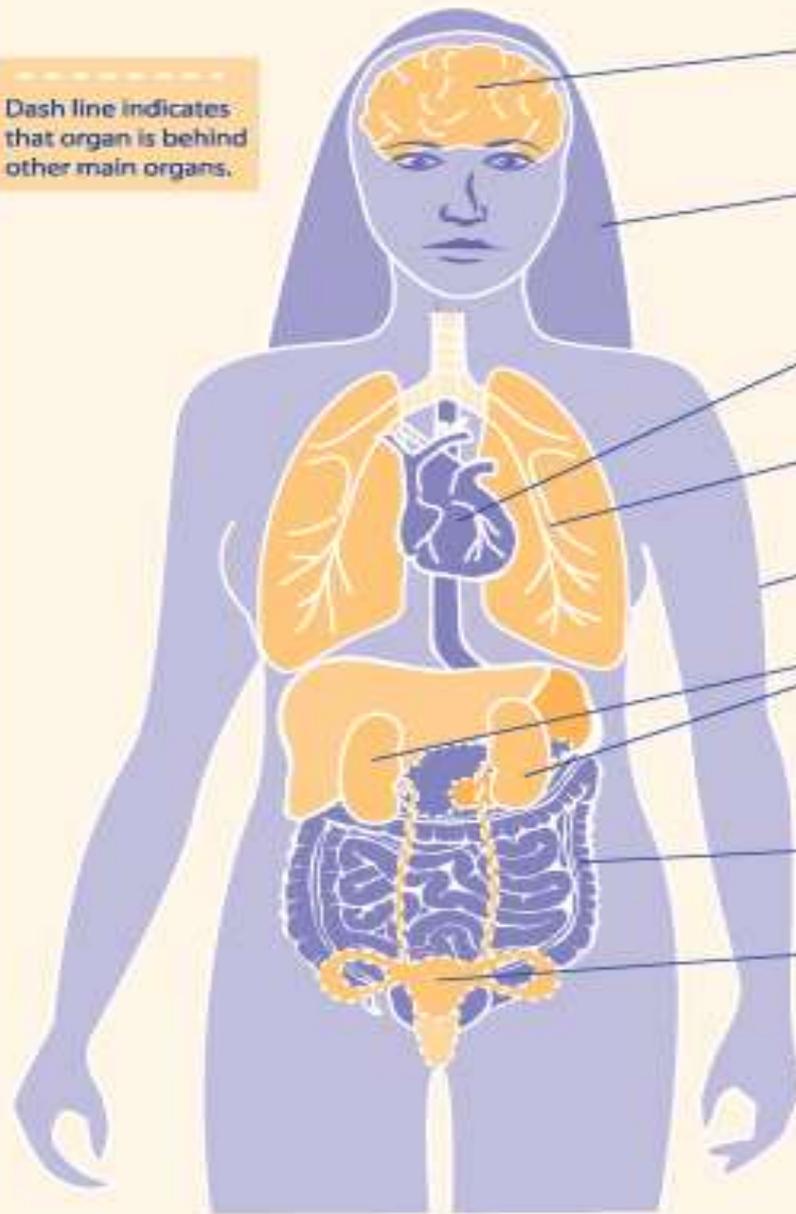
** Clinical Presentations

- 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



Anorexia affects your whole body

Dash line indicates that organ is behind other main organs.



Brain and Nerves

can't think right, fear of gaining weight, sad, moody, irritable, bad memory, fainting, changes in brain chemistry

Hair

hair thins and gets brittle

Heart

low blood pressure, slow heart rate, fluttering of the heart (palpitations), heart failure

Blood

anemia and other blood problems

Muscles and Joints

weak muscles, swollen joints, fractures, osteoporosis

Kidneys

kidney stones, kidney failure

Body Fluids

low potassium, magnesium, and sodium

Intestines

constipation, bloating

Hormones

periods stop, bone loss, problems growing, trouble getting pregnant. If pregnant, higher risk for miscarriage, having a C-section, baby with low birthweight, and post partum depression.

Skin

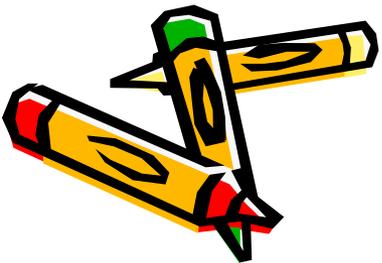
bruise easily, dry skin, growth of fine hair all over body, get cold easily, yellow skin, nails get brittle

Eating Disorders



** Behavioral Features

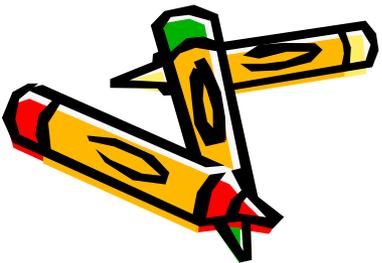
- Persons with anorexia nervosa develop odd and ritualistic eating habits:
- such as cutting their food into tiny pieces.
- refusing to eat in front of others,
- fixing elaborate meals for others that they themselves don't eat.



Eating Disorders



- Differential diagnosis
- Extreme weight loss may be caused by:
 - - medical illnesses (cancer).
 - - mental health illnesses (depressive disorder).
 - - 50-60% of anorexic clients are diagnosed with major a depressive disorder
- Anorexia must differentiated from BN.

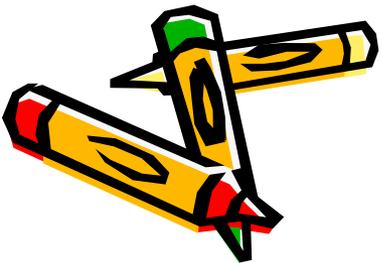


Eating Disorders



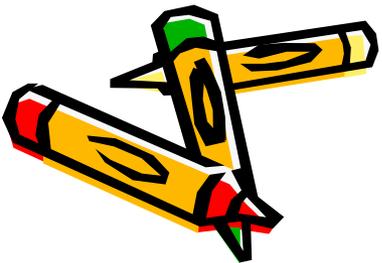
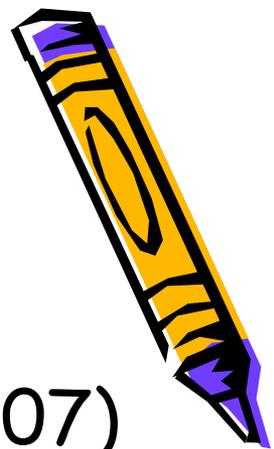
** Clinical Course and Complication

- 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?**



Study

- In the study of Holm-Demona et al. (2007) on 9 case reports of individuals with AN who died by suicide to examined competing explanations of the high rate of death by suicide among individuals with anorexia nervosa (AN). The findings suggests 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

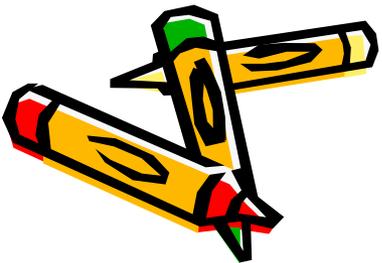


Eating Disorders



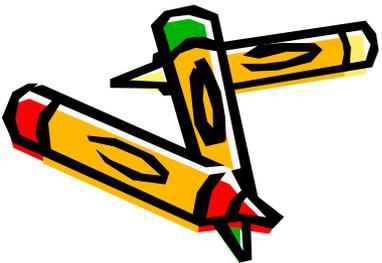
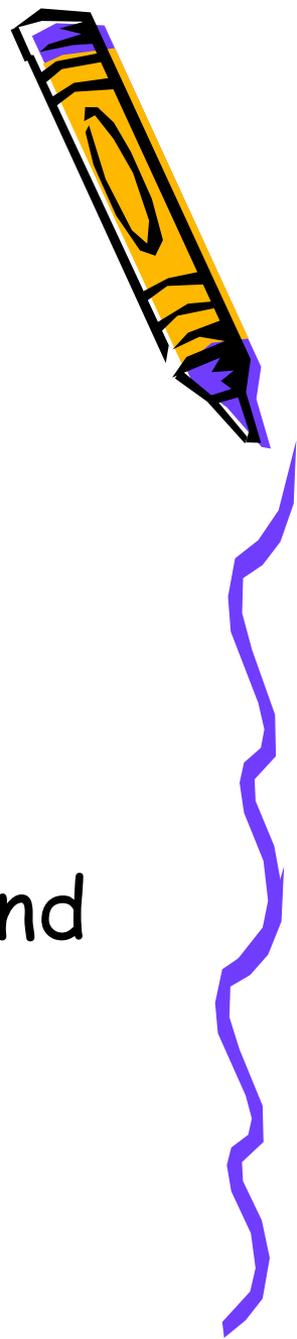
** Management and Treatment:

- Most of the complications are reversible.
- Some patients can be treated as **outpatients**, but some may need **hospitalization**.
- Weight gain of **1-3 pounds per week** is considered safe and desirable.



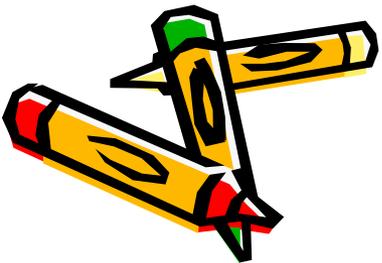
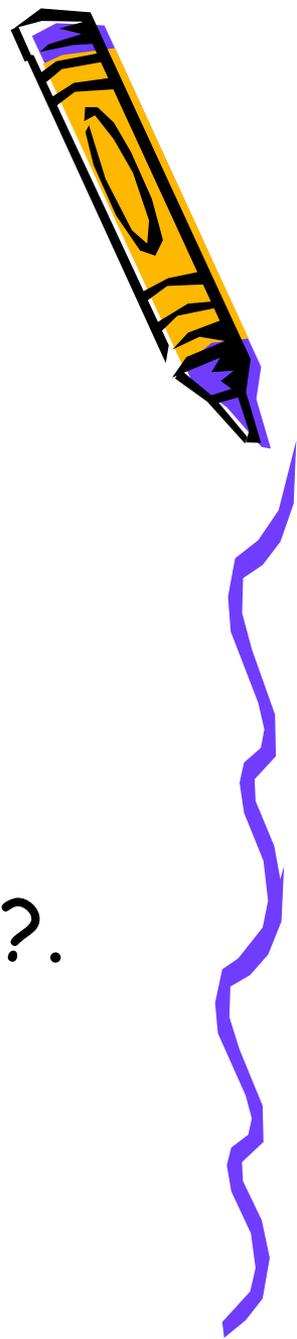
Eating Disorders

- Phases of treatment:
 - Restoring weight.
 - Treating the psychological issues (psychotherapy).
 - Establishing long-term remission and rehabilitation.



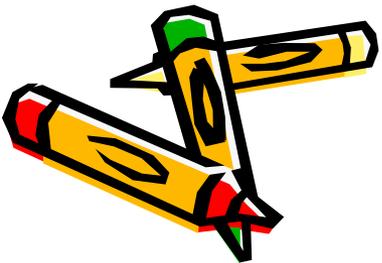
Eating Disorders

- Cognitive-behavioral therapy
- Group therapy.
- Family therapy.
- a nutritionist.
- medications (such as SSRI), When?.



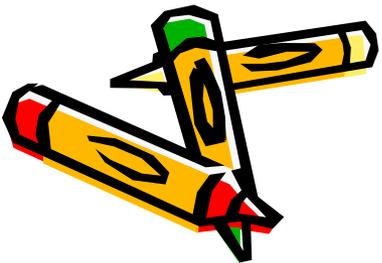
STUDY

- Key et al (1998) found that SSRI given after body restoration when serotonin level elevated to decrease the sad and obsessionality associated with AN and prevent relapse.



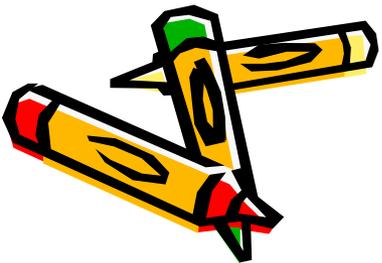
Eating Disorders

- **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 .



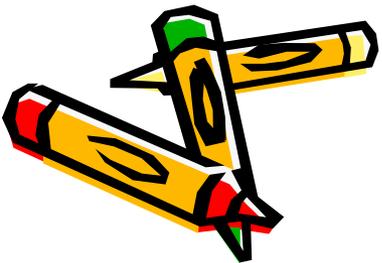
Eating Disorders

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



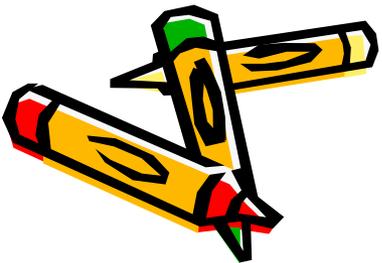
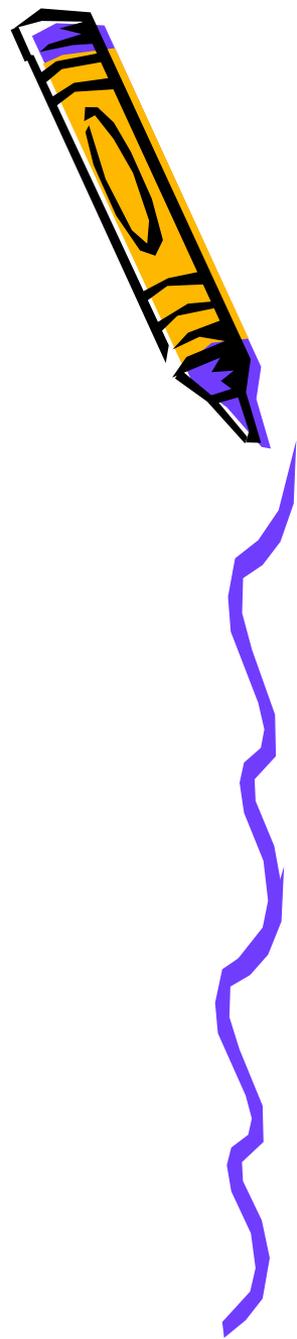
Eating Disorders

- 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 .



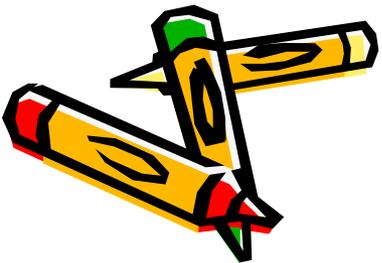
Eating Disorders

- There are two types of bulimia nervosa:
 - The purging type.
 - The nonpurging type.



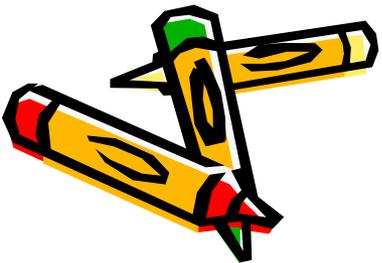
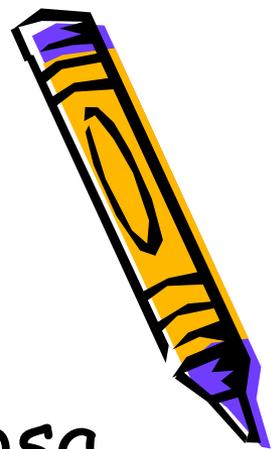
Eating Disorders

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



Eating Disorders

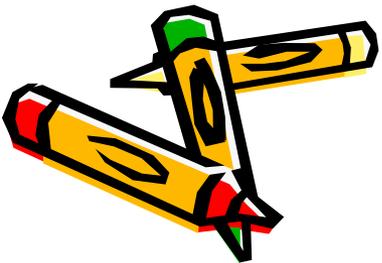
- To be diagnosed with bulimia nervosa
- - a person must have had, on average, a minimum of two binge-eating episodes a week for at least three months.



Eating Disorders

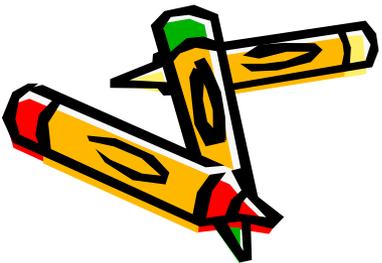
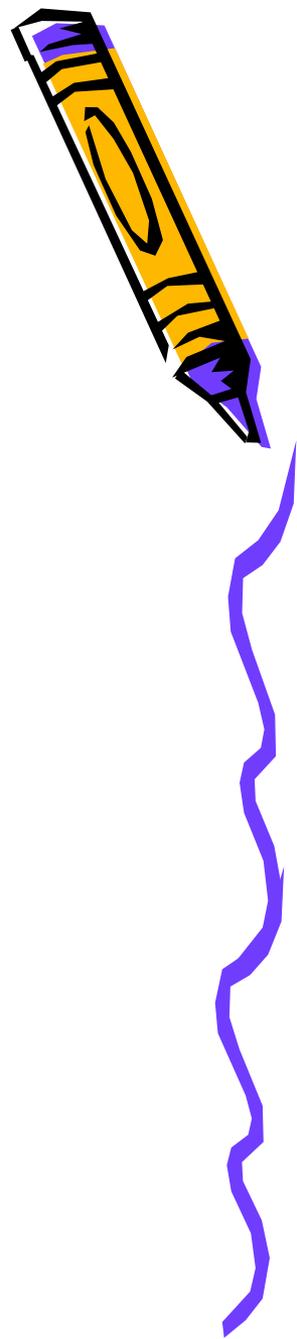


- Incidence and Prevalence
- 1.1%-4.3% of women in USA have bulimia nervosa.
- It is 10 times more often in females than in males.
- Occur mostly in the age late adolescence or early adulthood.
- 50 % of those who have anorexia nervosa later develop bulimia nervosa.



Eating Disorders

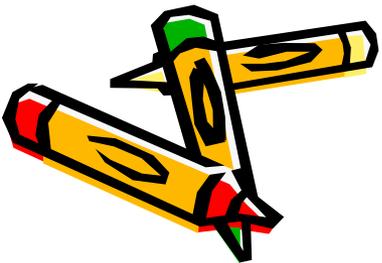
- Etiology:
- a combination of environmental, genetic, psychological and physiological factors.



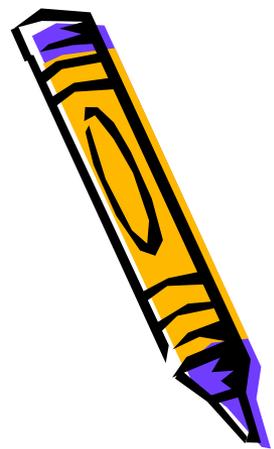
Eating Disorders



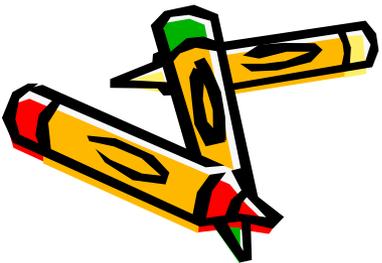
- **Physiology**
- The repeated vomiting in bulimia may result in **gastroesophageal reflux disorder**.
- The use of diuretics can cause **kidney problems**.
- Frequent use of laxatives can cause **intestinal problem**.
- Dehydration.



Eating Disorders

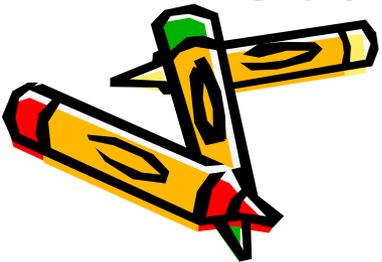
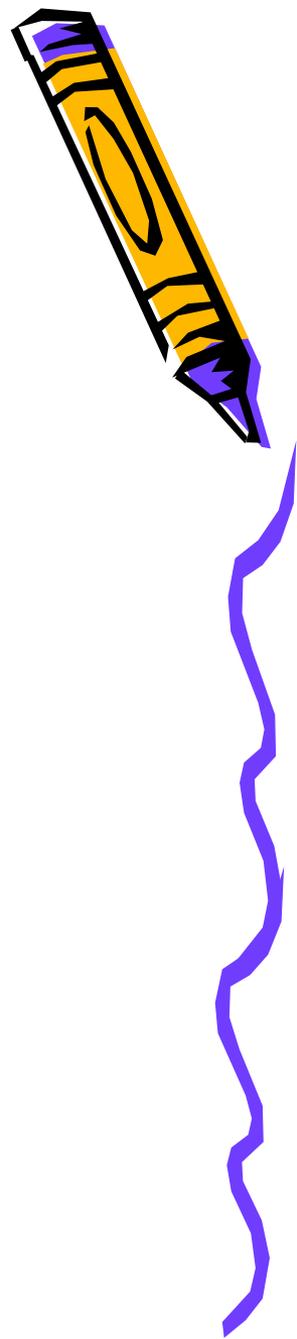


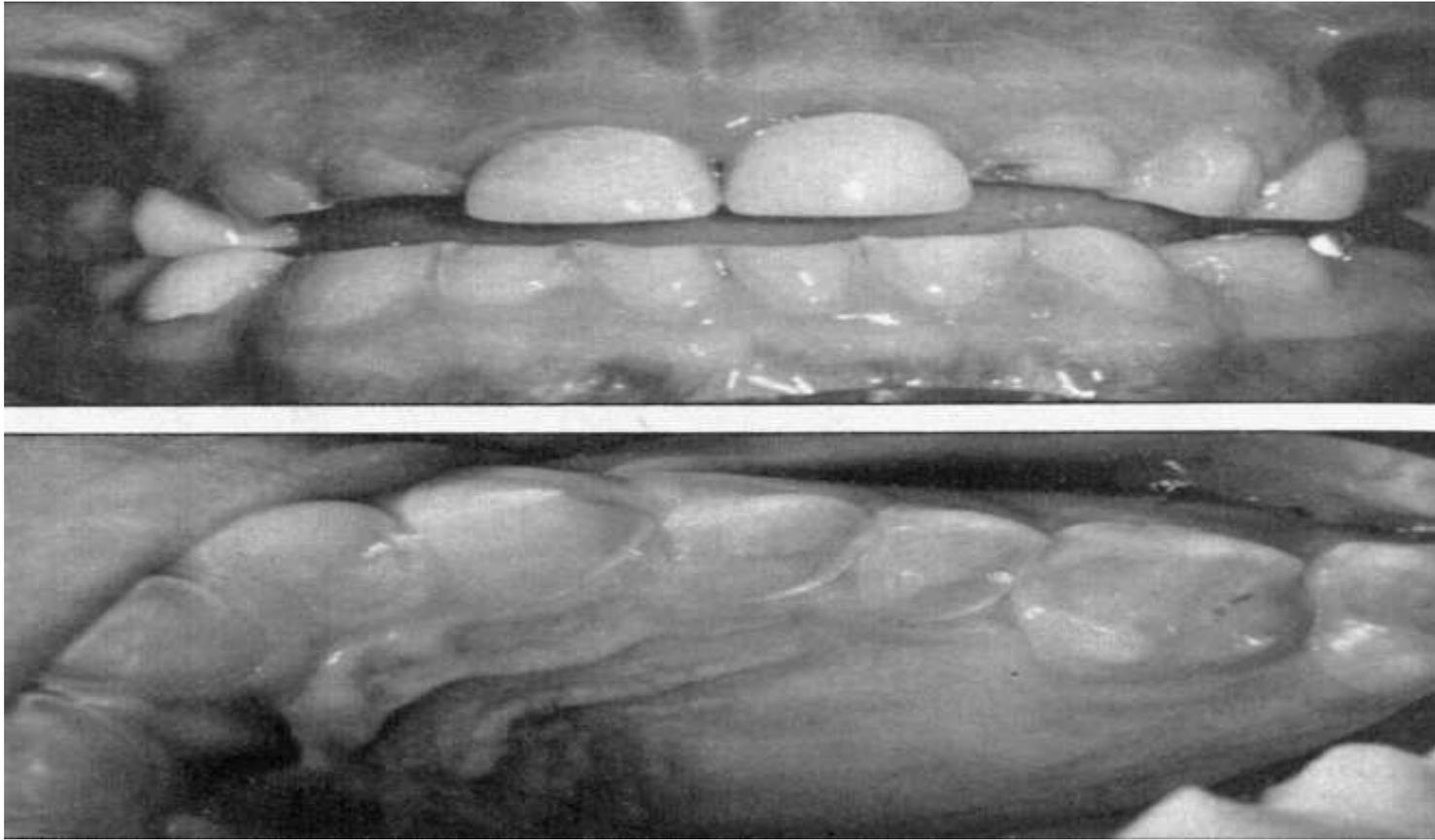
- Behavioral features
- Binge eating and purging are often done in secret and can be easily concealed by a normal-weight person who is ashamed of his or her behavior.
- Lack of impulse control in area of substance dependence.
- They visit bathroom regularly after meals.



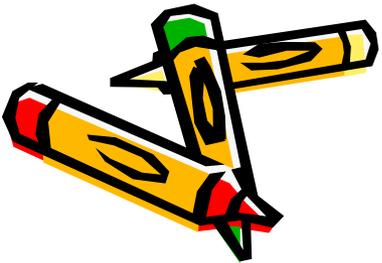
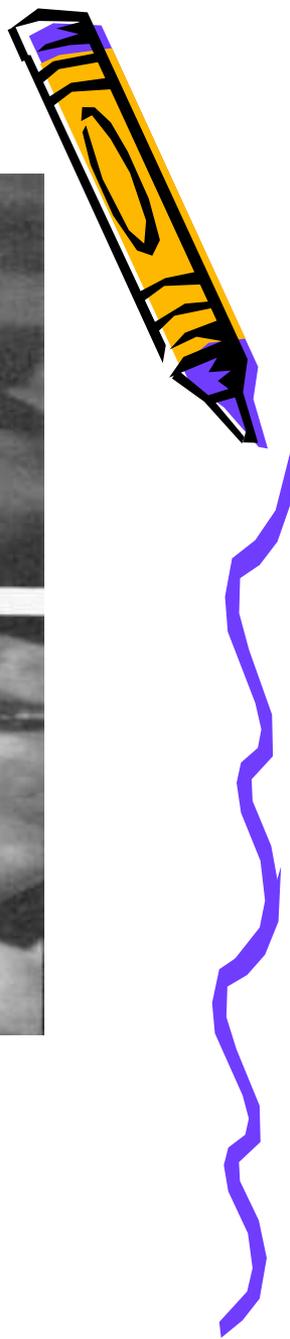
Eating Disorders

- **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



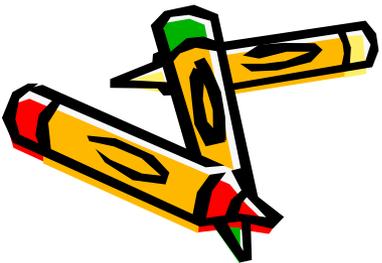


erosion of dental enamel•



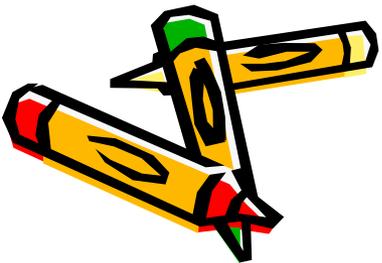
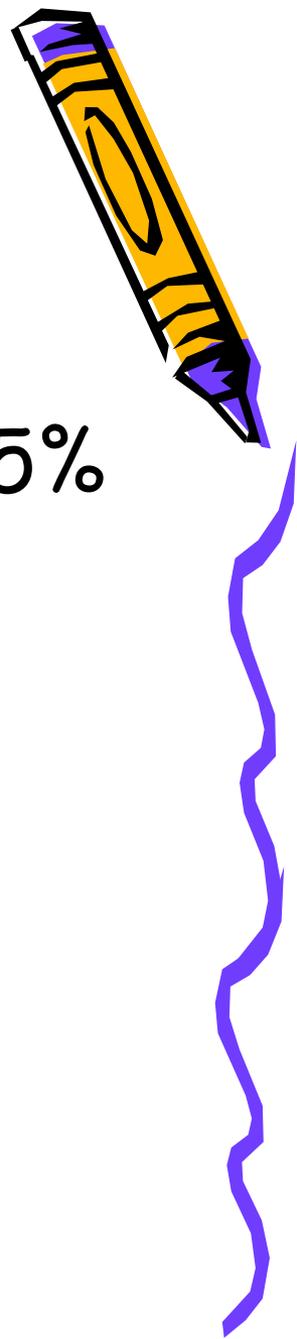
Eating Disorders

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



Eating Disorders

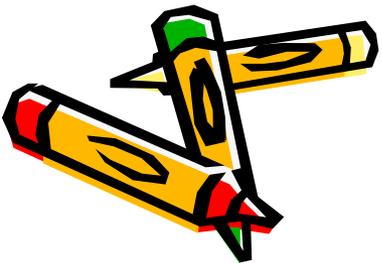
- Clinical course and Complications
- Recovery rates range from 35%-75% after 5 years.
- Approximately one third relapse.
- Very rare mortality rate, is 0.5%.



Eating Disorders



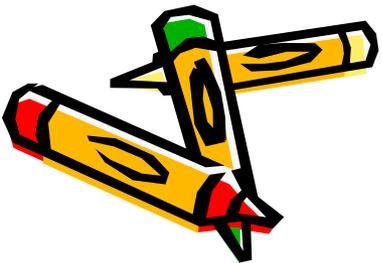
- Treatment and management:
- Most people with bulimia can be treated through individual **outpatient** therapy because they aren't in danger of starving themselves as are persons with anorexia nervosa.



Eating Disorders

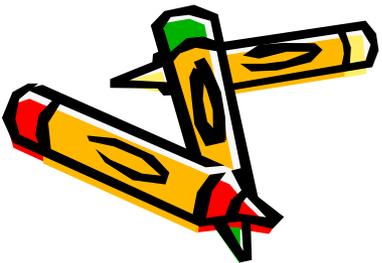
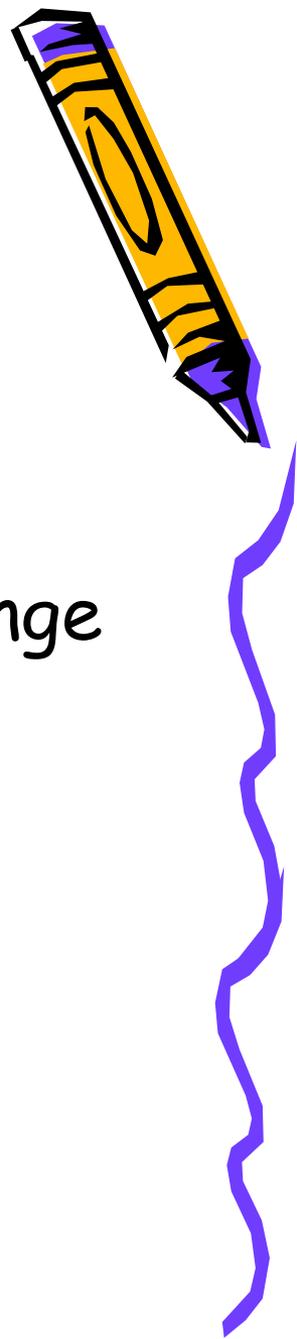


- CBT focuses on self-monitoring of eating and purging behaviors as well as changing the distorted thinking patterns associated with the disorder.
- Lead to complete abstinence from binge eating and purging in around 40% of patients.
- Group therapy



Eating Disorders

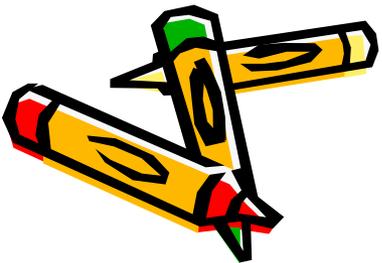
- The only FDA approved medication for bulimia nervosa is fluoxetine (Prozac) showing 50-60% reduction in median binge eating and purging in the short term.
- nutritional counseling.
- developing (support groups or other socially supportive environments).



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.

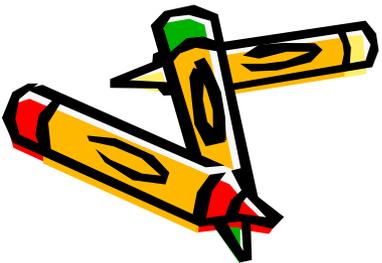


Eating Disorders



** obesity:

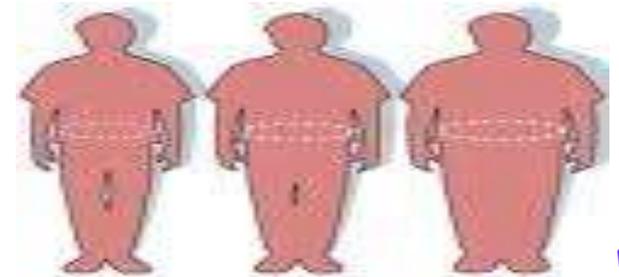
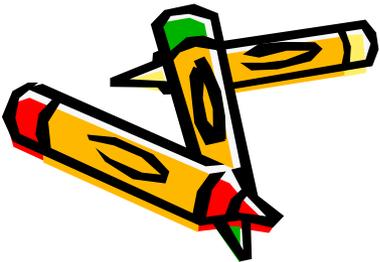
- it is a chronic condition defined by an excess amount body fat.



Eating Disorders



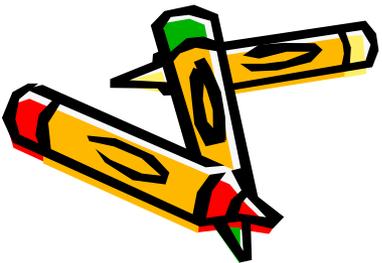
- The World Health Organization uses a classification system using the BMI to define overweight and obesity.
- A BMI of 25 to 29.9 is defined as a "Pre-obese."
- A BMI of 30 to 34.99 is defined as "Obese class I."
- A BMI of 35 to 39.99 is defined as "Obese class II."
- A BMI of or greater than 40.00 is defined as "Obese class III."



Eating Disorders



- . 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.



Eating Disorders



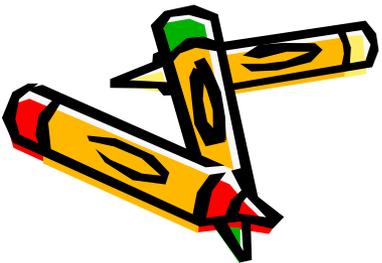
* health risks associated with obesity



Eating Disorders



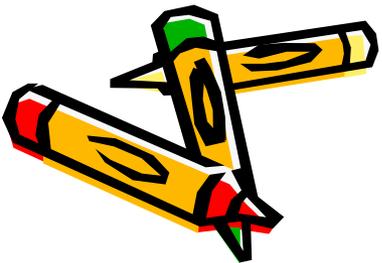
- **What Causes Obesity?**
- The balance between calorie intake and energy expenditure determines a person's weight. If a person eats more calories than he or she burns (metabolizes), the person gains weight (the body will store the excess energy as fat).



Eating Disorders



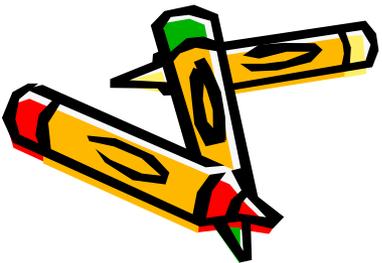
- **Genetics.** A person is more likely to develop obesity if one or both parents are obese.
- **Overeating.**
- **A diet high in simple carbohydrates..**
- **Frequency of eating.**
- **Slow metabolism.**



Eating Disorders



- 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.)



Eating Disorders

- Management and Treatment
- Dieting.
- Increased physical activity.
- Behavior modification.
- Bariatric surgical

