Eating Disorders Handout

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Anorexia nervosa = AN

- Criteria
  - A: ≤ 85%ile of normal for age and height
  - B: fear weight gain
  - C: distorted body weight/shape
  - D: amenorrhea x3 months
- Usually lack insight or in denial
- Subtypes
  - Restricting type: diet, fast, exercise
  - Binge-eating/purging type: vomit, laxative, diuretic, enema
- Associated features
  - Depressive sx: mood, social withdrawal, irritability, insomnia, ↓ interest in sex
    - MDD → tx with antidepressant
    - 2/2 to semistarvation → reassess mood after weight gain
  - Obsessive-compulsive features:
    - Food: thoughts, collect recipes, hoard food
      - May be 2/2 or worsened by undernutrition
    - Not about food, body shape, weight → OCD
  - Other: concern about eating in public, feelings of ineffectiveness, need to control environment, inflexible thinking, limited social spontaneity, perfectionism, restrained initiative/emotional expression
    - Personality disorder
    - Bring-eating/purging type more likely: impulse-control problem, abuse alcohol/drugs, mood liability, sexually active, suicide attempts, Borderline
  - Familial links: 1st deg relative with AN or mood d/o, twin studies
- Lab findings
  - Hematology: ↓ WBC, ↓ Hct; rarely ↓ plt
  - Chemistry:
    - Dehydration → ↑ BUN
    - Occasionally: ↓ Mg, ↓ Zn, ↓ PO4, ↑ amylase
    - Induced vomit → metabolic alkalosis (↑ HCO3), ↓ Cl, ↓ K
    - Laxative abuse → metabolic acidosis or alkalosis
    - ↓ T3, T4
    - Hyperadrenocorticism, abnormal responsiveness to neuroendocrine challenges
    - ↓ hypothalamic-pituitary-gonadal axis → F: ↓ estrogen; M: ↓ testosterone
  - EKG:
    - sinus bradycardia; rare arrhythmia
  - Brain imaging:
    - Starvation → ↑ ventricular:brain ratio
  - Resting energy expenditure: ↓
- PE
  - Amenorrhea
  - Constipation, abdominal pain
  - Cold intolerance, lethargy, excess energy
  - Emaciation
  - ↓ BP, ↓ T, dry skin
  - Lanugo = fine downy body hair on trunks
  - Weight restoration or cease laxative/diuretic → Peripheral edema
  - Bleeding diathesis → petechia on extremities
  - ↑ carotene → yellow skin
  - Hypertrophy of salivary (esp parotid) glands
  - Vomit → dental enamel erosion, scars/callus on hand dorsum
- general medical conditions

- Normochromic normocytic anemia
- Dehydration, ↓ K → impaired renal function
- ↓ BP, arrhythmias → cardiovascular problem
- Dental problem
- ↓ Ca intake, ↓ estrogen, ↑ cortisol → osteoporosis

- Epidemiology
  - Industrialized countries with abundance of food, where thin is attractive
    - US, Canada, Europe, Australia, Japan, New Zealand, South Africa
    - Culture factors: epigastric discomfort of distaste for food as motivation
  - >90% are female
    - Usually in adolescence (14-18 yo)
    - Lifetime prevalence for female: 0.5%
  - Male lifetime prevalence is 0.05%
  - ↑ in recent decades
- Course
  - Onset may be associated with stressful life event
  - Prognosis varies: recover, fluctuate, deteriorate, restrict →may being to binge/purge → bulimia nervosa
  - Of those admitted to university hospital →long-term mortality >10% from starvation, suicide, electrolyte imbalance
- Ddx
  - General medical condition: GI, brain tumor, occult malig, AIDS
  - Superior mesenteric artery syndrome → intermittent gastric outlet obstruction → postprandial vomiting
    - Sometimes 2/2 to emaciation from AN
  - MDD weight loss; schizophrenia odd eating behavior
  - Share criteria with: Social phobia, OCD, body dysmorphic disorder, bulimia nervosa

<u>Bulimia Nervosa</u> = BN

- Criteria
  a. Recurrent binge eating
     i. Eating in discrete period of time
        - consider context, limited period usu less than 2 hr, may be at more than one setting
        - Usu sweet, high-calorie (ice cream, cake), more about amount than specific nutrient
     ii. Lack of control
        - Frenzied eating, esp early in the course of the d/o
        - Some: dissociative quality afterwards
        - Not absolute, will stop if person enters room
        - Ashamed, conceal
          - Trigger: dysphoria, interpersonal stress, hunger after dietary restraint, feelings about body weight/shape/food
          - Transiently ↓ dysphoria, but self-criticism and depressed mood often follow
  b. Recurrent inappropriate compensation
     - Purging type
       - 80-90% vomit
         - Relieve discomfort, ↓ fear of weight gain
         - Some: vomit is goal (binge in order to vomit)
         - Fingers/instruments → gag, become adept and able to vomit at will
         - Rarely: syrup of ipecac
       - Other: laxatives, diuretics
         - 1/3 misuse laxatives after binge
       - Rare: enemas
     - Nonpurging type
       - Fast or exercise
       - Rarely: take thyroid hormone
       - DM: omit/reduce insulin
  c. Occur ≥ 2/wk x 3 months
  d. Self-evaluation unduly infl by body shape and weight
     i. Most impt factors of self-esteem
  e. Not exclusively during anorexia nervosa

- Epidem
  - Similar freq in industrialized countries: US, Canada, Europe, Australia, Japan, New Zealand, South Africa
  - Lifetime prevalence for F is 1-3%; M is 1/10 of F
  - Begins in late adolescence, early adult life
  - Variable course, but may be chronic or intermittent but diminish over time
- Associated
  - Normal or slight over/under-weight
  - Typically restrict caloric consumption b/w binges
  - Depressive or mood disorder (esp dysthymic, MDD)
  - Some increased anxiety (fear of social situation) or anxiety disorders
    - Freq remit after tx BN
  - Substance abuse/dependence, esp alcohol or stimulants
  - Personality disorder, usu borderline
  - FH: BN, mood d/o, substance in first deg relative
- Lab and PE (see AN purging type)
  - Teeth: loss of enamel (esp lingual surf of front teeth): chipped/ragged/ "moth-eaten", ↑ cavities
  - Ipecac: cardiac/skeletal myopathies
  - Menstrual irregularity or amenorrhea
- Complications
  - Chronic laxative use: become dependent
  - Potential fatal: esophageal tear, gastric rupture, cardiac arrhythmia
  - Rectal prolapse
- Ddx
  - Anorexia supersedes bulimia dx
  - Kleine-Levin syndrome
  - MDD with atypical features
- Tx
  - Psychotherapy
  - Antidepressant
  - Combination is best

Eating Disorder NOS

- Don’t meet criteria for specific eating disorder
- e.g. AN except regular menses; AN except still in normal weight range; BN except less freq; compensation after small amt of food; chewing/spitting but not swallowing; binge-eating d/o without compensation
- There will be changes in DSM-V

Organizations

National Eating Disorders Association:

- Call the toll-free hotline at **1-800-931-2237**
- **(**Mon–Fri, 8:30 a.m. to 4:30 p.m. PST).

National organizations for eating disorders

National Eating Disorders Association
603 Steward Street, Suite 803
Seattle, WA 98101
206-382-3587; 800-931-2237
www.nationaleatingdisorders.org
Anorexia Nervosa and Related Eating Disorders, Inc
P.O. box 5102
Eugene, OR 97405
541-344-1144
www.anred.com
National Association of Anorexia Nervosa and Associated Disorders
P.O. box 7
Highland Park, IL 60035
847-831-3438
www.anad.org