Chapter 10: Eating Disorders, Obesity, and Sleep Disorders

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Eating Disorders

- Becoming big concern
- Prevalence Rate
  - Age 15-19; Age 20-24
  - Over 8 million diagnosed with ED
  - 90% young women
  - 9% of girls had eating disorder
  - Scary stats with precursors of ED
Anorexia Nervosa

- Diagnostic Criteria
  - Dread of being fat
    - Refusal to maintain a minimally normal body weight
  - Compulsion to be thin
    - Fear of gaining weight or being fat
  - Substantial weight loss
    - < 85% of ideal body weight
    - < 17.5 BMI
Anorexia Nervosa

- Distorted external and internal perceptions of the body
  - Undue influence of body shape on self-evaluation
  - Focus on one part of the body
  - Denial of seriousness of current low body weight
  - Overestimate of body width
- Amenorrhea
- Associated Features
  - Inflexibility in thinking and behaving
Anorexia Nervosa

- Perfectionism
- View achievements in black and white terms
- Cognitive Difficulties

**Types of AN**
- Restricting Type
- Binge-Eating/Purging Type

**Prevalence**
- 0.2-0.3% for females
  - 0.5-0.8% for adolescent females
Anorexia Nervosa

- 0.02% for males
- Increasing in recent years

**Course**
- Age of onset is between 13 and 20 years
- Begins with dieting
- Seriously restricts food intake
- Number of physical complications and even death if not treated
Anorexia Nervosa

- Sometimes remits after 12 months, but usually continues for years
  - Do the symptoms go away with treatment?
  - Nutritionally, clients can recover within 2-3 years
  - Recovery rates
- Long-term problems

- Etiology
  - Genetics
  - Gender additive model
Anorexia Nervosa

- Dieting
- Dysfunctional Beliefs About Appearance
- Societal Pressure
- Media Influence
- Sexual Abuse
- Chaotic Family Life
- Perfectionism
- Need for Control
- Early Maturation
Anorexia Nervosa

- Parental Influence
- Neurological Findings

**Treatment for AN**
- Efficacy for tx is limited due to dearth of studies
- Goals of treatment
  - Keep client alive
  - Establish adequate nutrition
  - Treat physical complications
  - Correct abnormal eating habits
Anorexia Nervosa

- Change family interaction pattern
- Enhance self-control, identity, and autonomy
- Correct defects in affect/behavior regulation

- Starts w/hospitalization
  - Low body weight/brain dysfunction connection
  - Fed regularly in hospital
    - Needs to be monitored
    - Client needs to gain ¼ to ½ pound per day
    - Some hospitals use strict behavioral program to increase the likelihood of appropriate feeding
  - Involuntary hospitalization vs. compulsory treatment
Anorexia Nervosa

- **Family Therapy**
  - Parents should not be responsible for client care
  - Parents can see client after client begins to gain weight
  - Focus is on re-establishing appropriate parent-child interactions

- **Individual Therapy**
  - CBT

- **Group Therapy**

- **Medication**
Bulimia Nervosa

- “hunger of an ox”
- Diagnostic Criteria
  - Binge Eating
    - Eating in a discrete period of time an amount of food that is definitely larger than most people would eat over a comparable time period
    - Feeling out of control while eating
      - Objective vs. Subjective binges
  - Recurring inappropriate compensatory behavior designed to prevent weight gain
Bulimia Nervosa

- Both binge eating and compensatory behavior occur for a minimum 2x/wk for at least 3 months
- Self-evaluation is unduly influenced by body shape and weight

● Reasons for Binge Eating
  - Dysphoria
  - Feeling anxious or tense
  - Craving certain foods
  - “can’t control appetite”
Bulimia Nervosa

- Hunger
- Insomnia

● Prevalence Rates

● Associated Features
  - Preoccupied with appearance, body image, sexual attractiveness
  - Preoccupied with how others perceive them
  - Alcohol & illicit drug use may help maintain BN
  - Drive for thinness
  - Perfectionism
Bulimia Nervosa

- Excessive drive for symmetry and exactness

**Bulimia: Continuous or Discontinuous?**

**Etiology**

- Binge Eating
- History of Weight Fluctuation
- Frequent Exercise and/or Dieting
- Negative Self-Evaluation
- Parental Alcoholism
- Low Levels of Parental Contact
Bulimia Nervosa

- High Levels of Neuroticism
- High Levels of Parental Expectation
- Genetic Evidence
- Neurobiological Findings
- Role of Puberty

**Treatment for BN**
- Medical complications need to be addressed first
- Hospitalization
  - Not automatic, but there are times when it is necessary
Bulimia Nervosa

- Medication
- Therapy
  - CBT
    - Components of CBT
    - Two Phases:
      - Break the Binge-Purge Cycle
      - Focus on Broad Areas of Behavior and Attitudes
  - Pretreatment variables associated with poor outcome
  - Pretreatment variables associated with drop out
Bulimia Nervosa

- Interpersonal Therapy
- Group Therapy
- Family Therapy
- Combined Treatment

● A brief word on preventing Eating Disorders
A Quick Word About Obesity and Obesity Treatment

● Definition:
  – 25% over ideal body weight as defined by the Metropolitan Life Scales
  – OR Body Mass Index (BMI) of > 30
● 60% of Americans are overweight
  – BMI 25-30
● 25% are obese
A Quick Word About Obesity and Obesity Treatment

- Controversy over obesity treatment
  - Most treatments fail
  - Dieting and failure have huge psychological costs
  - Morbidity and mortality have a curvilinear relationship with weight
  - Dieting is not advisable

- Successful treatments
Sleep Disorders

- **Sleep**
- **Dyssomnias**
  - **Primary Insomnia**
    - Persistent difficulty in falling asleep, remaining asleep, or achieving restive sleep
    - Lasts more than 1 month
    - Associated Features
    - Prevalence
Sleep Disorders

- **Hypersomnia**
  - Pattern of excessive sleepiness during the day that continues for at least one month
  - Difficulty awakening
  - Sleep episodes during the day, almost every day
  - Not accounted for by poor sleep the night before
  - Associated Features
  - Prevalence Rate
Sleep Disorders

- Narcolepsy
  - Characterized by sudden, irresistible sleep episodes at all times of the day
  - Must occur at least daily over the course of 3 months
  - Needs to have one of the following:
    - Cataplexy
    - Intrusions of REM Sleep
  - Associated Features
Sleep Disorders

- Sleep paralysis
  - Hypnogogic hallucinations

- Prevalence rates
- Etiology

- Breathing-Related Sleep Disorders
  - Obstructive Sleep Apnea Syndrome
    - Repeated episodes of complete or partial obstruction of breathing during sleep
    - Associated Features
    - Prevalence Rates
Sleep Disorders

- Circadian Rhythm Disorder
  - Circadian rhythm is grossly disturbed due to a mismatch between it and the sleep demands imposed by the environment

- Parasomnias
  - Nightmare Disorder
    - Recurrent awakenings from sleep because of frightening nightmares
Sleep Disorders

- **Sleep Terror Disorder**
  - Recurrent episodes of sleep terror that result in abrupt awakenings
  - Often found in children
  - Prevalence rates

- **Sleepwalking Disorder**
  - Repeated episodes in which the sleeper arises from bed and walks around the house while remaining fully asleep
  - Associated Features
  - Prevalence Rates
Sleep Disorders

- Treatment for Sleep Disorders
  - Biological
    - Medication
      - Anxiolytics
      - Benzodiazepines
  - Psychological
    - CBT
      - Relaxation Training
      - Stress Management
      - Sleep Hygiene
      - Stimulus Control
      - Rational Restructuring
References


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