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

- “anorexia nervosa” = lack of appetite because of nerves
- 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

Anorexia Nervosa

- Amenorrhea

- Associated Features
  - Inflexibility in thinking and behaving
  - Perfectionism
  - View achievements in black and white terms
  - Cognitive Difficulties
  - Poor Interpersonal Relationships
  - “boundless energy”

Anorexia Nervosa

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

- Prevalence
  - 0.2-0.3% for females
  - 0.5-0.8% for adolescent females
  - 0.02% for males
  - Increasing in recent years
Anorexia Nervosa

- 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

- 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
  - Dieting
  - Weight Loss
  - Dysfunctional Beliefs About Appearance
  - Societal Pressure
  - Media Influence

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Anorexia Nervosa

- Sexual Abuse
- Chaotic Family Life
- Perfectionism
- Need for Control
- Early Maturation Parental Influence
- Neurological Findings
- An evolutionary perspective
- Sport or Group Participation

Treatment for AN

- Efficacy for tx is limited due to dearth of studies
  - Predictors
- Good program:
  - Multidisciplinary
  - Levels of treatment
  - Multidimensional
- Goals of treatment
  - Keep client alive
  - Establish adequate nutrition

- Treat physical complications
- Correct abnormal eating habits 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 ½ 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
- 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
- Age of Onset
- 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
  - Relationship Problems

Bulimia Nervosa

- Perfectionism
  - Excessive drive for symmetry and exactness
  - Secretive behaviors
  - Homosexuality in males
- Gender Differences
- Racial Differences
- Comorbid Disorders
- Bulimia: Continuous or Discontinuous?

Bulimia Nervosa

- Etiology
  - Binge Eating
  - History of Weight Fluctuation
  - Body Mass
  - Frequent Exercise and/or Dieting
  - Negative Self-Evaluation
  - Perceived Pressure to be Thin
  - Dysfunctional Cognitions
  - Parental factors
  - High Levels of Neuroticism
Bulimia Nervosa

- Perfectionism
- Low self-esteem
- Early maturation
- Athletic participation
- Modeling
- Peer Pressure and Teasing
- Perfectionism
- Genetic Evidence
- Neurobiological Findings
- Role of Puberty

Bulimia Nervosa

- Treatment for BN
  - Medical complications need to be addressed first
  - Hospitalization
    - Not automatic, but there are times when it is necessary
  - Medication
  - Therapy
    - Tends to be effective
    - Statistics related to recovery

Bulimia Nervosa

- CBT
  - Components of CBT
  - Three Phases:
    - Break the Binge-Purge Cycle and Eliminate Restrictive Eating
    - Focus on Broad Areas of Behavior and Attitudes, Especially Dysfunctional Beliefs
    - Relapse Prevention
  - 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
- 400,000 annual deaths from obesity
- Kentucky statistics

- 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

- **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

- **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 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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