Chapter 8: Eating 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

- “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
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- 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

**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

**Anorexia Nervosa**

- **Etiology**
  - Genetics
  - Gender additive model
  - Dieting
  - Weight Loss
  - Dysfunctional Beliefs About Appearance
  - Societal Pressure
  - Media Influence

**Anorexia Nervosa**

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

**Anorexia Nervosa**

- **Treatment for AN**
  - Efficacy for tx is limited due to dearth of studies
    - Predictors
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- **Good program:**
  - Multidisciplinary
  - Levels of treatment
  - Multidimensional

- **Goals of treatment**
  - Keep client alive
  - Establish adequate nutrition

**Anorexia Nervosa**

- 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 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
- 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
- Bulimia: Continuous or Discontinuous?
- Etiology
  - Binge Eating
  - History of Weight Fluctuation

Bulimia Nervosa

- Body Mass
- Frequent Exercise and/or Dieting
- Negative Self-Evaluation
- Perceived Pressure to be Thin
- Dysfunctional Cognitions
- Parental factors
- High Levels of Neuroticism
- Perfectionism
- Low self-esteem (moderator)
- Early maturation

Bulimia Nervosa

- 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
● Kentucky statistics

**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
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

- 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
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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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**References**


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