

Feeding & Eating Disorders

FED

Eating Disorders

- ▶ Anorexia
- ▶ Bulimia
- ▶ Binge Eating Disorder
- ▶ OSFED
- ▶ Pica
- ▶ Rumination Disorder
- ▶ Avoidant/Restrictive Food Intake Disorder



What is your body image?

- ▶ *Your* perception of your appearance, regardless of what the mirror, or other people have to say
- ▶ Many people, not just those with eating disorders, have a *negative* body image, even when they are a healthy weight (especially teens)
- ▶ Doesn't matter how you *actually* look, but rather it's how you *perceive* the way that you look
- ▶ In fact, others might be envious of the way you look, but you could still have a negative body image



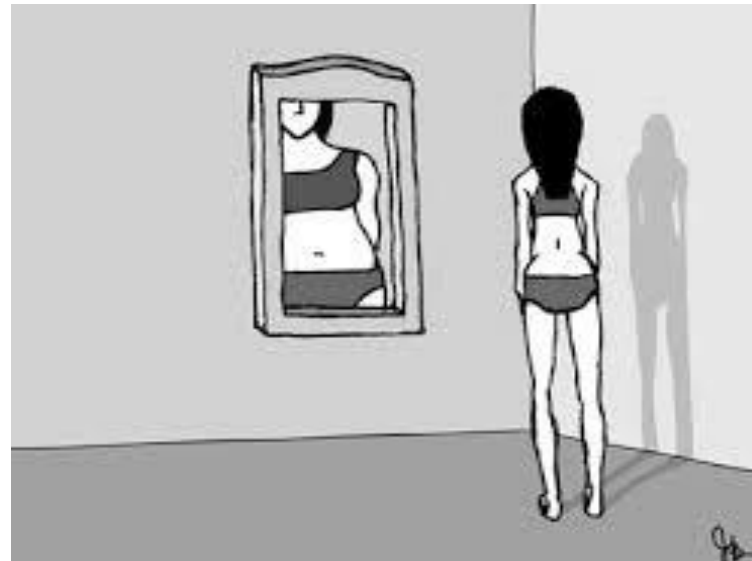
Unhealthy Body Image & Eating Patterns

- ▶ Anorexia, bulimia, and binge eating disorder all have characteristics specific to that disorder, however they all involve **poor body image, low self-esteem and unhealthy eating patterns** that begin gradually and build to the point where a **person feels unable to control them.**



Anorexia Nervosa

- ▶ This disease is characterized by a morbid fear of being fat and a distorted view of one's own body
- ▶ People with this condition (85-90% women) look in the mirror and see themselves as fat, even when they are so thin that their bones are becoming prominent



Anorexia

- ▶ It may all **start** with an ordinary weight-loss diet
- ▶ The anorexic reaches his or her first goal, and is so delighted that another lower goal is set.
- ▶ **Losing weight** becomes so gratifying, confers such a **sense of power and *control***, that as each target is met, a new one is set.



- ▶ The downward spiral **continues until weight dips dangerously low.**
- ▶ Losing weight becomes the most important thing in life - more important than family, work, or even health
- ▶ It is not just an out of control diet - it's an addiction
- ▶ It's no longer about food, it's now **about control**



Who becomes anorexic?

- ▶ Anorexia most often develops in the **teen years**, but it can occur at any age
- ▶ Anorexics **tend to be achievement-oriented perfectionists** who nevertheless **lack self-esteem**
- ▶ Many come from families **genetically loaded for addiction** and have subconsciously chosen what they see as a safer option



Warning Signs

- ▶ Warning signs of anorexia include:
- ▶ **Significant weight loss** of 15 to 25% below desirable weight
- ▶ Frequent trips to the scale during the day
- ▶ **Eating rituals** such as **measuring and weighing** everything that is to be eaten, **cutting food into tiny pieces**, pushing food around the plate without eating it, **secretly discarding food**, and eating food discreetly



Physical effects

- ▶ Eventually menstrual periods in women become irregular or cease entirely
- ▶ Excess body hair may begin to sprout
- ▶ Anorexics are usually fatigued, depressed, and weak, with a below-normal body temperature
- ▶ In spite of muscle weakness, they often become addicted to exercise as part of their fanatic weight-control program



Why is anorexia not really about weight?

- ▶ While it may start off being about weight loss, anorexia is ultimately about **CONTROL**
- ▶ Weight and body image are **symptoms of deeper problems**
- ▶ Anorexics generally **feel powerless** and that they **can't control what's going on around them**, but the one thing that they can at least control, is their weight
- ▶ Can **feel powerful and in control** about something in their life by controlling food intake



Bulimia Nervosa

- ▶ Bulimia can develop after anorexia takes hold, or it can start without previous anorectic behavior
- ▶ Bulimia is an ED in which a person **binges (overeats) and purges (gets rid of food)**
- ▶ Food becomes a source of comfort for bulimics - a way of managing conflict and stress in their lives



Bulimia

- ▶ The **binge** may involve an immense amount of food, for example, eating a **gallon of ice cream along with a couple of boxes of cookies**: an intake of **3,000 to 50,000 calories** in a two-hour period is not unusual



Binging and Purging

- ▶ **After a binge or just an ordinary meal with family, bulimics feel remorseful and guilty over their lack of control and secretly purge themselves**
- ▶ **Purging is usually through self-induced vomiting and/or the use of laxatives, but sometimes through strenuous exercise**



Who becomes bulimic?

- ▶ Like anorexia, bulimia is **most likely to begin in the teen years**, but can start at any time
- ▶ It is **more common than anorexia** and some believe that **1 in 5 women** try purging themselves at one time or another
- ▶ At least **1 million Americans** are estimated to be seriously affected, roughly **5 - 10% of them males**



Hard to Tell

- ▶ Bulimia is less obvious to others than anorexia, since bulimics can maintain their normal weight or even be overweight (the weight range is from 15% below to 15% above normal)
- ▶ Bulimics binge in private, so others rarely know how much they are eating



Physical & Psychological Effects

- ▶ There are, however, some physical signs of bulimia:
- ▶ **Puffiness in the cheeks or under the chin** caused by swollen salivary glands
- ▶ **Abnormal menstrual periods**
- ▶ **Excessive tooth decay and gum disease** (a result of the acidity of the vomit that is frequently induced)



- ▶ **Scars on the back of the hands** (from forcing fingers down the throat to trigger the gag reflex)
- ▶ **Depression and self-injury** (such as cigarette burns) are also common



Anorexia vs Bulimia

- ▶ While the anorexic revels in a sense of control, the bulimic feels guilty and out of control, and is therefore more likely to be depressed
- ▶ The anorexic's addiction is to thinness, the bulimic's to excessive eating.
- ▶ Some bulimics actually steal to support their eating habit (again, a familiar addictive behavior)



Health Consequences

- ▶ Both anorexia and bulimia **require professional treatment.**
- ▶ Without it, they can lead to **serious medical problems, including thinning of the bones (osteoporosis), irregular heart rhythm, rupture of the stomach, deterioration of other vital organs, and infertility**



Highest Mortality rate of any Psychological Disorder

- ▶ If a woman with an eating disorder does become pregnant and continues her behavior, she could **put both herself and her baby at risk.**
- ▶ Eating disorders can be fatal. **6-10% of people with eating disorders die** as a result of starvation, cardiac arrest, or suicide.



Getting Help

- ▶ Don't be embarrassed about an eating disorder
- ▶ Like other addictions, **it is a medical problem and requires prompt medical help** from experienced professionals
- ▶ Be open and honest in describing your eating problem to your doctor



Treatment

- ▶ Treatment should be individualized, and may be given on an outpatient or hospital basis
- ▶ **Psychotherapy, nutritional reeducation, and group or family counseling is common**
- ▶ Participation in a special **Twelve-Step group for bulimics** (part of an Overeaters Anonymous program) may also be recommended



Binge eating disorder (BED)

- ▶ Eating large amounts of food within 2 hours at least once weekly (but usually more often) for 3 months without purging to get rid of food
- ▶ The person experiences a sense of lack of control over eating during the episode (a feeling that one cannot stop eating or control what or how much one is eating)



Other criteria for diagnosis (3 or more)

- ▶ Eating much more rapidly than normal
- ▶ Eating until feeling uncomfortably full
- ▶ Eating large amounts of food when not physically hungry
- ▶ Eating alone because of feeling embarrassed by how much one is eating
- ▶ Feeling disgusted with oneself, depressed, or very guilty afterward



New Disorder

- ▶ The DSM-5 (released in May 2013) lists binge eating disorder as a diagnosable eating disorder. BED has previously been listed as a subcategory of EDNOS in the DSM-4.
- ▶ **Full recognition of BED as an eating disorder diagnosis is significant because some insurance companies will not cover an individual's eating disorder treatment without a DSM diagnosis.**



Other Behavioral Characteristics

- ▶ Lots of **empty wrappers** and containers indicating consumption of large amounts of food
- ▶ **Stealing, hiding, or hoarding food**
- ▶ Creating lifestyle schedules or rituals to make time for **binge sessions**



Emotional and Mental Characteristics

- ▶ Experiencing feelings of anger, anxiety, worthlessness, or shame preceding binges.
- ▶ Initiating the binge is a means of relieving tension or numbing negative feelings.
- ▶ Co-occurring conditions such as depression may be present
- ▶ Feeling disgusted about one's body size. Those with BED may have been teased about their body while growing up.



Thought Patterns & Personality Types

- ▶ Those with **rigid and inflexible “all or nothing” thinking**
- ▶ **A strong need to be in control**
- ▶ **Difficulty expressing feelings and needs**
- ▶ **Perfectionist tendencies**
- ▶ **Working hard to please others (take care of everyone else’s needs, but not their own)**

Comfort food

- ▶ Food that makes one feel better
- ▶ Use food as a way of coping with stress in life
 - Food fills an emotional void
- ▶ Food = love, affection, happiness, etc.



Mouth Hungry
Vs.
Stomach Hungry



Hungry for something other than food - i.e.
love, affection, comfort
vs.
genuine physical hunger

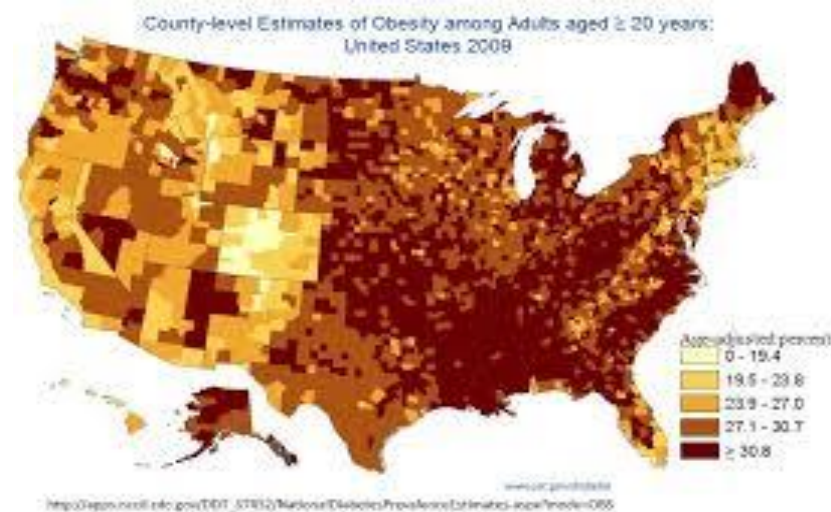
Obese does not necessarily = BED!

- ▶ ***It is important to note that not everyone who is overweight or even obese binges or has Binge Eating Disorder**
- ▶ **Weight gain may or may not be associated with BED**



BED Demographics

- ▶ BED is the most common eating disorder in the United States affecting 1-5% of the population, including 3.5% of women, 2% of men, and up to 1.6% of adolescents
- ▶ In women, BED is most common in early adulthood. In men, BED is more common in midlife.
- ▶ BED affects people of all demographics across all cultures.



Physical Effects

- ▶ **Most obese people do not have BED.** However, of those who do, up to 2/3 are obese; people who struggle with BED tend to be of normal or heavier-than-average-weight
- ▶ The most common health risks for those with BED are those associated with clinical obesity such as:
- ▶ **High cholesterol and blood pressure**
- ▶ **Heart disease**
- ▶ **Type II diabetes**
- ▶ **Fatigue**
- ▶ **Sleep apnea**



Psychological Effects

- ▶ People with BED often express **distress, shame and guilt** about their eating behaviors
- ▶ Often report a **lower quality of life** than those without BED
- ▶ Often experience **symptoms of depression and anxiety**



BED Treatment

- ▶ Like other EDs, treatment should be individualized, and may be given on an **outpatient or hospital basis**
- ▶ Psychotherapy, **nutritional reeducation**, and group or family counseling is common
- ▶ Participation in a **special Twelve-Step group (such as Overeaters Anonymous)** may also be recommended



Social Stigma of BED

- ▶ Many people suffering from binge eating disorder report that it is a **stigmatized** and **frequently misunderstood** disease.
- ▶ **Greater public awareness that BED is a real diagnosis - and should not be just viewed as occasional overeating - is needed** in order to ensure that every person dealing with BED has the opportunity to access resources, treatment, and support for recovery



OSFED (Other Specified Feeding or Eating Disorder)

- ▶ Formerly called **EDNOS**
- ▶ **Up to 70%** of all eating disorders may fall into this category
- ▶ Person may have **similar symptoms** to anorexia or bulimia, **but not meet the criteria** for those diagnoses
- ▶ Binge eating disorder used to fall into this category, but in the DSM-5 is now its own FED



Types of OSFED

(Other Specified Feeding or Eating Disorder)

- ▶ Atypical Anorexia, Bulimia or Binge Eating Disorder (low frequency or limited duration)
- ▶ Purging Disorder (without bingeing)
- ▶ Night Eating Syndrome

Night Eating Syndrome (considered OSFED)



- ▶ Night eating syndrome is not the same as binge eating disorder, although individuals with night eating syndrome are often binge eaters.
- ▶ It differs from binge eating in that the amount of food consumed in the evening/night is not necessarily large nor is a loss of control over food intake required.

Symptoms of Night Eating Syndrome

- ▶ Those with night eating syndrome may be overweight or obese. They *feel like they have no control over their eating behavior, and eat in secret and when they are not hungry*. They also feel shame and remorse over their behavior.
- ▶ They may hide food out of shame or embarrassment. Those with night eating syndrome *typically eat rapidly, eat more than most people would in a similar time period and feel a loss of control over their eating*.
- ▶ They eat even when they are not hungry and *continue eating even when they are uncomfortably full*.

Not Just A Midnight Snack

- ▶ Feeling embarrassed by the amount they eat, they typically eat alone to minimize their embarrassment. They *often feel guilt, depression, disgust, distress* or a combination of these symptoms.
- ▶ Those with night-eating syndrome *eat a majority of their food during the evening*. They eat little or nothing in the morning, and wake up during the night and typically fill up on high-calorie snacks.
- ▶ Traits of patients with night-eating syndrome may include being overweight, frequent failed attempts at dieting, depression or anxiety, substance abuse, concern about weight and shape, perfectionism and a negative self-image.

Pica

- ▶ This FED is characterized by the *persistent craving and compulsive eating of nonfood substances* for at least one month.
- ▶ Those with Pica have the desire to eat such things as paper, chalk, soil, clay, sand, and even metal or glass.
- ▶ Besides the immediate threat of consuming some of these substances, long term effects such as lead poisoning can result from children eating painted plaster



Pica

- ▶ In addition to consuming these substances for at least one month, the person also has to meet the following criteria in order to be diagnosed with Pica:
- ▶ **The person does not meet the criteria for having either autism (ASD) or schizophrenia**
- ▶ **The eating behavior is not related to any cultural factors** (may not be considered bizarre or unusual in certain cultures)



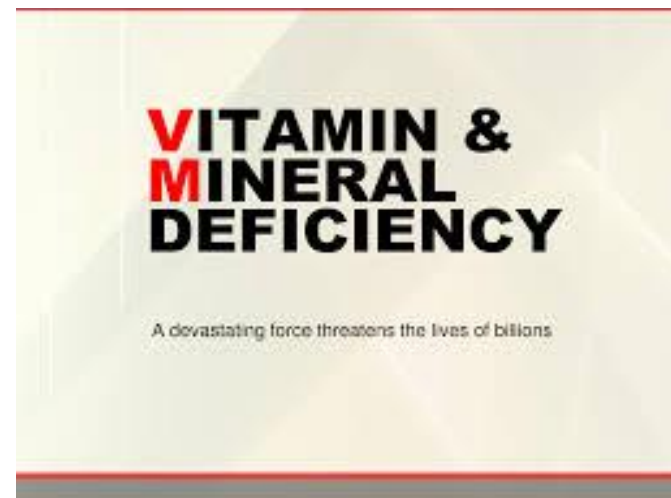
Pica and Children

- ▶ Pica used to be categorized as a disorder first diagnosed in infancy, childhood, or adolescence because it is typically a feeding and eating disorder of infancy or childhood. However, the DSM-5 now lists it as a FED because it can now be diagnosed at any age.



Causes

- ▶ May be a **physical cause** such as a **mineral deficiency** (often times an iron deficiency)
- ▶ Psychological explanations suggest that **mental-health issues** such as **OCD** and **schizophrenia** can sometimes cause pica



Treatment

- ▶ Treatment varies according to the individual person (child, adult, etc.), but usually focuses on dietary changes, including determining if there are any mineral deficiencies
- ▶ Therapy is similar to that used to treat obsessive compulsive or addictive disorders
- ▶ Medication may also be used to help treat mood or anxiety related symptoms
- ▶ Treatment is generally successful and this disorder often fades with age, even when untreated



Avoidant/Restrictive Food Intake Disorder (ARFID)

- ▶ ARFID, also known as *Selective Eating Disorder (SED)* is a new term that some people think just means “picky eating”, but is actually *a FED that prevents the consumption of certain foods.*
- ▶ People with ARFID don’t have anorexia or bulimia, but they still struggle with eating and as a result don’t eat enough to keep a healthy body weight.



Types of Eating Problems that might be considered ARFID include:

- ▶ **Difficulty digesting certain foods**
- ▶ **Avoiding certain colors or textures of food**
- ▶ **Eating only very small portions**
- ▶ **Having no appetite**
- ▶ **Being afraid to eat after a frightening episode of choking or vomiting**



Consequences

- ▶ Because they don't get enough nutrition in their diet, people with ARFID lose weight, or, if they're younger kids, they may not gain weight or grow as expected.
- ▶ Many people with ARFID need supplements each day to get the right amount of nutrition and calories.



Effects on Day-to-Day Lives

- ▶ People with ARFID may have issues at school, or with their friends because of their eating problems.
- ▶ For example, they might avoid going out to eat or eating lunch at school, or it might take so long to eat that they're late for school or don't have time to do their homework.
- ▶ Some people with ARFID may go on to develop another eating disorder, such as anorexia or bulimia



Rumination Disorder

- ▶ Rumination disorder is a condition in which people repeatedly and unintentionally spit up (regurgitate) undigested food from the stomach, re-chew it, and then either re-swallow the food or spit it out.
- ▶ Rumination is a reflex, not a conscious decision, yet the underlying causes are psychological



Rumination Disorder

- ▶ Rumination disorder may go undiagnosed because it is often confused with other conditions, including bulimia nervosa
- ▶ Because the food hasn't been digested, people with this disorder often report that the food tastes normal, not acidic like vomit.
- ▶ This condition has long been known to occur in infants and people with developmental disabilities, but it can also rarely occur in older children, adolescents, and adults

How common is Rumination Disorder?

- ▶ Because most children outgrow this disorder, and older children and adults with this disorder **tend to be secretive about it out of embarrassment**, it is **difficult to know exactly how many people are affected**. However, it is considered to be uncommon.
- ▶ This most often occurs in very young children (between 3 and 12 months), and in children with cognitive impairments and may occur slightly more often in boys than girls (though few studies exist to confirm this)



Treatment

- ▶ Treatment focuses mainly on changing the child's behavior. Several approaches include:
- ▶ Encouraging *more interaction* between mother and child during feeding - *more attention*
- ▶ Reducing distractions during feeding
- ▶ Making feeding a more *relaxing* and *pleasurable experience*
- ▶ **Aversive conditioning**, which involves placing something sour or bad-tasting on the child's tongue when he or she begins this behavior

When does it start?

- ▶ Seeds are planted in early childhood
- ▶ Check out p.333 & 334



- ▶ How to help someone with an eating disorder
- ▶ See page 336



Sources

- ▶ [Mayoclinic.org](https://www.mayoclinic.org)
- ▶ [KidsHealth.org](https://kidshealth.org)
- ▶ [WebMd](https://www.webmd.com)
- ▶ [NationalEatingDisorders.org](https://www.nationaleatingdisorders.org)