Eating Disorders

DEFINITION

- separate syndromes
  - Anorexia Nervosa
  - Bulimia Nervosa
  - Eating Disorder NOS
- no common cause, course, or pathology

There is, however an important interaction between psychology and physiology in the Eating Disorders so understanding a little bit about normal eating behavior is helpful in understanding the Eating Disorders.

PHYSIOLOGY & PSYCHOLOGY OF NORMAL EATING

Physiology:

- Physiology and psychology interact
- Hypothalamus controls eating behavior
- Pancreatic and gastrointestinal hormones
- Balance between neuropeptides and neurotransmitters
- Metabolic rate
- Sensory taste and smell
Psychology:
- Appearance and texture
- Accessibility
- Nutritious value
- Climate/room temperature
- Presence of other people
- Stressors
- Learned patterns

PREVALENCE
- anorexia nervosa 0.5% to 3.7%
- bulimia nervosa 1.1% to 4.2%
- culture
- occupation

COMORBIDITY
- Major depressive disorder or dysthymia 50% to 75%
- Bipolar disorder as high as 13%
- Obsessive-compulsive disorder
- Anxiety disorder
- Substance abuse disorder
- Personality disorder
- Sexual abuse
THEORY

Neurobiological-Neuroendocrine Interactions

- a variant of a depressive disorder
- biological relatives of clients and depression
- neuroendocrine
- low cholecystokinin

Psychological Interactions

- issues of control in anorexia
- affective (mood) instability in bulimia
- poor impulse control in bulimia.

Sociocultural Models

- societal ideal of thinness
- role conflict
- performance in sports or occupation (males).

Biopsychosocial Theories

- genetic vulnerabilities; twin studies
- OCD; Dieting; Excessive exercise
- Sports; Body building (males)
- Identify conflict (females)
**** ANOREXIA NERVOSA ****

**Signs and Symptoms**

- preoccupation with body weight
- preoccupation with food
- driven to lose weight
- peculiar patterns of handling food
- weight loss
- intense fear of gaining weight
- disturbance of body image
- amenorrhea.

**Binge-eating/purging Type**

- Self-induced vomiting
- Misuse of laxatives, diuretics, or enemas

**Restricting Type**

- Minimal or no binge-eating or purging

**Medical Complications**

- Leukopenia
- Lymphocytosis
- Hypokalemic alkalosis
- Elevated serum bicarbonate levels
Medical Complications (continued)

- Hypochloremia
- Hypokalemia
- Electrolyte disturbances
- Sudden cardiac arrest
- Elevated serum enzymes
- Elevated serum cholesterol
- Carotenemia

**Epidemiology**

- Increased incidence over past 30 years
- 6-fold increase in Scotland

**Course**

- Single episode and recovery
- Relapses
- Unremitting leading to death
- Mortality rate
  - 6.6% (10 year follow-up)
  - 18% (30 year follow-up)

**Etiology and Pathogenesis**

- Willful dieting
- Food restriction
- Involuntary starvation
Etiology and Pathogenesis (continued)

- Phobic avoidance response to food
- Denial of emaciation
- Denial of hunger
- Sense of ineffectiveness
- Disturbed hypothalamic functioning
- Dopamine, serotonin and norepinephrine dysregulation
- Blunted growth hormone response
- Genetic vulnerability to depression

Medical Management

- Restore nutritional state first
- Monitor weight, food, and calorie intake, urine output
- Assess serum electrolytes
- Behavior therapy
  - Operant-conditioning
  - Cognitive-behavioral
- Family Therapy
- Medications
  - Zyprexa
  - Prozac
  - Clomipramine (Anafranil)
**** BULIMIA NERVOSA ****

**Definition**

- “binge eating”
- negative feelings about self
- use of cathartics
- binge-fasts pattern
- high calorie foods
- excessive quantities
- Purging-Type
- Non-Purging Type

**Signs and Symptoms**

- Binge episode
- Self-induced vomiting
- Don’t eat normal meals
- Don’t feel satiated
- Eat alone at home
- Weight normal or near normal
- Depression
- Poor self-concept
- Problems with relationships
Medical complications

- Hypokalemic alkalosis
- Elevated serum bicarbonate levels
- Hypochloremia
- Hypokalemia
- Low serum bicarbonate levels (with laxative abuse)
- Metabolic acidosis
- Electrolyte disturbances
- Erosion of teeth
- Elevated serum amylase levels (Parotid gland enlargement)

Medical emergencies

- Acute dilation of the stomach
- Esophageal tears \(\equiv\) shock
- Ipecac intoxication
  - Chest pain, dyspnea, hypotension, tachycardia

Epidemiology

- Bingeing & purging
- Common in female students
- Little known of incidence or prognosis
Eating Disorders

Etiology

- Strict dieting
- Neurotransmitter dysfunction
- Hx of depression
- Hx of alcohol abuse
- Personality disorders

Medical management

- Variety of treatment programs
- Psychotherapy
- Cognitive Behavioral Therapy (CBT)
- Medications
  - Tricyclic antidepressants
  - SSRI antidepressants

***** Eating Disorder "NOS" ******
(Not Otherwise Specified)

Definition

- Excess body fat
- BMI: weight(in kilograms) divided by height
  (in meters) squared
- Mildly overweight (BMI of 25 to 30)
- Obesity (BMI above 30)
Eating Disorders

**Signs and Symptoms**
- No distinct psychopathology
- Inability to distinguish hunger
- Emotional eating
- Effects of social stigma

**Medical Complications**
- Hypertension
- Diabetes
- Pulmonary dysfunction
- Toxemia
- Cancer

**Etiology**
- No single etiology
- Familial
- Culture
- Environment

**Medical Treatment**
- Balanced diet
- Exercise program
- Behavior modification
- Surgical procedures
- Cognitive behavior (CBT)
- Possibly SSRI’s
Eating Disorders

NURSING APPLICATION

• Self-assessment
  ➢ Misunderstanding of seriousness of disorder
  ➢ Judgmental attitude
  ➢ Own issues with weight and body image

• Assessment:
  ➢ Assess signs and symptoms of the specific disorder

• Nursing Diagnosis
  ➢ Altered Nutrition, Hopelessness, etc.

• Goals
  ➢ Normalize eating patterns, weight restoration, modify self-concept, identify alternate behaviors, etc.

• Interventions
  ➢ Monitor physiological functioning
  ➢ Milieu therapy
  ➢ Communication
  ➢ Health Teaching
  ➢ Long-term treatment
  ➢ Psychopharmacology

• Evaluation
  ➢ Effectiveness of goals