



NOTES

FEEDING & EATING DISORDERS

GENERALLY, WHAT ARE THEY?

PATHOLOGY & CAUSES

- Psychological disorders causing unhealthy relationship with food, body image
- Often begin in teens/early adulthood

CAUSES

- Genetic, environmental
- High comorbidity with obsessive-compulsive disorder, depression, anxiety

COMPLICATIONS

- Refeeding syndrome (refeeding → secretion of insulin → cells take in electrolytes from already low serum levels → even lower serum electrolyte levels → cardiac arrhythmia/death)

SIGNS & SYMPTOMS

- Unhealthy relationship with food (physically, mentally)
- Distorted view of body, belief that body weight/appearance crucial for self-worth
- Restrictive food intake/compensatory behaviors (purging/excessive exercise)

DIAGNOSIS

- See individual disorders

TREATMENT

PSYCHOTHERAPY

- E.g. cognitive behavioral therapy

OTHER INTERVENTIONS

- Careful weight gain

ANOREXIA NERVOSA

osms.it/anorexia-nervosa

PATHOLOGY & CAUSES

- Eating disorder characterized by **restrictive food intake** (leading to significantly low body weight), **fear of weight gain**, **distorted view of body**
- Often begins in teens/early adulthood

TYPES

Atypical anorexia nervosa

- Label for individuals with anorexia symptoms without significantly low body weight

Restricting anorexia nervosa

- Individual loses weight only by via highly restricted food intake/excessive exercise

Binge-eating/purging anorexia nervosa

- Individual loses weight by purging (e.g. vomiting, use of laxatives/diuretics/enemas)

CAUSES

- Genetic (e.g. abnormalities in hunger signals), environmental (e.g. peer pressure/forces of popular culture)
- High comorbidity** with obsessive-compulsive disorder, depression, anxiety

COMPLICATIONS

- Refeeding syndrome, difficulty breathing, heart failure, brain damage, suicidal ideation, death

SIGNS & SYMPTOMS

- Fear of weight gain** → restrictive food behaviors, purging, excessive exercise, weight checks, food rituals
- Restrictive food intake → **electrolyte abnormalities**, vitamin deficiencies, muscle loss, low creatinine levels, fatigue → brain damage, **weakened bones**, dry/scaly skin,

hair falls out, menstruation stops, difficulty breathing, slow heartbeat, hypotension, congestive heart failure, edema (especially in feet), bone marrow shuts down (→ dampened immune response, low energy levels, easier bleeding/bruising)

- If purging by vomiting:** enamel erosion, parotid gland swelling, bad breath, bruised/calloused knuckles (Russell's sign), stomach tearing, fast heartbeat, depletion of electrolytes

DIAGNOSIS

- Restrictive food intake (leading to significantly low body weight)
 - If body weight cannot be described as significantly low, diagnosis = atypical anorexia nervosa
- Fear of weight gain
- Distorted view of body
- Restricting type:** individual has not repeatedly binge-eaten or purged over ≤ three months (instead, attempts to lose weight by restricting food intake/exercising excessively)
- Binge-eating/purging anorexia nervosa:** repeated binge-eating/purging over ≤ three months

Specify severity

- Mild:** BMI > 17
- Moderate:** BMI 16–17
- Severe:** BMI 15–16
- Extreme:** BMI < 15

TREATMENT

PSYCHOTHERAPY

- E.g. cognitive behavioral therapy

OTHER INTERVENTIONS

- Careful **weight gain**

BULIMIA NERVOSA

osms.it/bulimia-nervosa

PATHOLOGY & CAUSES

- Eating disorder characterized by repeated **binge-eating**, **compensatory behaviors** to prevent weight gain, belief that body weight/appearance crucial for self-worth
- **Compensatory behaviors/"purges"**: vomiting, use of **laxatives/diuretics/enemas**
- Attempts to conceal behaviors
- Often begins in teens/early adulthood

CAUSES

- Genetic (e.g. abnormalities in hunger signals), environmental (e.g. peer pressure/forces of popular culture)
- High comorbidity with obsessive-compulsive disorder, depression, anxiety

COMPLICATIONS

- Refeeding syndrome, diabetes mellitus, fast heartbeat, suicidal ideation, death

SIGNS & SYMPTOMS

- Binge-eating, compensatory behaviors (usually purposeful vomiting)
- Endocrine changes → menstruation stops/never starts, increased risk of diabetes mellitus
- **If purging by vomiting**: **enamel erosion**, **parotid gland swelling**, bad breath, bruised/calloused knuckles (Russell's sign), stomach tearing, fast heartbeat, depletion of electrolytes

DIAGNOSIS

- Must occur exclusive of anorexia nervosa
- Repeated binge-eating over \leq three months
- Binge-eating classification requires sense of loss of control

- Compensatory behaviors to prevent weight gain, concurrent with binge-eating
- Distorted view of body, belief that body weight/appearance crucial for self-worth

Specify severity

- **Mild**: 1–3 compensatory behaviors/week
- **Moderate**: 4–7 compensatory behaviors/week
- **Severe**: 8–13 compensatory behaviors/week
- **Extreme**: > 14 compensatory behaviors/week

TREATMENT

MEDICATIONS

- **Antidepressants** (e.g. selective serotonin reuptake inhibitors)

PSYCHOTHERAPY

- E.g. cognitive behavioral therapy

OTHER INTERVENTIONS

- Careful weight gain



Figure 95.1 Erosion of the enamel of the mandibular teeth of an individual with bulimia nervosa.