Eating Disorders Decoded

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What Are Eating Disorders

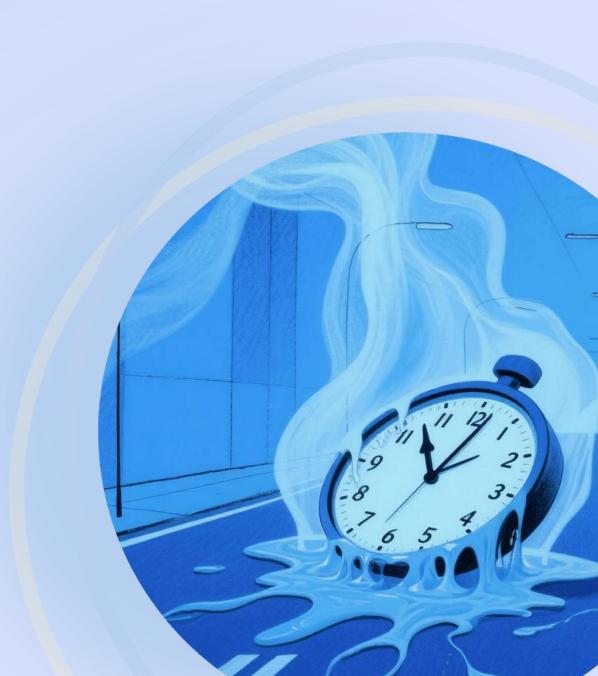
Defining Eating Disorders

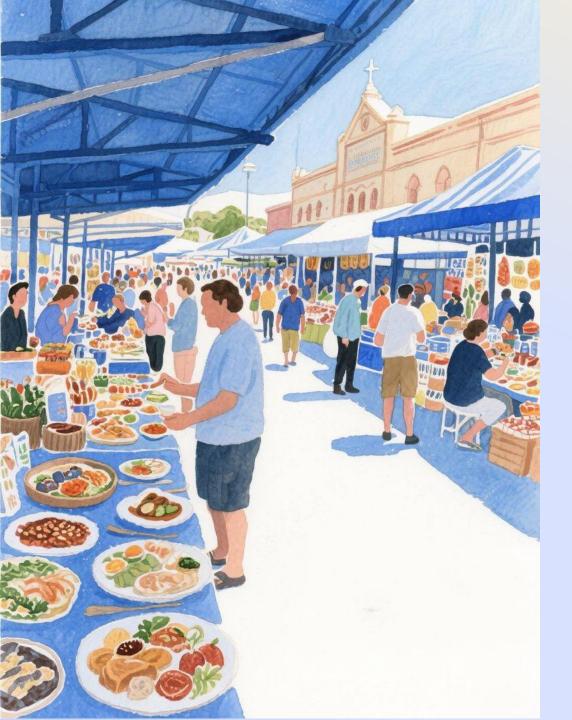
Definition

Eating disorders are serious mental illnesses characterized by persistent disturbances in eating behaviors and distressing thoughts about food, weight, or shape. They lead to significant physical, psychological, and social impairment.

Severity Spectrum

These disorders range from subclinical disordered eating to life-threatening conditions. Early recognition is crucial as mortality risk increases with duration and medical complications.





DSM-5 Classification

Anorexia Nervosa

Characterized by severe food restriction leading to low body weight, intense fear of weight gain, and distorted body image. It has two subtypes: restricting and bingeeating/purging.

Bulimia Nervosa

Involves recurrent binge eating followed by compensatory behaviors such as vomiting, laxative misuse, or excessive exercise to prevent weight gain.

Binge-Eating Disorder

Features recurrent episodes of eating large quantities of food rapidly to the point of discomfort, without compensatory behaviors, accompanied by shame and distress.









Other Disorders

Other recognized disorders include Avoidant/Restrictive Food Intake Disorder (ARFID), Pica, Rumination Disorder, and Other Specified Feeding or Eating Disorders (OSFED).

Types of Disorders



Anorexia Nervosa Overview

Key Features

Anorexia nervosa is marked by severe food restriction leading to low body weight, an intense fear of gaining weight, and a distorted body image. It has two subtypes: restricting and binge-eating/purging.

Health Risks

Health consequences include malnutrition, organ failure, electrolyte imbalances, osteoporosis, severe constipation, and heart damage. The mortality rate is significantly higher than in the general population.



Bulimia Nervosa Cycle

Binge Eating

Bulimia nervosa involves recurrent episodes of eating large amounts of food in a short period, often done in secret, with a sense of loss of control.



Compensatory Behaviors

To prevent weight gain, individuals engage in compensatory behaviors such as self-induced vomiting, misuse of laxatives or diuretics, fasting, or excessive exercise.



Physical Effects

Physical symptoms include dental erosion, calluses on hands from vomiting, swollen cheeks or jaw, frequent weight fluctuations, and irregular menstrual cycles.

Binge-Eating Disorder





Binge Eating Episodes

Binge-eating disorder involves eating large quantities of food rapidly to the point of discomfort, typically done in secret, without compensatory behaviors.

Psychological Impact Individuals often experience feelings of shame, guilt, and distress after binge eating. They may also have comorbid conditions such as depression or anxiety.

ARFID Explained







Avoidant/Restrictive Food Intake Disorder

ARFID involves avoiding or restricting food intake due to sensory issues, lack of interest, or fear of consequences, leading to weight loss, nutritional deficiency, and impaired psychosocial functioning.

Pica & Rumination

Pica

Pica is characterized by the consumption of non-nutritive substances such as dirt, clay, or ice. It can occur in children, pregnant women, and individuals with intellectual disabilities.

Rumination Disorder

Rumination involves the repeated regurgitatio of food, which may be re-chewed, reswallowed, or spit out. It can lead to malnutrition and dental issues.





OSFED

OSFED encompasses atypical presentations that do not meet full criteria for other eating disorders, such as orthorexia, night eating syndrome, and subthreshold variants.

OSFED & Emerging Types

Orthorexia

Orthorexia is an obsessive focus on healthy eating, leading to malnutrition and psychological distress when dietary rules are violated.

Night Eating Syndrome

Night eating syndrome involves excessive eating at night, often driven by emotional distress, leading to weight gain and impaired daytime functioning.

Root Causes



Genetic Vulnerability

Heritability

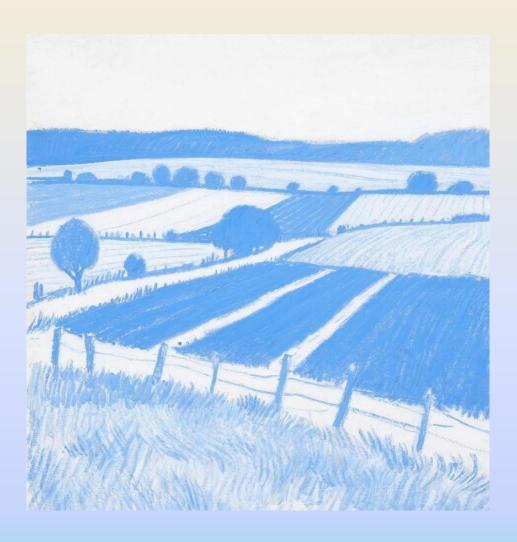
Twin and family studies indicate that eating disorders have a significant genetic component, with heritability estimates ranging from 40% to 60%.

Candidate Genes

Candidate genes involved in serotonin, dopamine, and appetite regulation have been identified, suggesting a genetic predisposition to disordered eating behaviors.



Neurobiological Factors



Brain Chemistry

Dysregulation in brain chemistry, particularly involving neurotransmitters like serotonin and dopamine, contributes to the development of eating disorders.

Appetite Regulation

Imbalances in hormones such as leptin and ghrelin, which regulate hunger and satiety, can lead to abnormal eating behaviors and contribute to the persistence of eating disorders.

Reward Processing

Altered reward processing in the brain can affect how individuals perceive and respond to food, leading to compulsive eating or restrictive behaviors.

Psychological Triggers



Trauma

Traumatic experiences, such as abuse or significant life events, can trigger the onset of eating disorders as a coping mechanism to deal with emotional distress.

Perfectionism

Perfectionism is a common psychological trait among individuals with eating disorders, driving extreme behaviors to achieve an ideal body image or weight.



Sociocultural Pressures

Media Influence

Media-driven thin ideals and societal pressure to conform to certain body standards contribute to the development of eating disorders, particularly in adolescents and young adults.

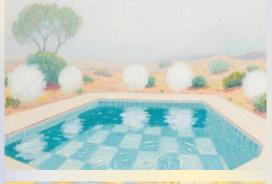


Chronic Dieting

Chronic dieting and weight cycling can trigger biological starvation responses, intensifying preoccupation with food and precipitating binge-purge cycles.

Energy Deficit

Maintaining an energy deficit through restrictive eating can lead to physiological and psychological changes that perpetuate disordered eating behaviors.

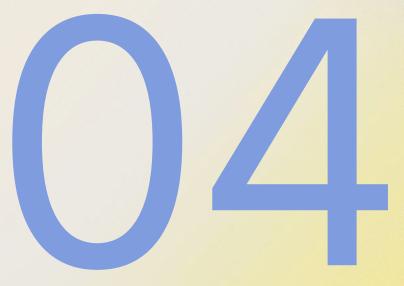




Dieting as Precipitant



Risk & Epidemiology



Global Prevalence Rates





Lifetime Prevalence

Lifetime prevalence rates for eating disorders vary: anorexia nervosa 0.5–1%, bulimia nervosa 1–3%, binge-eating disorder 2–4%, and ARFID 0.3–3%.

OSFED

OSFED is the most common, affecting up to 5% of the population, highlighting the need for broader diagnostic criteria and treatment options.

Age & Gender Patterns

Age of Onset

Eating disorders typically onset during adolescence and early adulthood, though they can occur at any age, affecting individuals across the lifespan.

Gender Distribution

While more common in females, eating disorders affect males as well, with males representing 10–25% of cases and often facing delayed diagnosis.



High-Risk Populations

Athletes

Athletes, particularly in sports with weight-class or aesthetic demands, are at higher risk due to the pressure to maintain a specific body composition.

LGBTQ+ Individuals

LGBTQ+ individuals face unique stressors and societal pressures that can increase the risk of developing eating disorders.

Diabetics

Individuals with diabetes, especially those with type 1 diabetes, are at higher risk for disordered eating behaviors due to the focus on food and weight management.

Medical Complications



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Cardiac Consequences

Bradycardia

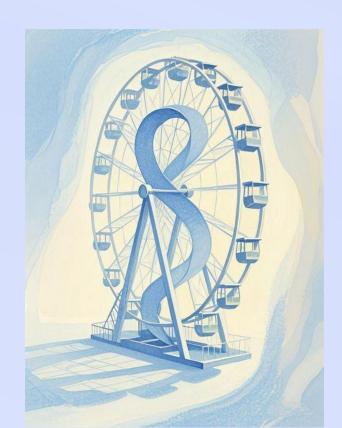
Anorexia nervosa can lead to bradycardia, a dangerously low heart rate, due to severe malnutrition and energy deficit.

Electrolyte Imbalances

Purging behaviors in bulimia nervosa can cause significant electrolyte imbalances, increasing the risk of arrhythmias and sudden cardiac arrest.



Endocrine & Bone Health





Hypothalamic-Pituitary

Dysfunction
Eating disorders disrupt the hypothalamicpituitary axis, leading to amenorrhea in females
and low testosterone in males.

Osteoporosis

Chronic malnutrition and hormonal imbalances can lead to osteoporosis, increasing the risk of fractures and long-term bone health issues.

Growth Retardation

In adolescents, eating disorders can impair growth and development, leading to stunted growth and delayed puberty.

Gastrointestinal Effects

Gastroparesis

Restrictive eating can lead to gastroparesis, a condition where the stomach empties slowly, causing nausea, vomiting, and abdominal pair

Dental Erosion

Frequent vomiting in bulimia nervosa can cause dental erosion, tooth sensitivity, and other oral health issues due to the acidic nature of stomach contents.



Neuropsychiatric Sequelae

Cognitive Impairment

Malnutrition associated with eating disorders can lead to cognitive impairment, affecting attention, memory, and executive functioning.

Depression & Anxiety

Eating disorders are often comorbid with depression and anxiety, exacerbating the psychological distress and complicating treatment.

Self-Harm & Suicide

Individuals with eating disorders have a higher risk of self-harm and suicidal behaviors, highlighting the need for comprehensive mental health support.





Assessment Pathways



Clinical Interview Focus

Structured Interviews

Structured clinical interviews like the SCID-5 or EDE 17.0D are essential for assessing eating behaviors, weight history, compensatory methods, and psychosocial impact.

Diagnostic Criteria

These interviews help establish a diagnosis by evaluating symptoms against DSM-5 criteria and identifying comorbid conditions.



Screening Instruments

EAT-26

The Eating Attitudes Test (EAT-26) is a widely used screening tool that identifies individuals at risk for eating disorders through a series of questions.



SCOFF

The SCOFF questionnaire is a brief screening tool that asks about specific behaviors and attitudes related to eating and weight.



CIA

The Clinical Impairment Assessment (CIA) measures the functional impairment caused by eating disorders, guiding treatment planning.



Medical Workup Essentials



Imaging & Monitoring

Electrocardiograms (ECGs) and dual-energy X-ray absorptiometry (DEXA) scans help monitor cardiac function and bone density, respectively.

Comprehensive Labs

Comprehensive laboratory tests are essential to detect electrolyte imbalances, malnutrition, and other medical complications associated with eating disorders.



Evidence-Based Treatments



FBT for Anorexia

Family-Based Therapy (FBT) is a highly effective treatment for adolescents with anorexia nervosa, empowering parents to support their child's recovery.

Empirical Support

FBT has strong empirical support, with studies showing significant improvements in weight restoration and normalized eating behaviors.





Family-Based Therapy



CBT-Enhanced Protocol

CBT-E Overview

Cognitive Behavioral Therapy-Enhanced (CBT-E) is a structured treatment protocol that addresses the core mechanisms of eating disorders.

Core Components

CBT-E includes psychoeducation, cognitive restructuring, exposure to feared foods, and relapse prevention strategies.

Evidence Base

CBT-E has robust evidence supporting its efficacy in treating anorexia nervosa, bulimia nervosa, and binge-eating disorder.



Dialectical Behavior Therapy

DBT for Binge-Purge Behaviors

Dialectical Behavior Therapy (DBT) targets emotion dysregulation underlying binge-purge behaviors, providing effective skills for managing distress.

Skills Training

DBT includes mindfulness, distress tolerance, and interpersonal effectiveness skills, helping individuals manage emotions and improve relationships.



Pharmacotherapy Options



SSRIs for Bulimia

Selective serotonin reuptake inhibitors (SSRIs) are effective in reducing binge and purge frequency in bulimia nervosa, with fluoxetine being a commonly prescribed medication.

Lisdexamfetamine for BED

Lisdexamfetamine is FDA-approved for treating binge-eating disorder, helping to reduce binge eating episodes and improve overall functioning.

Atypical Antipsychotics

Atypical antipsychotics may be used adjunctively in anorexia nervosa to aid weight restoration and manage comorbid symptoms.

Nutritional Rehabilitation

Individualized Meal Plans

Registered dietitians design individualized meal plans to restore metabolic function, correct micronutrient deficits, and normalize eating patterns.

Reintroducing Feared Foods

Nutritional rehabilitation includes reintroducing feared foods in a controlled manner to reduce anxiety and promote a healthy relationship with food.



Recovery & Relapse





Ongoing Therapy

Ongoing psychotherapy is essential for maintaining long-term recovery, addressing underlying issues and preventing relapse.

Sustaining Long-Term Recovery

Peer Support

Engaging in peer support groups provides individuals with a sense of community and shared experiences, reinforcing recovery efforts.

Regular Monitoring

Regular medical monitoring ensures that any potential relapse is detected early, allowing for timely intervention and continued support.

Thank You