Be able to diagnose under DSM-IV and DSM-V

DO NOT NEED TO KNOW OBESITY OR SLEEPING DISORDER PART

Know how to fill out the six axis

* Introduction to Eating Disorders
  + Food, eating, body image in Western Society
  + Is food good or bad?
    - Food has a psychological meaning
      * As a social context (friends and family)
      * Relationship to positive emotions
    - Contrast with societal emphasis on body image
      * Fitness and nutrition
      * Common models
      * Continued struggle with being thin in society
  + Prevalence
    - 90% are female cases
    - More often in high socioeconomic individuals
    - Individuals who come from competitive environments
    - High degree of comorbidity
      * Related to anxiety and depression
    - 0.6% for Anorexia
    - 1% for bulimia
    - 18-21 onset
    - Seen after a period of dieting
    - 50% of anorexics will binge and purge
  + Anorexia
    - Often found much with OCD
  + Bulimia
    - 80% of individuals will at some point meet the criteria for anxiety disorder
    - 50%-70% of individuals will at some point meet the criteria for a mood disorder
    - Not found as often with OCD as Anorexia
    - Tooth decay, calicies on back of hands
* Anorexia Nervosa
  + Refusal to maintain body weight at or above a minimally normal weight for age and height
  + Intense fear or gaining weight or becoming fat, even though underweight
  + Disturbance in the way in which one’s body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of seriousness of the current low body weight
  + In postmenarcheal females, amenorrhea – the absence of at least three consecutive menstrual cycles
  + Types
    - Restricting
      * Restrict the amount of food intake
      * Also can include compensatory behavior (exercising)
      * A ton of exercising, multiple hours a day, in order to lose the calories that they ingested that day
    - Binge-eating / Purging
      * Do engage in purging, through vomiting and laxatives
      * Same cycle seen in Bulimia, except the fact that under anorexia nervosa they’re below 85% of their normal weight
      * Hair loss, skin discoloration, grow fine hair all over their body (anglo – to maintain body temperature), dangerous levels of dehydration, up to 20% will end up dying from health related complications
  + DSM-V Changes to Anorexia Nervosa
    - Remove the 3 missing cycles
      * Not seen in all individuals hence why it’s gone
      * The common use of birth control
      * Difficult to tell what might be causing it
      * Men can also have anorexia
* Bulimia Nervosa
  + Recurrent episodes of binge eating (2-40 per week)
    - Large food amount; Sense of lack of control over eating
    - Usually soft in texture and sweet because it goes down soft
  + Recurrent inappropriate compensatory behavior in order to prevent weight gain
    - Vomiting, laxative use, use of enema, etc
  + The cycle occurs at least twice a week for 3 months
  + Self-evaluation is unduly influenced by body shape and weight
  + The disturbance does not occur exclusively during episodes of Anorexia Nervosa
  + Types: Purging and Non-purging
  + DSM-V Changes
    - New Disorder for Non-Purging subtype
      * Binge Eating Disorder
        + Recurrent episodes of binge eating
        + The binge-eating episodes are associated with three (or more) of the following

Eating much more rapidly than normal

Eating until feeling uncomfortably full

Eating large amounts of food when not feeling physically hungry

Eating alone because of being emberassed by how much one is eating

Feeling disgusted with oneself, depressed, or very guilty after overeating

* + - * + Marked Distress
        + The binge eating occurs, on average, at least once a week for three months
        + The binge eating is not associated with the recurrent use of inappropriate compensatory behavior (i.e. purging) and does not occur exclusively during the course of bulimia nervosa or anorexia nervosa
* Anorexia vs Bulimia
  + Similarities
    - Prior experimentation with dieting by individuals fearful of becoming obese
    - Preoccupation with food, weight, and appearance
    - Feeling of anxiety, depression, need to be perfect
    - Believe they weight too much and look too heavy
  + Differences
    - Anorexics have significant weight loss and typically bulimics do not
    - Bulimics more likely to recognize behavior as pathological
    - Bulimics display fewer obsessive qualities
    - Bulimics have fewer cognitive distortions revolving around perception of body
    - Medical complications differ
* Biopsychosocial Model
  + Biological Components
    - Genetic transmission of the disorder
    - History of being overweight
    - Parental obesity
    - Low serotonin
      * Messes with thalamus
  + Dieting History
    - Disturbs serotonin levels
    - Begins pattern of rigid control of food intake
  + Psychological Factors
    - Stress during adolescence
    - Difficulty tolerating negative emotion
    - Associated family factors
      * Enmeshment
        + Over involvement and lack of independence of the family

The mother may know everything the daughter is doing, there’s no autonomy or independence

* + - * Overprotective parents
      * Modeling of perfection
      * Interparental conflict
    - Social/Cultural Factors
      * Society’s emphasis on being thin
      * Acceptance of unrealistic body types
* Treatment of Anorexia
  + No effective drugs
  + Usually requires hospitalization
  + Psychological intervention
    - Family therapy
    - Cognitive behavioral interventions
      * Self esteem, body image, etc
      * Goal is to make them have an accurate perception of their body. Health **not** weight
  + 75% recovery rate
  + Relapses are incredibly common
* Treatment of Bulimia
  + Drug Therapy
    - Antidepressant (SSRIs)
      * Helps between 25-40% stop purging
  + Cognitive Behavioral Intervention
    - Focus on behavior
    - Plan and monitor eating schedule
      * 5-6 small meals per day
    - Change attitudes and beliefs
    - Coping skills to handle stressful life events
      * Call a friend, exercise, etc