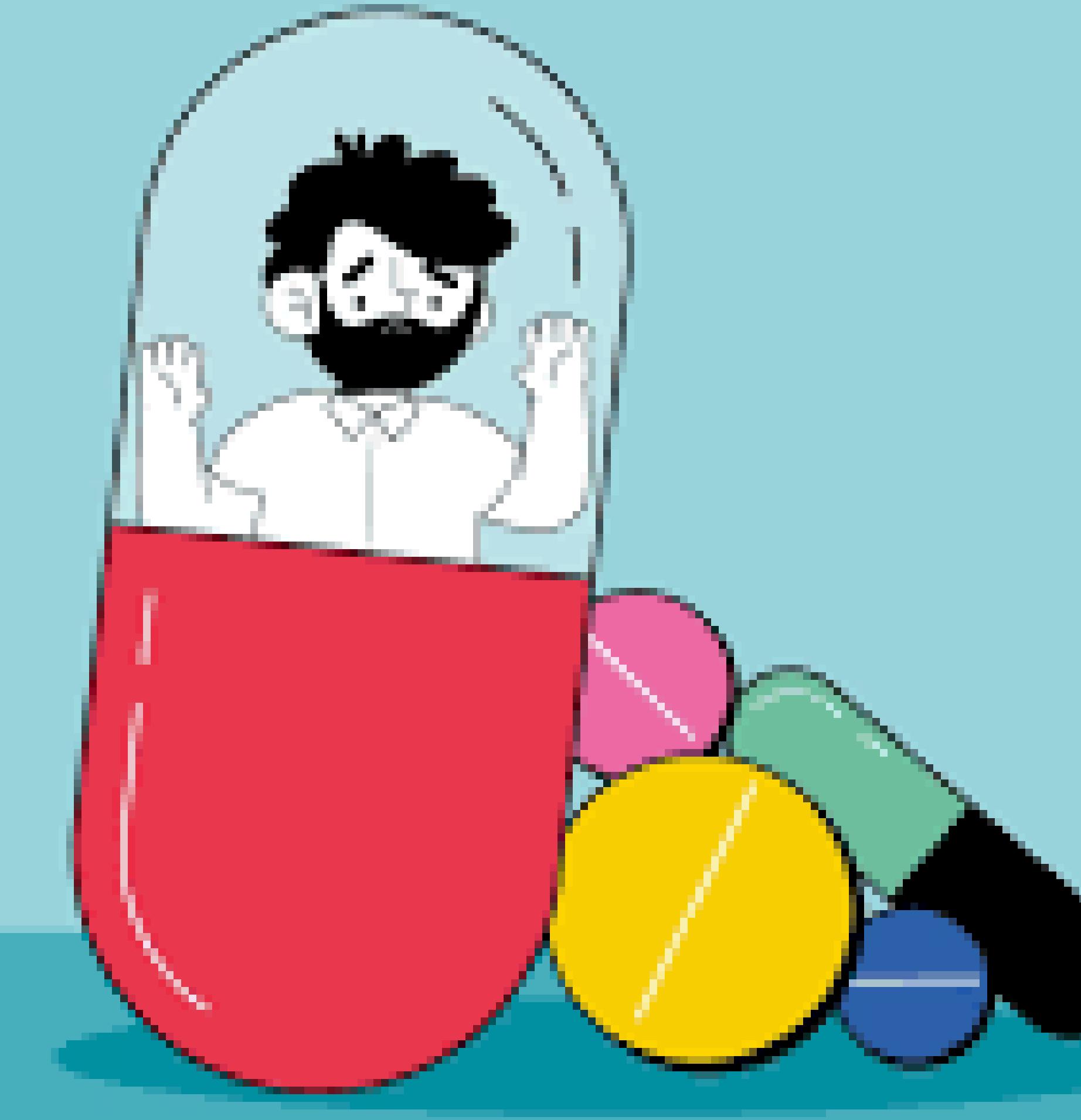


SUBSTANCE USE DISORDER



INTRODUCTION



- Alcohol and drugs cause short-term pleasurable feelings But it can have costly and damaging consequences.
- Psychoactive substances are those that affect the mental functioning of an individual by affecting one's central nervous system (CNS).

• Classification of Substances:

- **Sedatives:** A drug or substance used to calm a person down, relieve anxiety, or help a person sleep (eg: Alcohol and Barbiturates)
- **Stimulants:** Substances that make person to feel more awake, alert, confident or energetic (eg: caffeine, cocaine and amphetamines)
- **Opiates:** a drug containing opium or its derivatives, that induce sleep and relieve pain (eg: morphine, codeine, and heroin)
- **Hallucinogens** (drugs that can potentially change the way people see, hear, taste, smell or feel, and also affect mood and thought (eg cannabis, like marijuana and Lysergic acid diethylamideetc (LCD)
- **Tranquilizers:** Drug taken to reduce tension or anxiety (eg valium and xanax)



INTRODUCTION

SUBSTANCE USE

- Ingestion of psychoactive substance in **moderate amount**
- It does not **significantly interfere** with **social, educational or occupational functioning.**
- Example, use of **alcohol is normal** in many family gatherings in certain cultures.

SUBSTANCE USE DISORDER

- It involves **ingestion** of psychoactive substances in **excessive quantity**
- There may be a need to **cut down** on the usage but the person finds it **difficult** to do so.
- The individual ends up **spending a lot of time** in trying to procure, use, or recover from the substance
- Likely to **give up** on important social, occupational, activities because of substance use.

SUBSTANCE USE DISORDER

- All forms of abuse represent an inherent conflict between immediate pleasure and longer-term harmful consequences.
- The psychological and biochemical effects on the user are often similar, as are the negative consequences for both social and occupational.

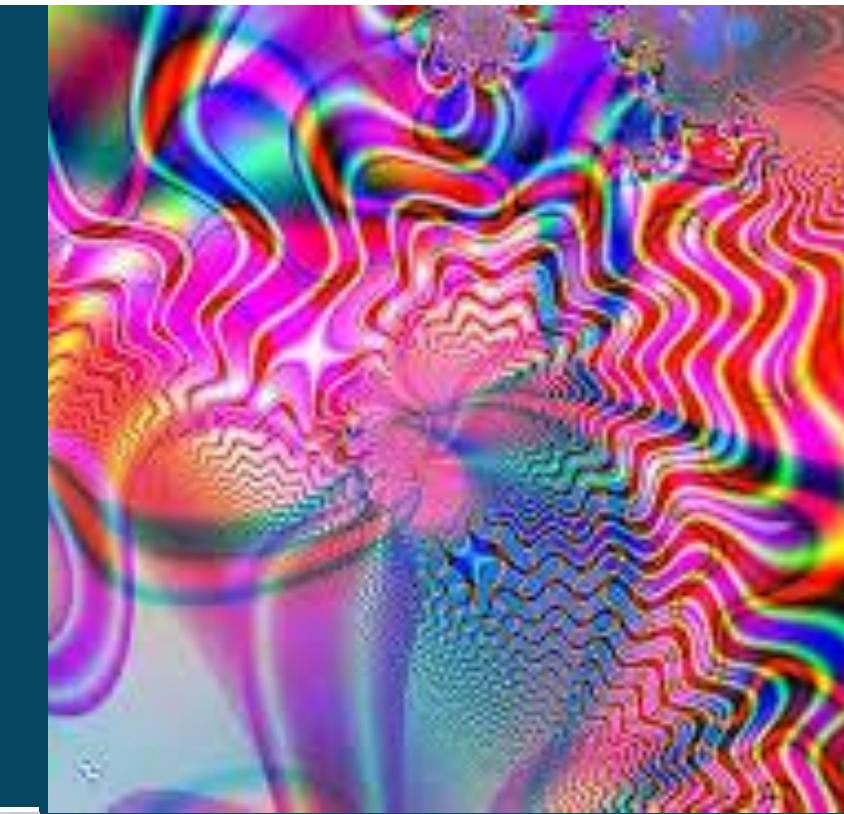


TYPES OF DRUGS - BASED ON THE WAY IT AFFECT THE BODY

FEATURES

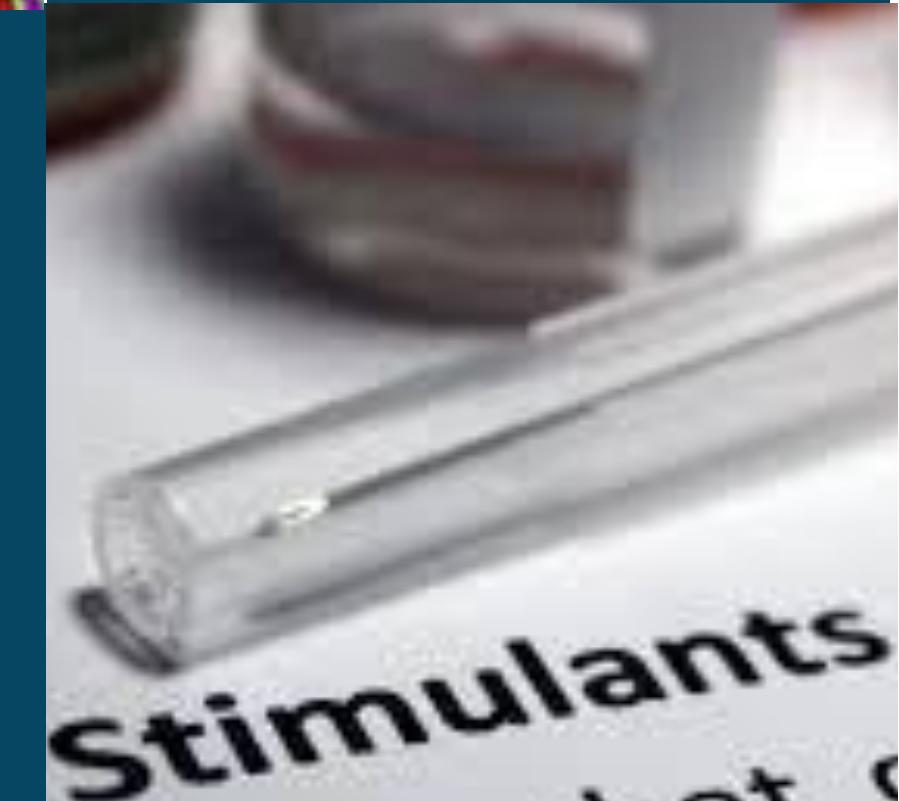
DEPRESSANTS

Slow down the function of the central nervous system



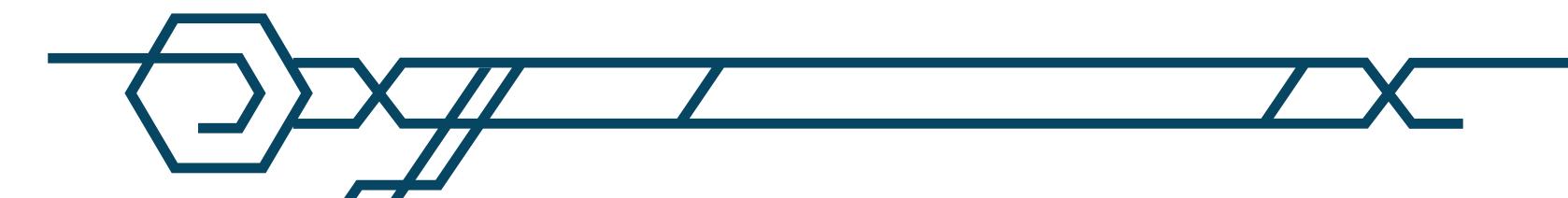
STIMULANTS

Speed up the function of the central nervous system.



HALLUCINOGENS

Affect your senses and change the way you see, hear, taste, smell or feel things





COMMONLY USED DRUGS

ALCOHOL - DEPRESSANT

- It affects **every organ** and system in the body.
- After alcohol has been ingested, it is absorbed through **membranes** in the **stomach, small intestine, and colon**.

According to **DSM-IV-TR**, the symptoms of alcohol intoxication include:

- Slurred speech
- Lack of coordination (not able to move different parts of the body together well or easily eg: person is walking in an abnormal, uncoordinated manner)
- Nystagmus (involuntary to-and-fro movement of the eyeballs induced)
- Impaired attention or memory



COMMONLY USED DRUGS

ALCOHOL - DEPRESSANT

Prolonged use and abuse of alcohol can have:

- Devastating relationships with family and friends
- Can disrupt the functions of several important organ systems
- They may develop cirrhosis of the liver, heart problems various forms of cancer
- Severe and persistent forms of dementia and memory impairment



COMMONLY USED DRUGS

NICOTINE - STIMULANT

- It is the active ingredient in tobacco
- It is one of the most harmful and deadly addicting drugs.
- Physiological symptoms of withdrawal from nicotine include drowsiness, lightheadedness, headache, muscle tremors, and nausea.
- People who smoke tobacco increase their risk of developing many fatal diseases, including heart disease, lung disease and various types of cancer.



COMMONLY USED DRUGS

AMPHETAMINE AND COCAINE - STIMULANT

- They activate the **sympathetic** nervous system.
- Stimulants also suppress the **appetite** and prevent sleep.
- They can lead to the **onset of psychosis**.
- The risk of a psychotic reaction seems to increase with **repeated exposure** to the drug.
- The symptoms of **amphetamine psychosis** include auditory and visual hallucinations, as well as delusions



COMMONLY USED DRUGS

OPIATES - DEPRESSANT

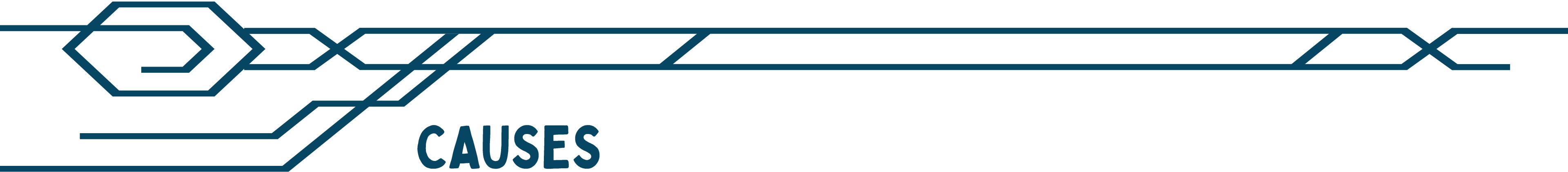
- The opiates can induce a state of **dreamlike euphoria** (Opium, Morphine etc)
- Opiates will have effect on occupational performance and health.
- People who are addicted to opiates become **preoccupied** with finding and using the drug, in order to experience the **rush** and to avoid withdrawal symptoms.



COMMONLY USED DRUGS

CANNABIS - HALLUCINOGEN

- Also known as **marijuana** is a psychoactive drug from the cannabis plant.
- People who have been exposed to continuous, high doses may experience withdrawal symptoms, such as **irritability, restlessness, and insomnia** may experience **hallucinations**.
- Prolonged heavy use of marijuana may lead to certain types of performance deficits like involving **sustained attention, learning, and decision making**



CAUSES

ADDITIVE PROPERTY

- All drugs including alcohol play a role in addiction through activation of the ‘pleasure pathway’ or the **Mesocorticolimbic Dopamine Pathway (MCLP)**.
- The MCLP also called the reward pathway is related to functions like control of emotions, memory, and gratification.
- All substances including alcohol produce euphoria by stimulating this area in the brain thereby reinforcing the use of the substance.
- Continued exposure to the brain leads to neurochemical changes, which result in withdrawal symptoms that can be avoided by ingesting the substance.
- Thus, taking drugs and alcohol is pleasurable and is positively reinforced. Once the individual addicted to the substance, the pleasure reduces but the withdrawal symptoms increase, which can be unbearable, people take drugs/alcohol to avoid them.

CAUSES

- Family studies have provided strong evidence for genetic inheritance of alcohol use disorder.
- In males almost 30 percent of alcoholics had at least one parent with alcohol problems (Cotton, 1979)
- 40 percent had both-parents with alcohol dependency (Cloninger and Colleagues 1986).



Genetics



Sociocultural
factors



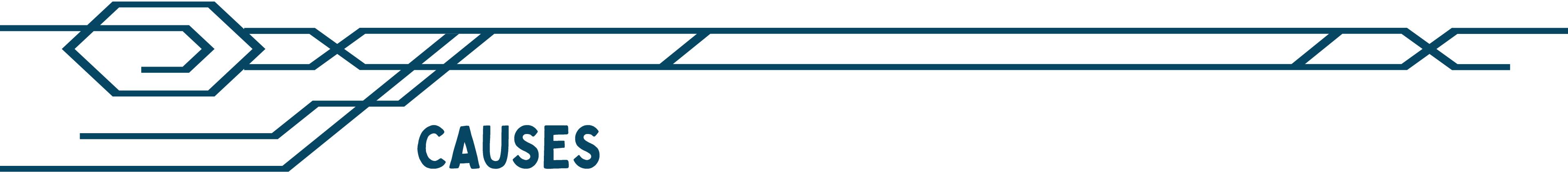
- Peer pressure
- Poor social support
- Religions, customs and culture play a role in using the substances
- Consumption of alcohol as a coping strategy to everyday stressors in life
- Acceptance towards alcohol

According to diathesis-stress model, having biological and psychological disposition and socio-cultural acceptance is not enough to develop alcohol-use disorder. A person must be

- (a) exposed to the substance,
- (b) living in an environment that promotes alcohol use
- (c) experience of stressors and pressures in life.



Psychosocial
stressors



CAUSES

PSYCHOLOGICAL FACTORS

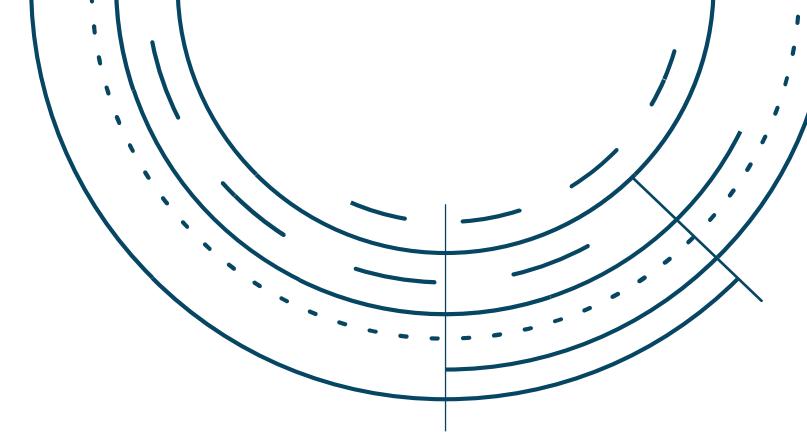
- Psychological traits like high negative emotionality, low restriction, and high risk-taking, strong negative reactions to failures, low frustration tolerance, and impulsivity are the predictive of future use and abuse of drugs and alcohol
- Early childhood experiences with lack of stable family relationships and parental guidance can lead to development of psychological vulnerability for substance use and abuse in general in future.
- Beliefs: Some adolescents have grown up with the belief that alcohol/ drug use will lower stress and anxiety and enhance popularity and acceptance by peers.
- For instance, in a study, participants who believed they were consuming alcohol but were actually given alcohol-free drink subsequently became more aggressive.



DIAGNOSTIC CRITERIA

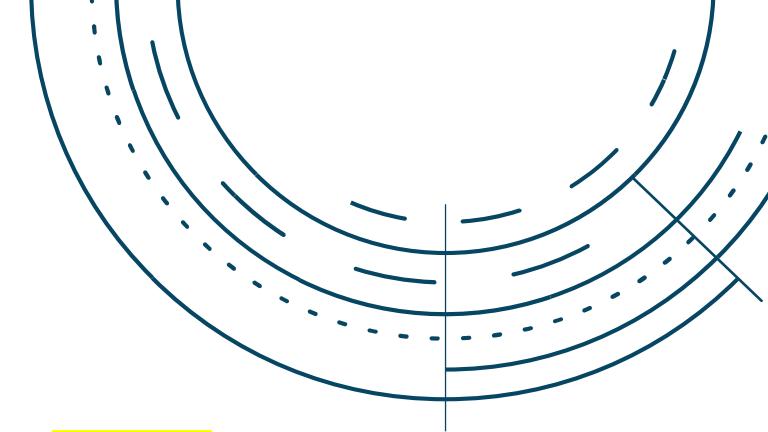


- Substance use disorders are classified as **mild**, **moderate**, or **severe**, depending on how many of the diagnostic criteria you meet.
- The DSM-5 criteria for a substance use disorder include:
- If you meet
- **Two or three** of the criteria, you have a **mild** substance use disorder.
- **Four to five** is considered **moderate**
- **Six** or more criteria, you have a **severe** substance use disorder.



DIAGNOSTIC CRITERIA

1. The substance is often taken in larger amounts or over a longer period than was intended.
 2. There is a persistent desire or unsuccessful efforts to cut down or control use of the substance.
 3. A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects.
 4. Craving, or a strong desire or urge to use the substance.
- 



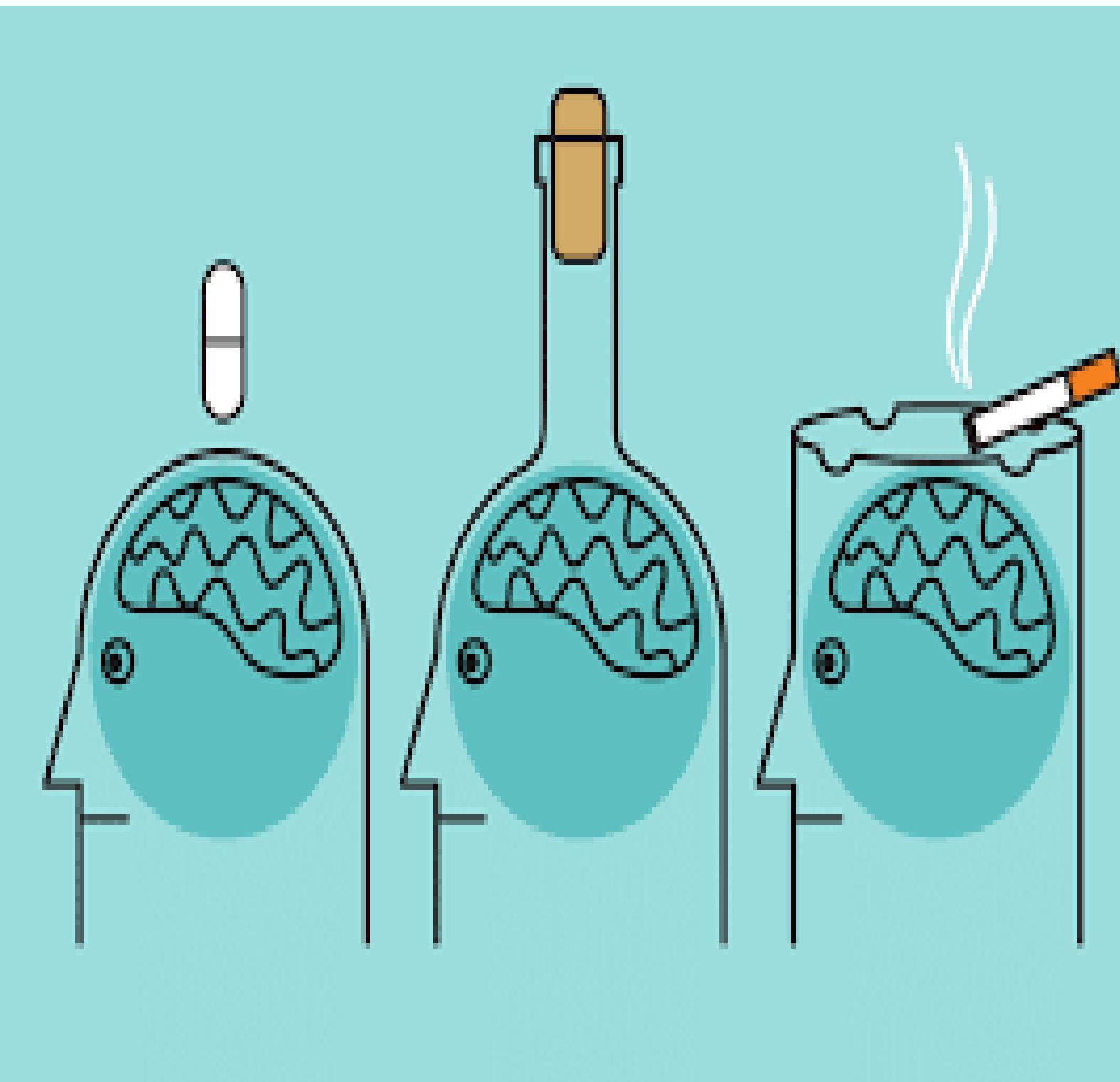
DIAGNOSTIC CRITERIA

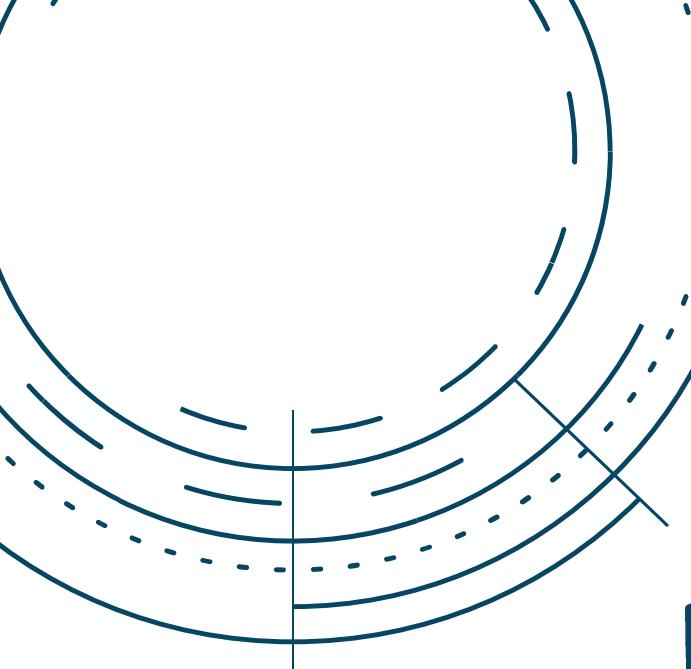
- 
5. Recurrent use of the substance resulting in a failure to fulfill major role obligations at work, school, or home.
 6. Continued use of the substance despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of its use.
 7. Important social, occupational, or recreational activities are given up or reduced because of use of the substance.
 8. Recurrent use of the substance in situations in which it is physically hazardous.
 9. Use of the substance is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.
-

DIAGNOSTIC CRITERIA

10. Tolerance, as defined by either of the following:
 - a. A need for markedly increased amounts of the substance to achieve intoxication or desired effect.
 - b. A markedly diminished effect with continued use of the same amount of the substance.

11. The substance is taken to relieve or avoid withdrawal symptoms.





TREATMENT

BIOLOGICAL

- Use of medications is extremely important in the withdrawal processes of certain substances.
- In case of alcohol antagonist, Acamprosate is used that decreases the cravings in people dependent on alcohol.
- In case of nicotine addiction, nicotine patches, gum, inhaler, or nasal spray may be used; they lack the carcinogenic elements of cigarette smoke

CUE EXPOSURE

- At times environmental stimuli associated with drug taking may contribute to the continuation of drug taking behaviour.
- Cue exposure therapy is seen as a potentially effective treatment for addictive disorders. Drug-dependent clients are repeatedly exposed to drug-related stimuli and prevented from using drugs in an attempt to reduce reactivity to these stimuli.
- Diminish both the physiological and subjective responses to them

TREATMENT

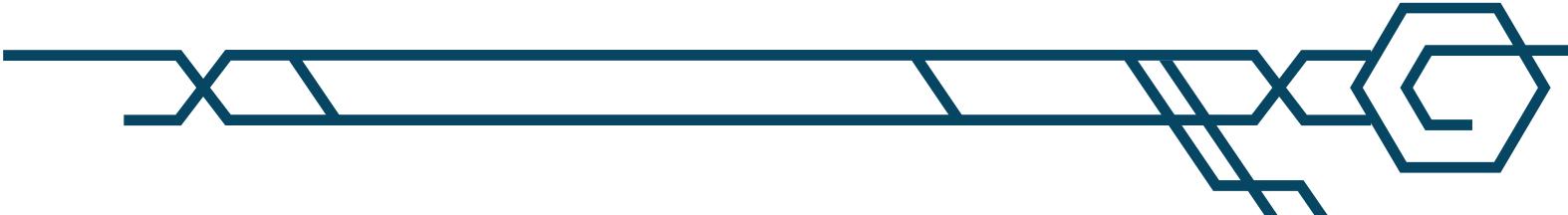
Aversive Therapy: Associating **negative experiences** with ingestion of a substance to treat substance dependency

Cognitive Behavior Therapy

It teaches people to **identify and respond** more appropriately to circumstances that regularly precipitate drug abuse.

Eg: One element of cognitive behavior therapy involves training in the use of social skills, which might be used to resist pressures to drink heavily, includes problem-solving procedures, which can help the person both to identify situations that lead to heavy drinking and to formulate alternative courses of action.

Motivational Assessment: A person's **level of motivation** for change is an important factor in determining the likely success of any intervention



References

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). <https://doi.org/10.1176/appi.books.9780890425787>

SLEEP DISORDER



INTRODUCTION



- Sleep helps your brain function properly.
- Not getting enough sleep or poor quality sleep has many potential consequences.
- The most obvious concerns are fatigue and decreased energy, irritability and problems focusing. The ability to make decisions and your mood can also be affected.
- Sleep-wake disorders often occur along with medical conditions or other mental health conditions, such as depression, anxiety, or cognitive disorders.

TYPES OF SLEEP DISORDER

INSOMNIA

A predominant complaint of dissatisfaction with sleep quantity or quality

1. Difficulty initiating sleep
2. Difficulty maintaining sleep, characterized by frequent awakenings or problems returning to sleep after awakenings.
3. Early-morning awakening with inability to return to sleep.



TYPES OF SLEEP DISORDER

HYPERSOMOLENCE DISORDER

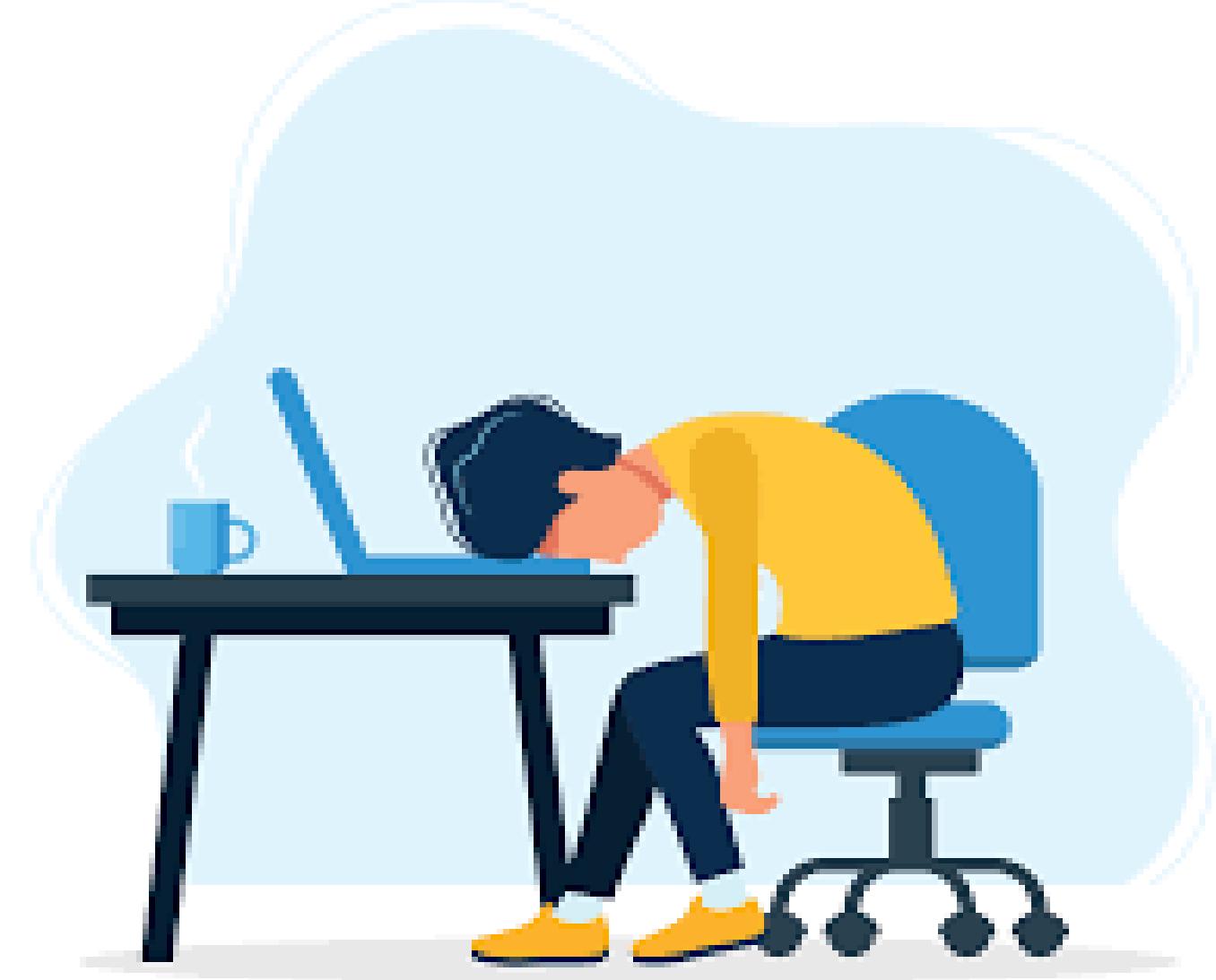
- Excessive sleepiness (hypersomnolence).
- A prolonged main sleep episode that is nonrestorative (i.e., unrefreshing).
- Difficulty being fully awake after abrupt awakening.



TYPES OF SLEEP DISORDER

NARCOLEPSY

- It is a sleep disorder that makes people feel **excessively tired** during the day despite getting an adequate amount of sleep.
- This can lead to an urge to fall asleep suddenly during the daytime that's almost **impossible to resist**.



TYPES OF SLEEP DISORDER

OBSTRUCTIVE SLEEP AMNEA

- It is characterized by multiple episodes of:
 - hypopnea (slow or shallow breathing) or
 - apnea (pauses in breathing)
- It occurs throughout the night due to upper airway obstruction, often accompanied by snoring



TYPES OF SLEEP DISORDER

SLEEP WALKING

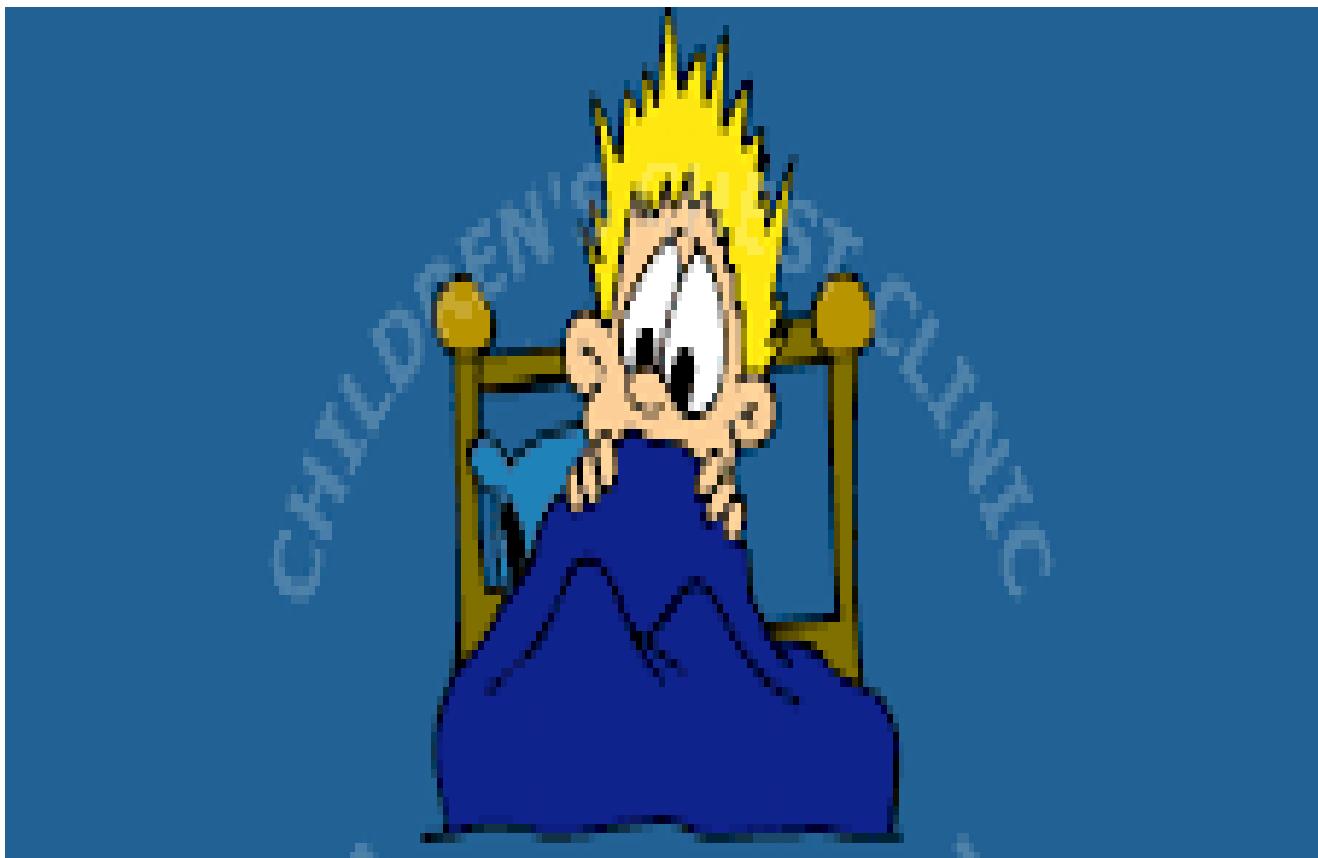
- Repeated episodes of rising from bed during sleep and walking about.
- While sleepwalking, the individual has a blank, staring face
- Is relatively unresponsive to the efforts of others to communicate with him or her; and
- Can be awakened only with great difficulty.



TYPES OF SLEEP DISORDER

SLEEP TERRORS

- Recurrent episodes of sudden terror arousals from sleep, usually beginning with a frightened scream.
- There is intense fear and signs of autonomic arousal, such as, tachycardia, rapid breathing, and sweating, during each episode.
- There is relative unresponsiveness to efforts of others to comfort the individual during the episodes.



TYPES OF SLEEP DISORDER

NIGHTMARE DISORDER

- Repeated occurrences of extended, extremely very unhappy, uneasy, or dissatisfied and well-remembered dreams
- It usually involve efforts to avoid threats to survival, security, or physical integrity





INSOMNIA

INSOMNIA

A review of multiple studies found that the **symptom** of insomnia may increase the risk for **suicidal thoughts**, **suicidal behaviour**.



American Academy of Sleep Medicine concluded that in **teenagers, < 8** hours of sleep is associated with **increased risk of self-harm, suicidal thoughts, and suicidal behavior.**



The essential feature of insomnia disorder is dissatisfaction with sleep quantity or quality with complaints of difficulty initiating or maintaining sleep.

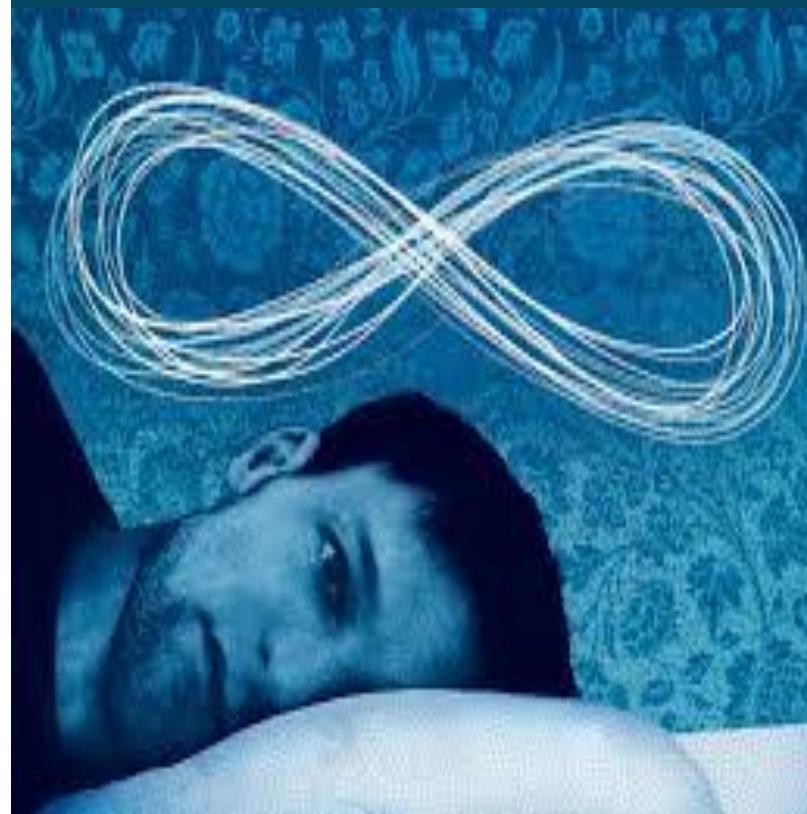


DIFFERENT MANIFESTATIONS OF INSOMNIA CAN OCCUR AT DIFFERENT TIMES OF THE SLEEP PERIOD.

INSOMNIA

SLEEP ONSET INSOMNIA/ INITIAL INSOMNIA

Involves difficulty initiating sleep at bedtime.



SLEEP MAINTENANCE INSOMNIA

Involves frequent awakenings throughout the night.



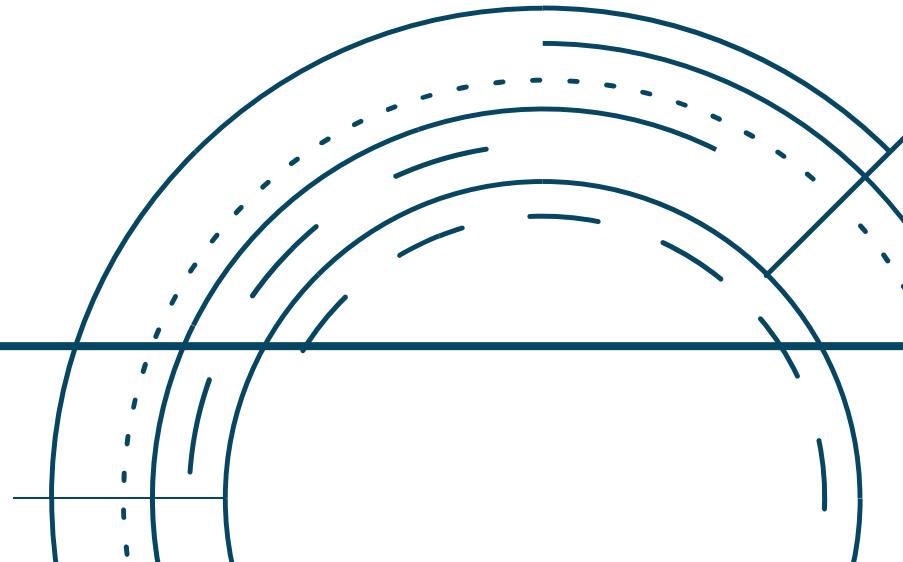
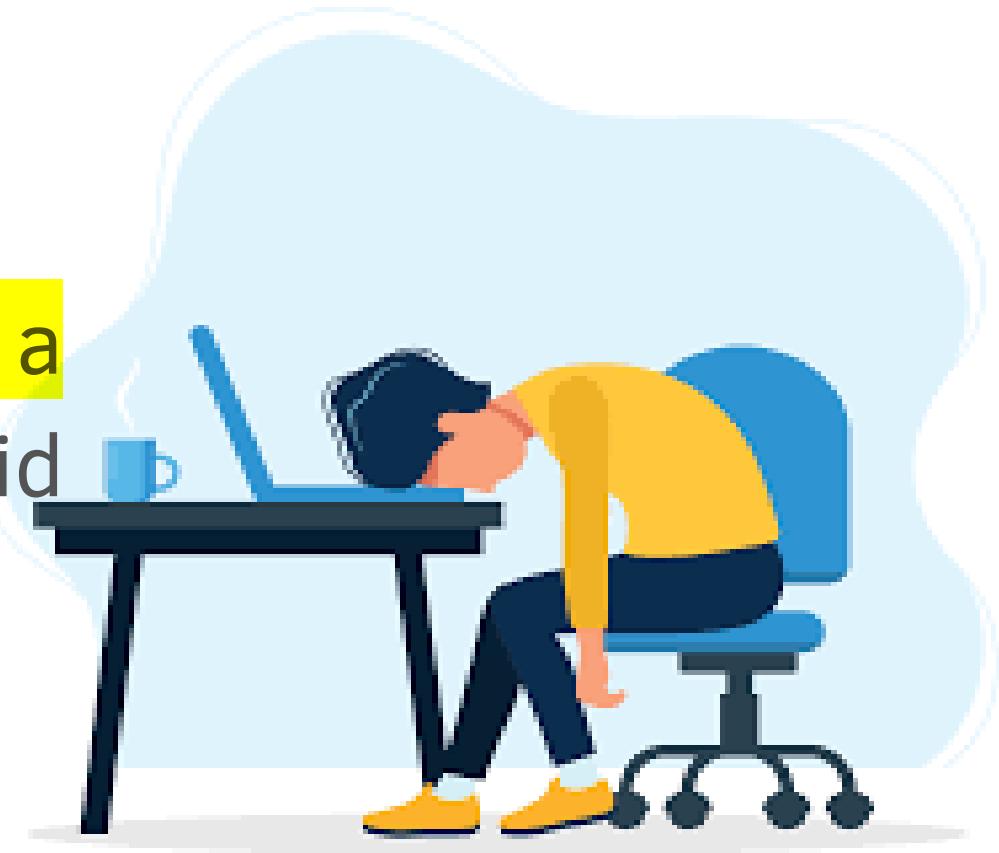
LATE INSOMNIA

Involves early-morning awakening with an inability to return to sleep.



INSOMNIA

- Accompanied by a variety of daytime complaints and symptoms, including fatigue, decreased energy, and mood disturbances.
- It can be situational, persistent, or recurrent.
 - Situational or acute insomnia usually lasts a few days or a few weeks and is often associated with life events or rapid changes in sleep schedules or environment.
 - It usually resolves once the initial precipitating event subsides.
- For individuals more vulnerable to sleep disturbances, insomnia may persist long after the initial triggering event, possibly because of conditioning factors and heightened arousal.



RISK AND PROGNOSTIC FACTORS

SOCIAL

- Financial loss
- Separation or divorce
- Death of spouse or a close relative
- Retirement
- Stressful life situations

BEHAVIOURAL

- Naps during the day
- Irregular sleeping hours
- Lack of physical exercise
- Excessive intake of beverages in the evening, for eg: coffee
- Disturbing environment(heat,cold,noise)



RISK AND PROGNOSTIC FACTORS

INSOMNIA

TEMPERAMENT

- Anxiety or worry-prone personality or cognitive styles
- Increased **arousal**
- **Predisposition**
- Higher stress **reactivity**
- Tendency to **repress emotions** can increase vulnerability to insomnia

ENVIRONMENTAL

- Noise, light, or uncomfortably **high or low temperature** may increase vulnerability to **insomnia**.
- High **altitude** may also predispose to insomnia attributable to **periodic breathing** difficulties during sleep.



RISK AND PROGNOSTIC FACTORS

GENETIC AND PHYSICAL OR PSYCHOLOGICAL HEALTH

- Female are more prone
- Advancing age
- Medical conditions like diabetes and chronic pain
- Mood disorders including depression and anxiety

DIAGNOSTIC CRITERIA

A. Predominant complaint of dissatisfaction with sleep quantity or quality, associated with one (or more) of the following symptoms:

1. Difficulty initiating sleep
2. Difficulty maintaining sleep, characterized by frequent awakenings or problems returning to sleep after awakenings.
3. Early-morning awakening with inability to return to sleep.



DIAGNOSTIC CRITERIA



- B. The sleep disturbance causes clinically significant distress or impairment in social, occupational, educational, academic, behavioral, or other important areas of functioning.
- C. The sleep difficulty occurs at least 3 nights per week.
- D. The sleep difficulty is present for at least 3 months.
- E. The sleep difficulty occurs despite adequate opportunity for sleep.

DIAGNOSTIC CRITERIA

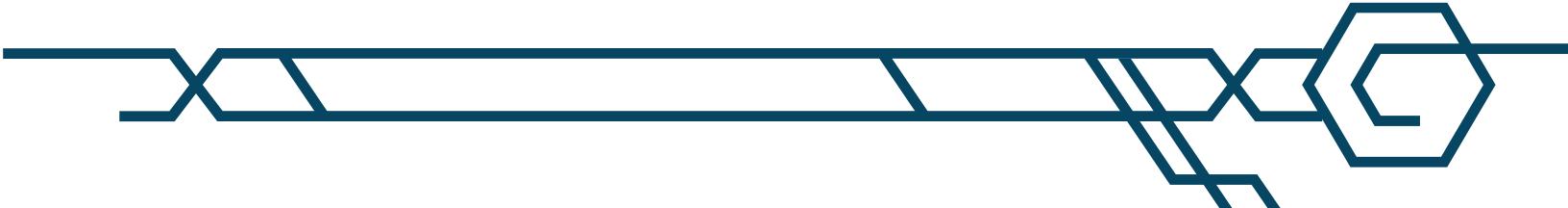


F. The insomnia is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication).



TREATMENT MEDICATIONS

- Sedatives
- Antihistamine
- Antidepressant



COGNITIVE BEHAVIOR THERAPY



Focuses on changing **false beliefs and attitudes** about sleep e.g., everyone needs at least 8 hours of sleep for good health

The more the individual **strives to sleep**, the more **frustration builds** and further impairs sleep.

Thus, **excessive attention** and efforts to sleep, which **override normal sleep-onset mechanisms**, may contribute to the development of insomnia.

SLEEP HYGIENE EDUCATION

- Avoid alcohol for 4 to 6 hours before bed
- Avoid caffeine or nicotine after 4 p.m.
- Avoid exercise close to bedtime



- Go to bed and wake up at the same time every day
- No watching television or other electronic devices in bed



- Keep bedroom cool and conducive to sleep
- No clock watching
- No napping during the day



WHAT IS HYERSOMNIA?



HYPERSOMNIA

It is a problem of **sleeping too much** (hyper means “in great amount” or “abnormal excess”).

Many people who sleep all night find themselves also falling asleep several times in next day.



People with **hypersomnia** sleep through the night and appear rested upon awakening but still complain of being excessively tired throughout the day.

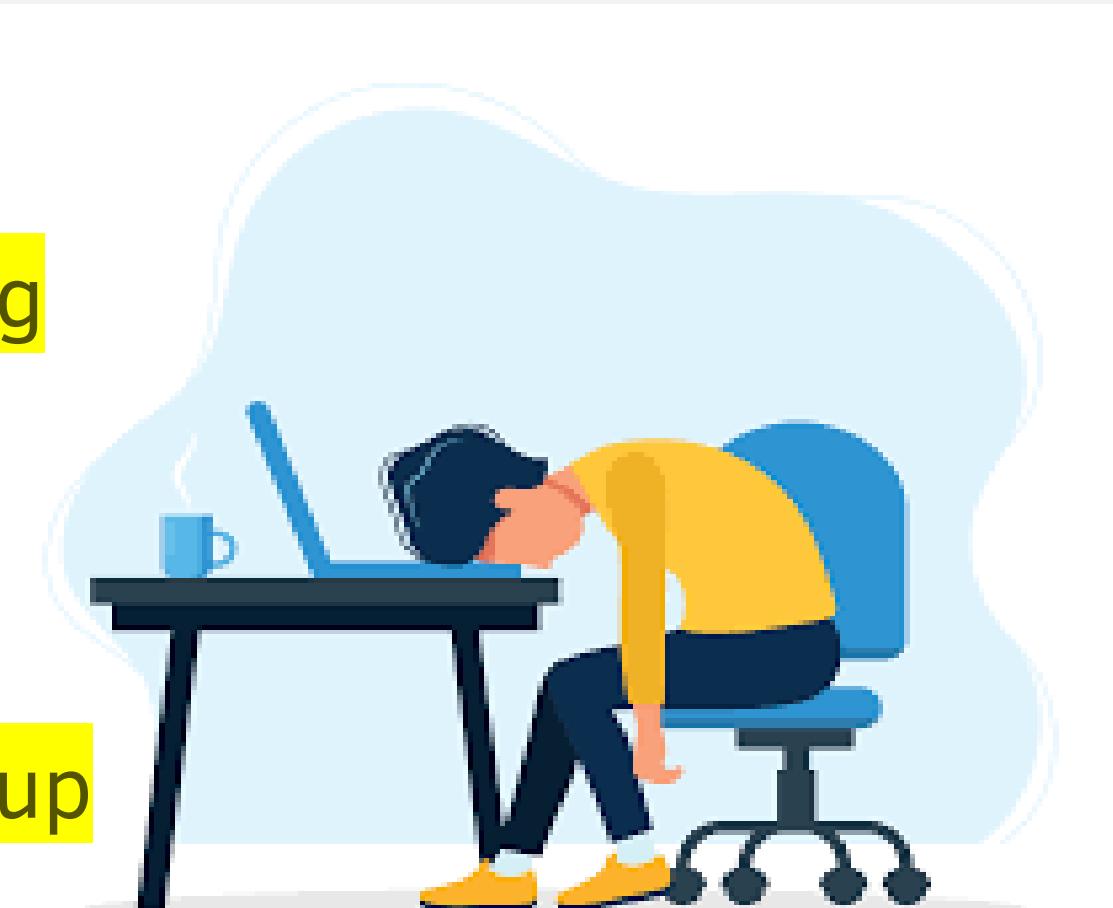


People with hypersomnia often experience a strong desire to rest or nap during the day at inappropriate times, like during work or school, in the middle of a social obligation, or when conversing with others. .



SYMPTOMS

- The primary symptom of hypersomnolence is excessive sleepiness Other symptoms include:
 - Falling asleep several times during the day
 - Taking naps to combat the sleepiness but not waking up refreshed
 - Sleeping more than 9 hours but not feeling rested
 - Having difficulty waking up from sleep
 - Feeling confused or combative while trying to wake up



RISK AND PROGNOSTIC FACTORS

PSYCHOLOGICAL

- Psychological stress
- Psychological disorders like depression, bipolar disorder and seasonal depression

MEDICAL CONDITIONS

- Some medical conditions may also play a role in the development of hypersomnia, including tumors, head injuries, multiple sclerosis, encephalitis, hypothyroidism etc

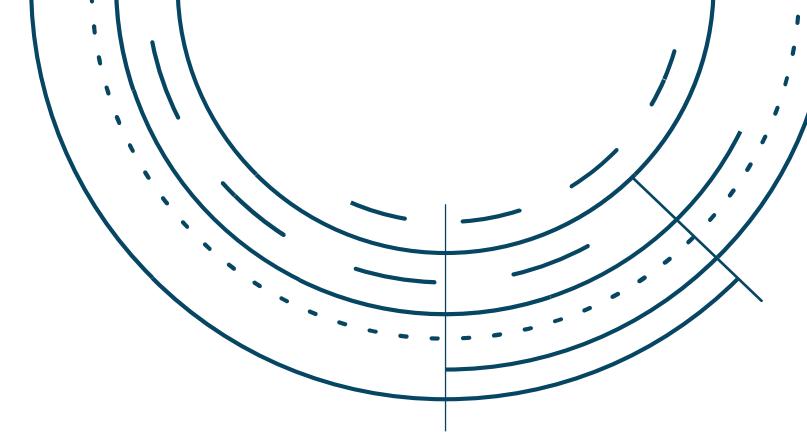
RISK AND PROGNOSTIC FACTORS

MEDICATIONS

- Sedating medications like
 - Benzodiazepines
 - Barbiturates
 - Melatonin
 - Sleeping aids

ALCOHOL AND DRUG USE

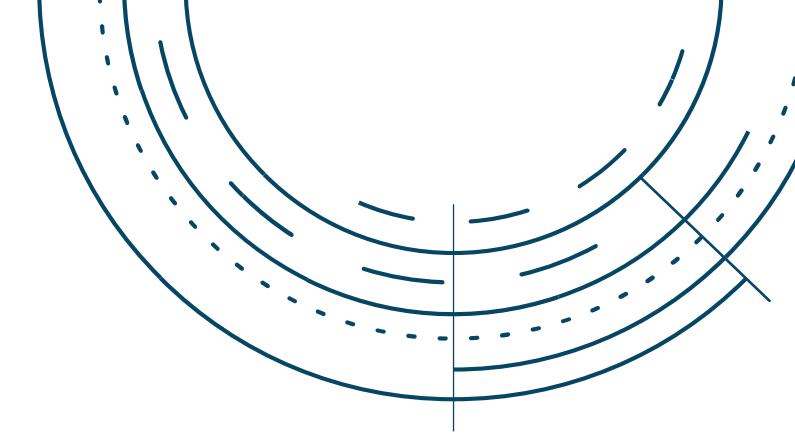
- Stimulant withdrawal
- Alcohol intoxication
- Use of CNS depressant medications



DIAGNOSTIC CRITERIA



- A. Self-reported excessive sleepiness (hypersomnolence) despite a main sleep period lasting at least 7 hours, with at least one of the following symptoms:
1. Recurrent periods of sleep or breaks into sleep within the same day.
 2. A prolonged main sleep episode of more than 9 hours per day that is nonrestorative (i.e., unrefreshing).
 3. Difficulty being fully awake after sudden awakening.



DIAGNOSTIC CRITERIA



- B. Occurs at least three times per week, for at least 3 months.
- C. Accompanied by significant distress or impairment in cognitive, social, occupational, or other important areas of functioning.
- D. Not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication).
- E. Coexisting mental and medical disorders do not adequately explain the predominant complaint of hypersomnolence.

TREATMENT

The American Sleep Association recommends the following behavioral strategies:



- Keep a regular sleep schedule. Go to bed at the same time and wake up at the **same time**, ideally every night of the week.
- **Don't nap.** Daytime naps decrease the amount of sleep you need the next night, causing **sleep fragmentation** and difficulty falling asleep at bedtime.
- **Turn off the TV** and other electronic devices before you **get into bed**. The bed is a place for rest, and a computer, cell phone, or laptop screen may overstimulate your brain and keep you awake.

TREATMENT

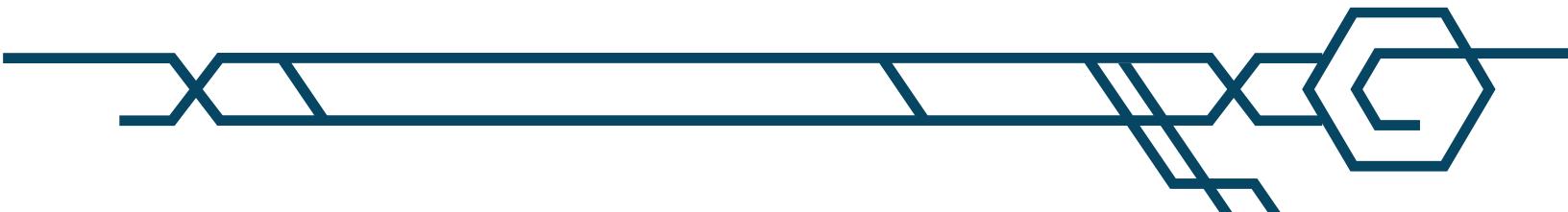


- Avoid **caffinated drinks later in the day.** Caffeine's effects **last for several hours**, so skip beverages like coffee, tea, and soda after noon.
- **Exercise regularly.** Exercise promotes **continuous sleep**, but try to get your workout in **earlier in the day.** Avoid rigorous exercise before bedtime, as it stimulates the circulation of **endorphins** in your body, which may keep you awake.
- Maintain a quiet, **comfortable bedroom.** Set your bedroom thermostat at a comfortable temperature. You should also maintain a **peaceful sleeping environment** by keeping your bedroom dark and having a comfortable mattress.



MEDICATIONS

- Wakefulness-promoting agents
- Psychostimulants



References

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). <https://doi.org/10.1176/appi.books.9780890425787>

EATING DISORDERS



INTRODUCTION



- Eating disorders have been one of the increasing disorders in the developed and developing countries.
- The drive for thinness not only affects the actress but the young, middle aged and older adults.
- Eating disorder generally refers to a group of conditions characterized by abnormal eating habits which may involve insufficient or excessive food intake in the body of the individual.

TYPES



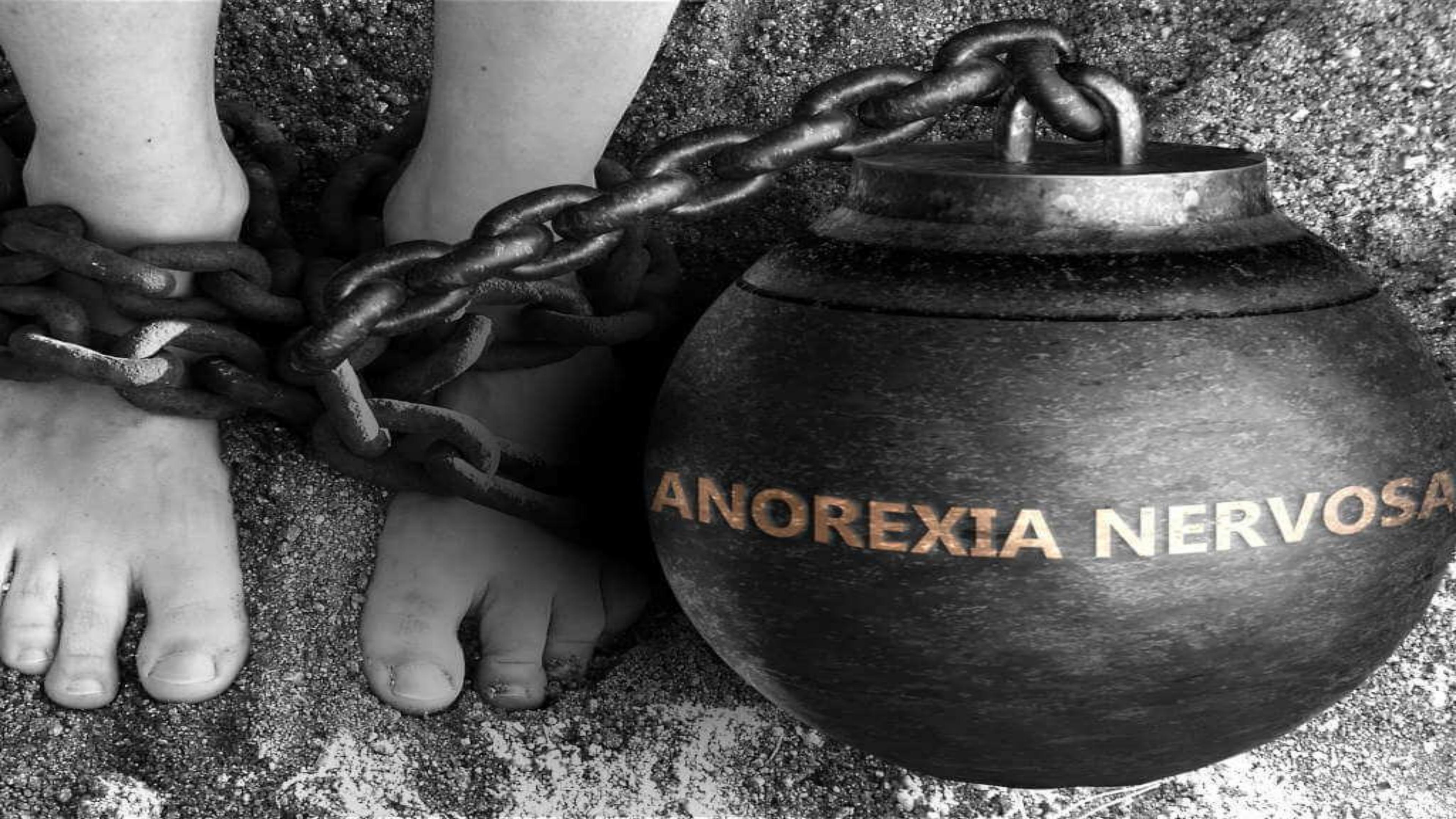
Anorexia Nervosa



Bulimia Nervosa



Binge Eating
Disorder



ANOREXIA NERVOSA

ANOREXIA NERVOSA

It happens when one is obsessed with becoming thin that they reach extreme measures and this leads to extreme weight loss

Characterized by

- Excessive weight loss
- Self-starvation
- Preoccupation with foods, progressing restrictions against whole categories of food
- Anxiety about gaining weight or being “fat”



FEATURES



- The term anorexia nervosa literally means “lack of appetite induced by nervousness.”
- Person suffers from the fear of becoming fat is an anorectic’s faulty perception of her body. In reality anorectics self esteem is clearly tied to this distorted view of her body.
- Continued weight loss is considered by anorectics to be a sign of achievement and self discipline while any weight gain even if it brings them close to a healthy body weight is considered a sign of weakness or lack of self control.

SYMPTOMS

- Resistance to maintaining body weight at or above a minimally normal weight for age and height
- Intense fear of weight gain or being “fat” even though underweight
- Disturbance in the experience of body weight or shape on self-evaluation

RISK AND PROGNOSTIC FACTORS

BIOLOGICAL

- Genetic predisposition to anorexia plays a major role.
- If a young girl has a sibling with anorexia she is 10 to 20 times more likely than the general population to develop anorexia.
- High levels of cortisol
- Decreased levels of neurotransmitters such as serotonin and norepinephrine which are associated with feelings of well being

PSYCHOLOGICAL

- Low self esteem
- Depression
- Anxiety
- Irritability
- Mood swings

RISK AND PROGNOSTIC FACTORS

FAMILY AND SOCIAL PRESSURE

- Anorexia develops as a struggle for independence and individuality.
- Attitudes of family members like:
 - i) Overprotection
 - ii) Rigid
 - iii) Extreme closeness
 - iv) Criticizing the child's weight
 - v) Overvaluing appearance

RISK AND PROGNOSTIC FACTORS

TEMPERAMENT

Individuals who develop anxiety disorders or display **obsessional traits** in childhood are at increased risk for developing **anorexia nervosa**.

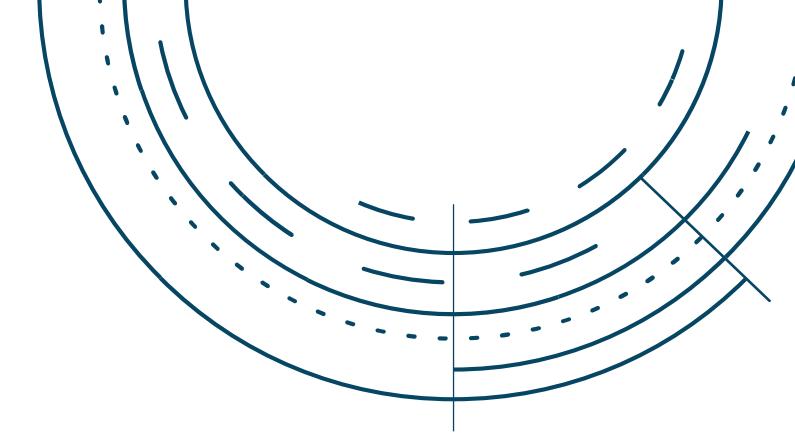
GENETIC

There is an increased risk for **anorexia nervosa** and for other eating and psychiatric disorders among biological relatives of individuals with **anorexia nervosa**.

RISK AND PROGNOSTIC FACTORS

ENVIRONMENTAL

- Historical and cross-cultural variability in the prevalence of anorexia nervosa supports its association with cultures and settings in which thinness is valued.
- Occupations that encourage thinness, such as modeling and elite athletics, are also associated with increased risk.



DIAGNOSTIC CRITERIA



- A. Restriction of energy intake relative to requirements, leading to a significantly low body weight

Significantly low weight is defined as a weight that is less than minimally normal or, for children and adolescents, less than that minimally expected.

- B. Intense fear of gaining weight or of becoming fat, or persistent behavior that interferes with weight gain, even though at a significantly low weight.

- C. 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 persistent lack of recognition of the seriousness of the current low body weight.

DIAGNOSTIC CRITERIA



This subtype describes presentations in which weight loss is accomplished primarily through dieting, fasting, and/or excessive exercise.

TREATMENT OF ANOREXIA NERVOSA



Individual psychotherapy: In this cognitive behavioral approach helps in developing healthy ways of thinking and pattern of behavior

Family therapy: It is important for family members who also push the individual towards the tendency of anorexic. This approach can assess the impact of the disorder on the family help members in overcoming from certain guilt and inferiority. This helps the individual to develop practical strategies for overcoming.



Medication: In comparison to other interventions medication can prove effective. Depression and other emotional problems are often a result of starvation, it is best to focus on weight gain rather than medication.

Support group: It is generally led by non professionals which can be useful in different circumstances. This provides support to people with anorexia and their families with mutual support and advice about how to cope with disorders.



Before
the food is
absorbed...

What is
bulimia
nervosa?

INTRODUCTION



Bulimia nervosa is an eating disorder in which one starts to **consume large amounts of food** at once and then is followed by **purgung**, using laxatives, or overexercising to rid themselves of the food they ate.

It is generally associated with depression and other psychiatric disorders.

Many people with bulimia can maintain a normal weight and be able to keep their condition a secret for years.

SYMPTOMS

- Binge eating of high carbohydrate foods
- Eating until painfully full
- Depression
- Using laxatives
- Frequent mood fluctuations
- Lack of energy
- Bloating or fullness
- Feelings of Guilt
- Excessive exercising

SYMPTOMS

RISK AND PROGNOSTIC FACTORS

CULTURE

- Culture does play a role
- For example, women in the different countries and in different advertisements are bombarded with images of the “ideal” or “perfect” woman, and these women are always thin.
- Seeing this often can make it difficult for an ordinary woman to ever see herself as beautiful. Men are even starting to suffer from the same sort of self image problems as women.

LOW SELF ESTEEM

- This is a major factor and is one of the causes of bulimia.
- It is not surprising that people who see themselves as worthless and unattractive are at high risk.
- Growing up and living in an environment conducive to abuse, criticism, pushing for perfection and depression can contribute to people becoming bulimic.

RISK AND PROGNOSTIC FACTORS

DIETING

- Dieting can actually be one of the causes of bulimia.
- This happens because dieting too much can lead to developing an eating disorder.
- Drastic dieting can bring about the deprivation that may be a trigger to binge eating.
- Once this happens binge and purge cycle will start and continue.

GENETIC INVOLVEMENT

- Many people who are bulimic have mothers or sisters who also have bulimia.
- Someone with parents who over value looks and judge the ways their children look are more likely to develop bulimia or some other eating disorder.
- There is also research that shows low levels of serotonin may play a part.

RISK AND PROGNOSTIC FACTORS

TEMPERAMENT

Weight concerns

Low self-esteem

Depressive symptoms

Social anxiety disorder

Childhood generalized anxiety disorder

ENVIRONMENT

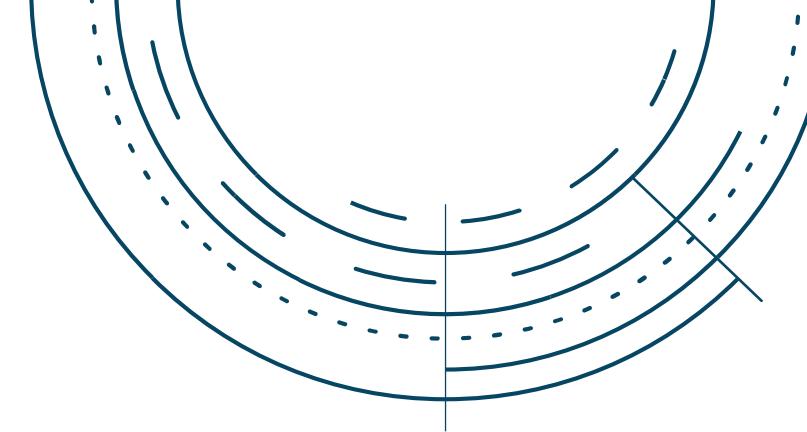
Internalization of a thin body ideal has been found to increase risk for developing weight concerns

Individuals who experienced childhood sexual or physical abuse are at increased risk for developing bulimia nervosa.

RISK AND PROGNOSTIC FACTORS

MAJOR LIFE CHANGES

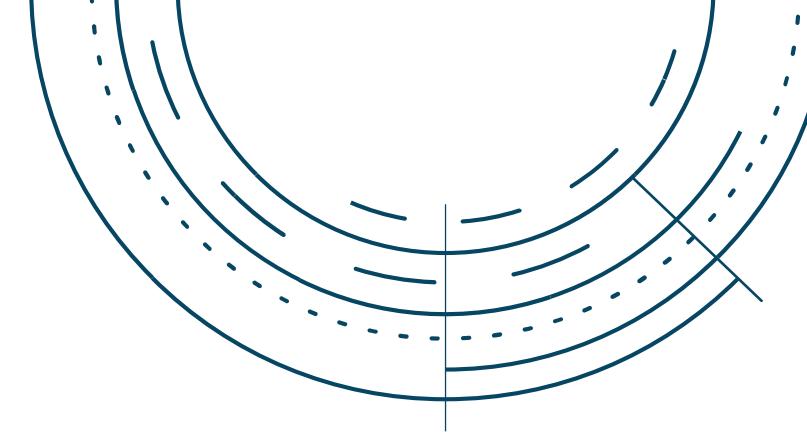
- Taking up a modeling job etc., has been found to be one of the causes of bulimia.
- Episodes can be triggered by stressful situations such as relocating or the end of a relationship.
- The binge and purge cycle can be a way to try to handle the stresses these events bring.
- People who are in professions or activities that require an attractive appearance may become bulimic.



DIAGNOSTIC CRITERIA



- A. Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:
 - 1. Eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than what most individuals would eat in a similar period of time under similar circumstances.
 - 2. A sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating).



DIAGNOSTIC CRITERIA



- B. Recurrent inappropriate compensatory behaviors in order to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, or other medications; fasting; or excessive exercise.
- C. The binge eating and inappropriate compensatory behaviors both occur, on average, at least once a week for 3 months.
- D. Self-evaluation is unduly influenced by body shape and weight.

TREATMENT

TREATMENT



- **Breaking the binge and purge cycle:** Focuses on stopping the vicious cycle of **bingeing and purging** and restoring normal eating patterns.
- The person learns to monitor his or her eating habits, **avoid situations** that trigger binges, cope with stress in ways that do not involve food, eat regularly to reduce food cravings, and fight the urge to purge.

TREATMENT

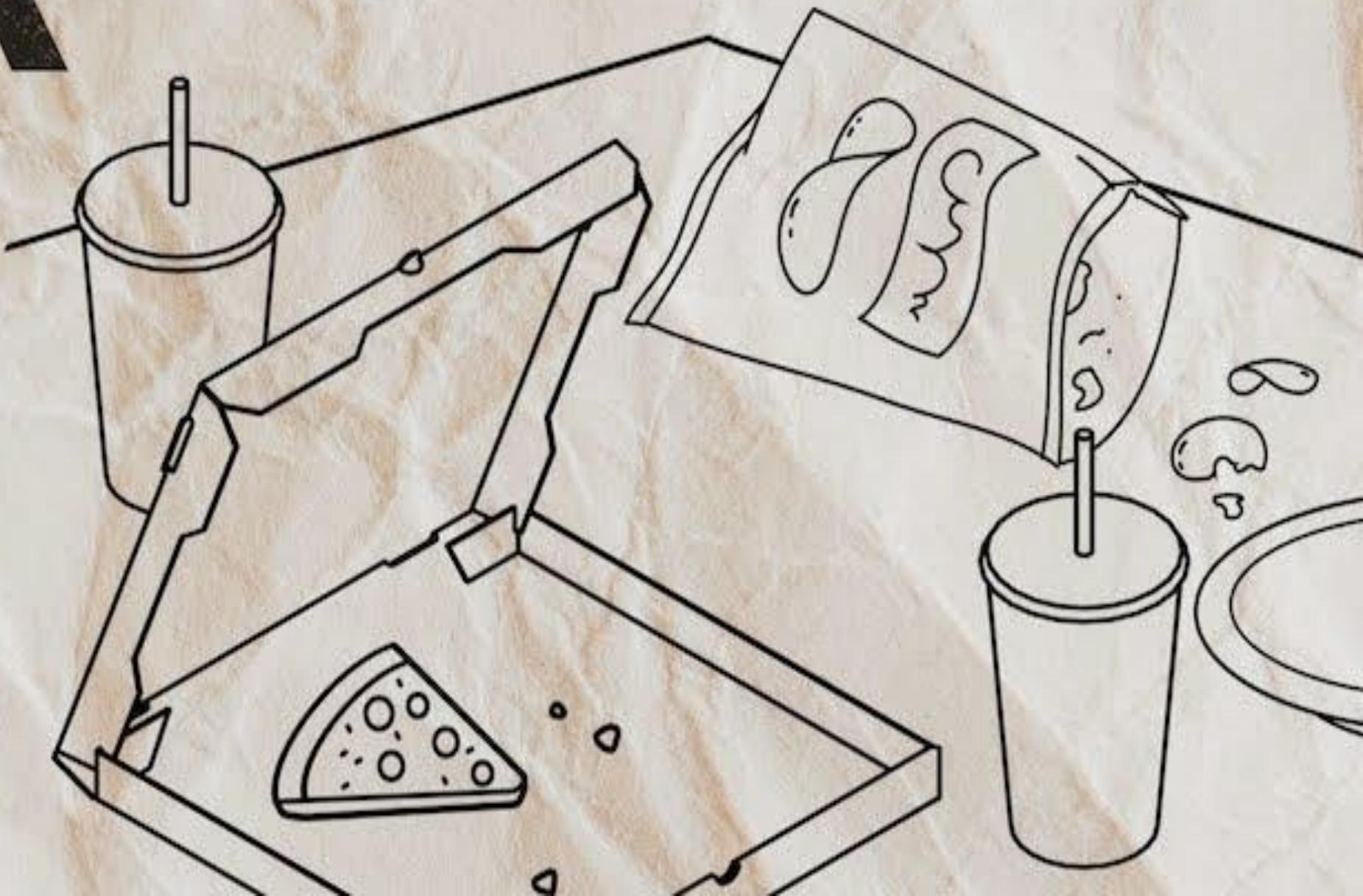
- **Changing unhealthy thoughts and patterns:** 2nd phase of bulimia treatment focuses on identifying and changing the dysfunctional beliefs about weight, dieting, and body shape. The person is helped to explore attitudes about eating, and rethink the idea that self worth is based on weight.



Solving emotional issues: Final phase of bulimia treatment involves targeting emotional issues that caused the eating disorder. Therapy may focus on relationship issues, underlying anxiety and depression, low self-esteem.

BINGE EATING DISORDER

“I know you feel guilty,
but it’s not your fault.”



INTRODUCTION



- Binge eating is disorder in which someone eats a lot amount of food at a time but they don't vomit.
- Health risks with binge eating disorder are:
 - High blood pressure
 - High cholesterol
 - Gall bladder disease
 - Diabetes
 - Heart disease
 - Certain types of cancer

Symptoms are:



- The person does not have control over consumption of food.
- Eats an unusually large amount of food at one time, far more than a normal person would eat in the same amount of time.
- Eats much more quickly during binge episodes than during normal eating times.
- Eats until physically uncomfortable and nauseated due to the amount of food just consumed.
- Eats when depressed or bored.

Symptoms are:

- Eats large amounts of food even when not really hungry.
- Usually eats alone during binge eating episodes, in order to avoid discovery of the disorder.
- Often eats alone during periods of normal eating, owing to feelings of embarrassment about food.
- Feels disgusted, depressed, or guilty after binge eating.
- Rapid weight gain, and/or sudden onset of obesity





CAUSES OF EATING DISORDERS

Factors that can raise your risk of having binge-eating disorder include:

Family history. If your parents or siblings have — or had — an eating disorder. This may point to genes passed down in your family that increase the risk of having an eating disorder.

Dieting. Many people with binge-eating disorder have a history of dieting. Dieting or limiting calories throughout the day may trigger an urge to binge eat.

Mental health conditions that are often linked with binge-eating disorder include: Depression. Anxiety. Substance use disorders.

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DIAGNOSTIC CRITERIA



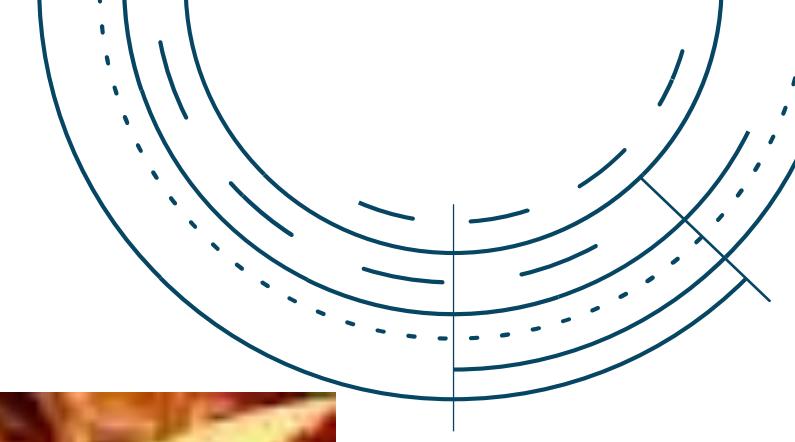
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1. Eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than what most people would eat in a similar period of time under similar circumstances.
 2. A sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating).

DIAGNOSTIC CRITERIA



B. The binge-eating episodes are associated with three (or more) of the following:

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



DIAGNOSTIC CRITERIA



- C. Marked distress regarding binge eating is present.
- D. The binge eating occurs, on average, at least once a week for 3 months.
- E. The binge eating is not associated with the recurrent use of inappropriate compensatory behavior as in bulimia nervosa

DIAGNOSTIC CRITERIA



The minimum level of severity is based on the frequency of episodes of binge eating. The level of severity may be increased to reflect other symptoms and the degree of functional disability.

- Mild: 1–3 binge-eating episodes per week.
- Moderate: 4–7 binge-eating episodes per week.
- Severe: 8–13 binge-eating episodes per week.
- Extreme: 14 or more binge-eating episodes per week

TREATMENT - PSYCHOTHERAPY

Psychotherapy and cognitive behavioral technique prove to be more effective for modifying thoughts and engaging in behavioral changes.

Keeping records help in identifying and avoiding emotional fluctuations that bring on episodes of binge eating

TREATMENT- NUTRITIONAL COUNSELLING



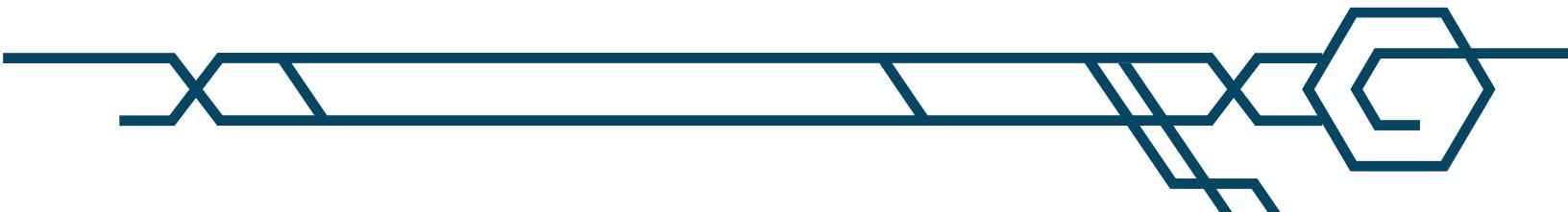
Cognitive behavioral therapy (CBT): CBT helps you examine your behaviors and the thoughts and feelings behind binge eating.

Your therapist then works with you in a structured way to break those patterns and find more constructive ways of responding to those thoughts and feelings.

MEDICAL TREATMENT



- Impulse control Medicines
- Appetite suppressants
- Antidepressants
- anxiety medications



References

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). <https://doi.org/10.1176/appi.books.9780890425787>