

The background of the slide features a light beige, marbled paper texture. On the left side, there is a vertical stem with a single, dark, dried leaf. On the right side, there is a horizontal stem with a single, dark, dried leaf. The text is centered on the page.

Eating disorders (ED)

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Classification of ED

- Anorexia nervosa (AN)
- Bulimia nervosa (BN)
- Atypical AN or BN
- Binge eating disorder




Anorexia nervosa - behaviour

- Restricting type:
 - food restriction (dieting, shrinking portions, periods of starvation)
- Binge-eating/purging type:
 - alternation of periods with food restriction and periods of overeating
 - followed by self-induced vomiting, abuse of laxatives, appetite suppressants and diuretics




Anorexia nervosa - behaviour

- Common symptoms
 - excessive exercise
 - body checking
 - mirror gazing, repeated weighing
 - or avoidance the mirror and refusal to weigh
 - increased preoccupation with food
 - strict rules regarding food intake
 - counting the caloric value of foods
 - eating at precise time intervals
 - cooking for household members



Anorexia nervosa - psychopathology

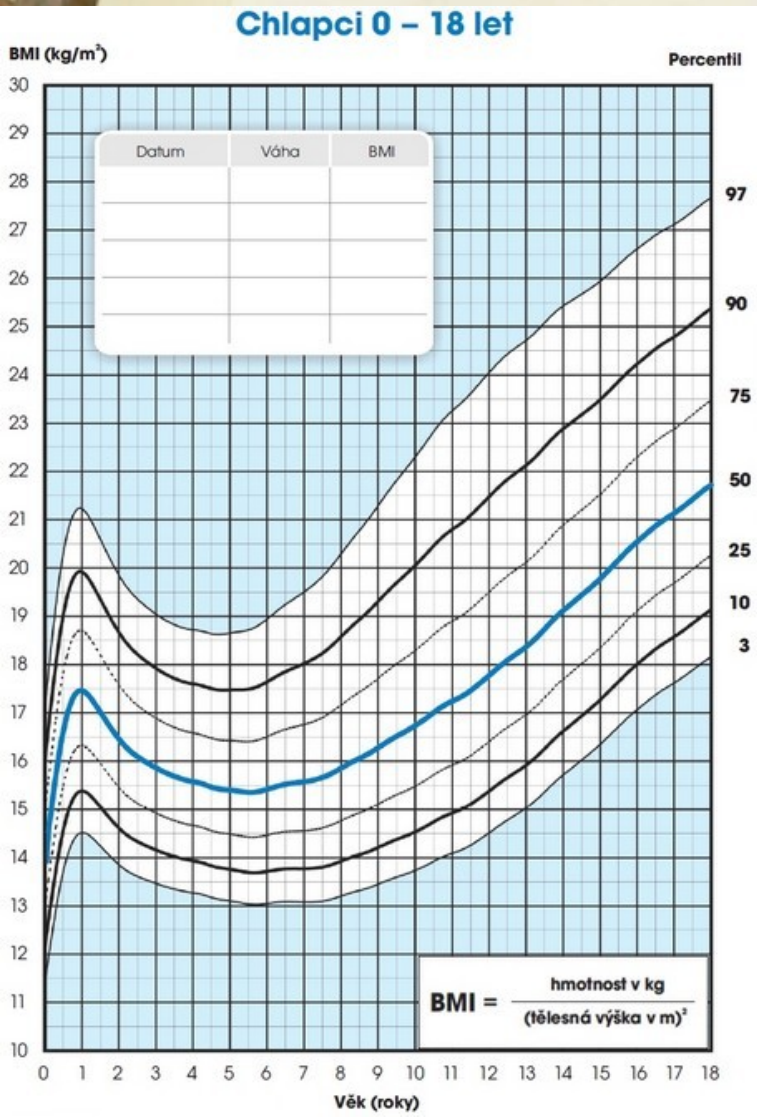
- Intrusive dread of fatness and weight gain
 - even during severe malnutrition
 - leads to a self-imposed low weight threshold
 - remorse after eating
- Body image disturbance
 - overestimation of weight and body shape
 - particularly the buttocks, abdomen and thighs



Anorexia nervosa - psychopathology

- Fluctuations of mood
 - reduction of social contacts
 - disrupted concentration
- Deny the severity of symptoms
 - they tend to lie and manipulate other people

Anorexia nervosa ICD-10 criteria



- Body weight
 - decreases in BMI <17.5
- Self-induced weight loss
 - food restriction (restricting type)
 - self-induced vomiting, abuse of laxatives, appetite suppressants and diuretics
 - (binge-eating/purging type)
 - excessive exercise



Anorexia nervosa ICD-10 criteria

- Psychopathology
 - intrusive dread of fatness
 - body image disturbance
 - negative emotional evaluation of their body
 - self-imposed low weight threshold



Anorexia nervosa ICD-10 criteria

- Primary or secondary amenorrhea
 - usually not present when using hormonal contraceptives
- Delay or absence of pubertal symptoms
- Changes in hormone level
 - ↑ cortisol
 - secondary hypothyroidism



Anorexia nervosa - epidemiology

- Lifetime prevalence
 - for women it is about 0.5-2%
 - for men 0.3%
- Just 1/2 are observed by specialists
- Beginning
 - between 12 and 15 years
 - 1. hospitalization between 15 and 19 years
 - rarely from 8 year



Anorexia nervosa – personality

- Perfectionism
 - low self-esteem
 - performance orientation
- Neurotic and introversion personality
 - anxious, inner insecure
- Dissatisfaction with one's body



Anorexia nervosa – risk factors

- Family constellation
 - predominant and hyperprotective mother
 - emotional distant and passive father
- Lingering problems in the family
 - divorce
 - performance pressure
 - competition with sibling for attention



Anorexia nervosa - course

- 1 or a few episodes with healing
 - complete remission 19%
- More episodes during long period of life
 - partial remission 60%
- Chronic course with any remission
 - persistent illness 21%
- Mortality > 10%



Anorexia nervosa - comorbidities

- Depressive syndrom
 - symptom of malnutrition
- Anxiety disorders
- Obsedant compulsive disorder
 - intrusive thought of body shape, food
 - urge to exercise, vomit



Health complications – general I

- Absence of sensations
 - hunger, satiety, fatigue
 - insensitive about pain
- Oedema
 - from hypoproteinemia



Health complications – general II

- Deceleration or stopping of growth
 - hormonal stimulation after restoration of weight
- Cortical atrophy
 - deterioration of cognition and emotions
 - infantile behaviour

Dermaal complications

- Acrocyanosis
 - cold and violet hands and foots
- Hair loss
- Lanugo hair
 - fine pale hair
 - back, forearm
- Dry skinn
- Fragile nails



Cardiovascular complications

- Bradycardia
 - by 94% of patients
 - 50% under 40 beats per minute
 - to 28 beats per minute
 - decreased response to exercise
- Postural hypotension
- Risk of malignant arrhythmia
 - cause of 1/3 death



Gastrointestinal complications

- Hypomotility
 - slow gastric emptying (tension of stomach)
 - constipation and flatulence
 - correction of motility over 2 weeks of regular eating
- Salivary gland hypertrophy
 - from vomiting or persistent feel of hunger




Hormonal dysregulation

- Amenorrhea, infertility
- Secondary hypothyroidism
 - ↓ tyroxin (T4) a T3
 - normal level of TSH
- Osteoporosis
 - neuroendocrine inhibition of blastogenesis
 - ↑ kortisol
 - 50% on densitometry



Maternity complications

- Perinatal problems
 - higher perinatal mortality
 - more often anxiety and depression symptoms
 - relationship problems with newborns
- Assisted reproduction
 - 1/3 client with eating disorder
 - don't admit disease



Differential diagnosis of anorexia nervosa

- GIT diseases
 - esofagitis, gastritis, gastric ulcer
 - inflammatory bowel disease (Crohn's disease, ulcerative colitis)
 - celiac disease, food intolerance
- Tumour
- Hyperthyroidism



Treatment of anorexia nervosa

- Ambulatory
 - general practitioner
 - psychological care
 - psychiatric care
 - nutritive consultant
- Hospitalization
 - malnutrition (under 15 BMI)
 - somatic complications (collapse)
 - failure of ambulatory care




Treatment during hospitalization

- Regime therapy
 - food 5-6x a day
 - weekend permit only in a case of weight gain
- Psychotherapy
 - individual, group or family (by children)
- Drug therapy
- Ergotherapy



Anorexia mentalis - drug therapy

- Antidepressants
 - SSRI, mirtazapin, trazodon
 - anxiety and depressive disorders, OCD
- Anxiolytics
 - reduction of fear from weight gain and remorse after eating
- Antipsychotics
 - olanzapin: massive anxiety, excessive exercise
 - sulpirid: stomach ache after eating



Anorexia nervosa - psychotherapy

- Individual
 - admit the severity of illness
 - attitude to the body and food
 - personality and interpersonal problems
- Group
- Family
 - separation, competition with sibling
- Education
 - patient and relatives




Complications of psychotherapy

- Effort to maintain the disease
 - feeling of uniqueness take self-confidence
 - need of attention (rivarly, divorce)
- Formal cooperation
 - ambivalnce to treatment and change
 - often change their attitude
 - they refer what we anticipate
 - not that they realy mean



Bulimia nervosa - behaviour

- Typically
 - daily starvation with evening episodes of overeating of large amount of food
 - followed by self-induced vomiting




Bulimia nervosa - psychopathology

- Intrusive dread of fatness and weight gain
 - leads to a self-imposed low weight threshold
- Strong desire to eat
- Depressive moods and remorse
 - after episodes of overeating




Bulimia nervosa - somatic

- No significant malnutrition
 - even overweight can occur
 - weight fluctuations are greater than in anorexia nervosa



Bulimia nervosa ICD-10 criteria

- An intrusive dread of fatness
- Permanently busy of the food
 - strong desire to eat
 - episodes of overeating of large amount food
- Effort to suppress nutritious effect
 - self-induced vomiting
 - daily starvation
 - abuse of laxatives, appetite suppressants or diuretics, excessive exercise



Bulimia nervosa - epidemiology

- Lifetime prevalence
 - for women it is about 1.5-2,5%
 - for men 0.2%
- Just 1/8 s recognise by general practitioner
- Beginning
 - between 16 and 25 years



Bulimia nervosa - personality

- Impulsive
 - behaviour without consideration
 - feeling of lower self-control
 - reduction of uncomfortable feelings
- Inclination
 - depressive disorder, unstable mood
 - drug abuse, promiscuity
 - self-harm behaviour, suicide attempt




Health complications

- Mineral imbalance
 - tetania, epileptiform seizures, arrhythmia
 - complication of
 - excessive vomiting
 - abuse of diuretics or overdrinking
- Due to frequent vomiting
 - tooth erosion
 - esophagitis



Bulimia nervosa - treatment

- Don't search professional help
 - often come for depression
 - after suicide attempts
- Psychotherapy
 - better motivation and cooperation than by anorexia nervosa




Bulimia nervosa – drug treatment

- Antidepressants
 - SSRI: fluoxetine 60mg/day
 - heigher dosage than by depressive disorder
- Effect
 - comorbidities
 - depression, anxiety
 - heal itself disease
 - reduce frequency of bulimic episodes




Binge eating disorder - behaviour

- Episodes of overeating of large amount of food
- Absence of compensatory behaviour
 - patients do not vomit
 - do not exercise
 - do not starve
 - due to dissatisfaction with their body, however, they may unsuccessfully diet



Binge eating disorder - psychopathology

- Permanently busy of the food
 - strong desire to eat
- Feeling of loss of control over food intake
 - reduction of uncomfortable feelings
 - maladaptive treating of stressful situations




Binge eating disorder – somatic and comorbidities

- Overweight or even morbid obesity
- Depressive and anxiety disorders



Binge eating disorder – treatment

- Psychotherapy
- Lifestyle changes
 - diet
 - exercise
- Bariatric surgical interventions



Eating disorders by diabetes mellitus

- 2x higher risk of eating disorder by DM I
- Manifest by noncompliance in healing of diabetes
 - „diabulimia“: reduce of dosage of insulin
 - weight depletion despite enough intake of food
 - inexplicable hyperglykemia
 - polyuria
 - binge eating disorder: 10-20x more frequent

Thank you for attention!

