

A decorative background featuring a thin, dark branch with several dried, brownish leaves. The leaves are positioned on the left and right sides of the frame, with one leaf pointing upwards on the left and another pointing downwards on the right. The background is a light, textured surface with subtle, warm-toned patterns.

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

- 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

- 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 years



Anorexia nervosa – personality

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



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%



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

Dermal complications

- Acrocyanosis
 - cold and violet hands and feet
- Hair loss
- Lanugo hair
 - fine pale hair
 - back, forearm
- Dry skin
- 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
 - ↓ thyroxine (T4) and T3
 - normal level of TSH
- Osteoporosis
 - neuroendocrine inhibition of osteogenesis
 - ↑ cortisol
 - 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

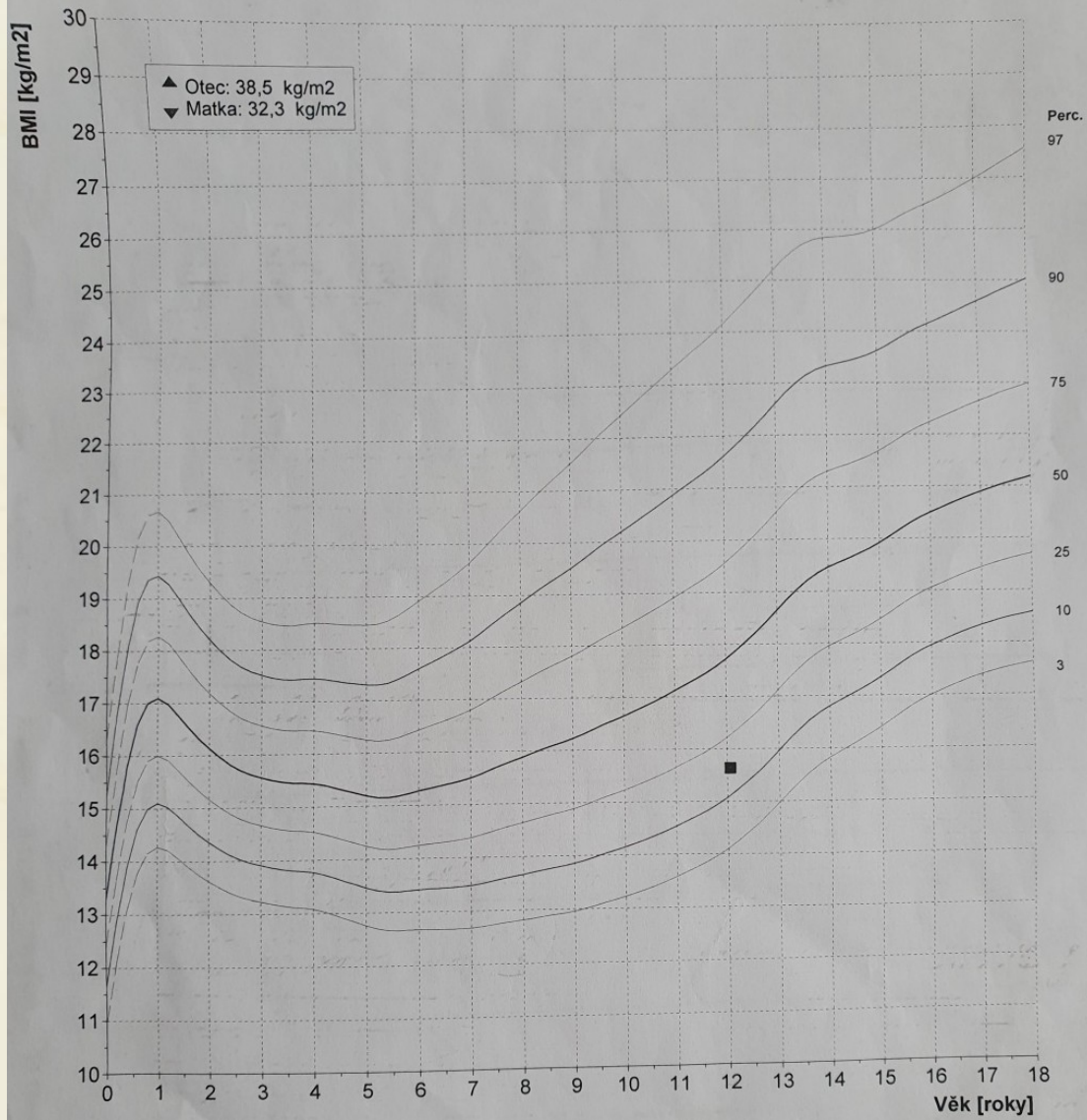


Treatment of anorexia nervosa

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



BMI, dívky




Tabulka dat:

Věk [roky]	BMI [kg/m ²]	Percentil [%]	Z skóre [1]	Výškový věk [roky]	Perc. na VV [%]	Z skóre na VV [1]
12,1	15,6	16	-1,00	12,5	12	-1,19



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 preoccupied with thoughts 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



Thank you for attention!