



Eating disorders (ED)

Pavel Theiner

Department of Psychiatry:

University Hospital Brno-Bohunice

Faculty of Medicine, Masaryk University



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

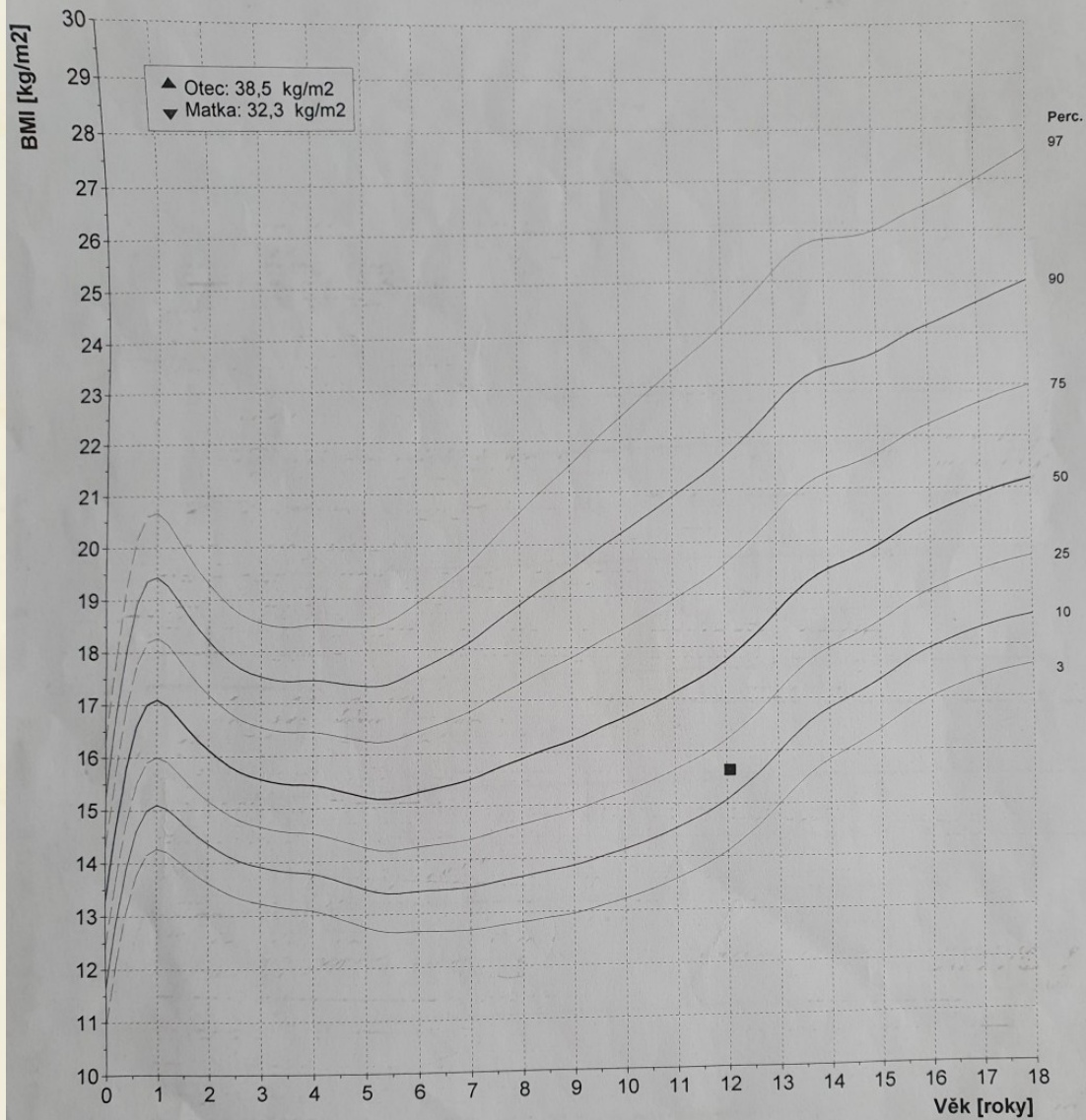


Treatment of anorexia nervosa

- 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 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



Thank you for attention!