Eating disorders (ED)

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Classification of ED

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

Anorexie 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, repaeted 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

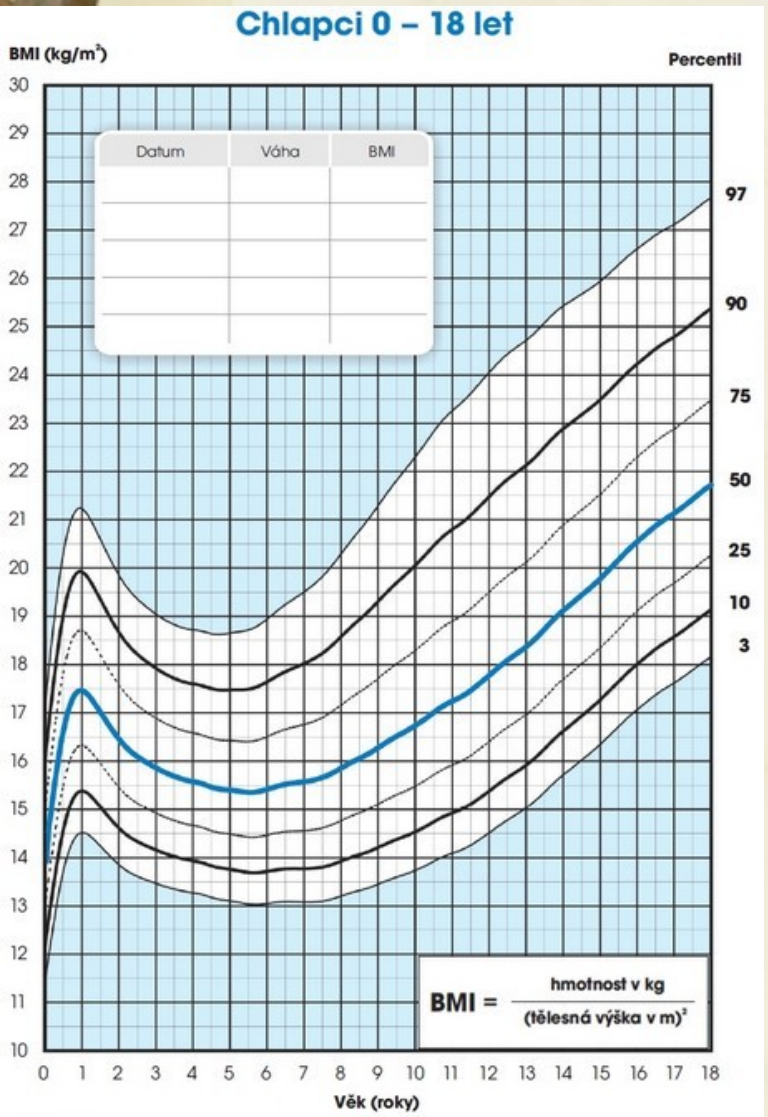
Anorexia nervosa - psychopathology

- 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 criterions



- 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 criterions

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

Anorexia nervosa ICD-10 criterions

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

Anorexia nervosa - epidemiology

- Lifetime prevalence
  - for women it is about 0.5-2%
  - for men 0.3%
- Just ½ are observed by specialists
- Beginning
  - between 12 and 15 years
  - 1. hospitalizazion between 15 and 19 years
  - rarely from 8 year

Anorexia nervosa – personality

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

Anorexia nervosa – risk factors

- Family constelation
  - 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 remision 19%
- More episodes during long period of life
  - partial remision 60%
- Chronic course with any remision
  - 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
  - deteoriation of cognition and emotions
  - infantile behaviour

Dermal 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 exercice
- Postural hypotension
- Risk of malignant arrhythmia
  - cause of 1/3 death

Gastrointestinal complications

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

Hormonal dysregulation

- Amenorhea, 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 ofen anxiety and depression symtoms
  - relationship problems with newborns
- Assisted reproduction
  - 1/3 client with eating disorder
  - don´t admit desease

Differential diagnosis of anorexia nervosa

- GIT deseases
  - esofagitis, gastritis, gastric ulcer
  - inflammatory bowel disease (Crohn's desease, ulcerative colitis)
  - celiac desease, 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 wight gain and remorse after eating
- Antipsychotics
  - olanzapin: massive anxiety, excessive exercise
  - sulpirid: stomach ache after eating

Anorexia nervosa - psychotherapy

- Individual
  - admit the severity of illnes
  - 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
  - leades 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, epileptoform 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: fluoxetin 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 comorbidites

- Overweight or even morbid obesity
- Depressive and axiety disorders

Binge eating disorder – treatment

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

Eating disorders by diabetes mellitus

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

Thank you for attention!