Emerging Trends in the Field of Eating Disorders

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Objectives

• Understand the basic diagnoses in eating disorder treatment
• Understand media-coined terminology – “emerging trends”
• Provide definitions, statistics, and care plan information for emerging trends
• Provide education on eating disorders in the pediatric population
Anorexia Nervosa

• Body weight 15% below ideal body weight
• Loss of menstrual cycle
• Intense fear of weight gain
• Distorted body image
• Unusual eating behaviors
• Intense preoccupation with food, weight, and body image
• Depression and social isolation
Bulimia Nervosa

• Recurrent episodes of binge eating
• Self-induced vomiting, laxative use, excessive exercise, or strict dieting follow binge episodes
• Fear of weight gain
• Secretive behavior around food and eating
• Persistent over-concern with weight and appearance
• Depression
• Moodiness
Eating Disorder Not Otherwise Specified (EDNOS)

- All symptoms of AN except current weight is in normal range
- Absence of amenorrhea in AN
- All criteria for BN but frequency of binges or compensatory behaviors do not meet frequency criterion or last <3 months
- Binge Eating Disorder (BED): recurrent episodes of binge eating in the absence of regular other inappropriate compensatory behaviors, characteristic of BN
Frequency of Eating Disorders

• Affects 5-10% of females in the USA
• Affects all socioeconomic groups
• In adults - 40:1 female to male ratio
• In Adolescents – 10:1 female to male ratio
• In children(5-12 yrs) – 5:1 female to male ratio
Where We Are Today

• Approximately 5-17 million people suffer from Anorexia Nervosa (AN) and Bulimia Nervosa (BN)
• Approximately 90% of those are women
• 43% report the age of onset between 16-20 years old
• 86% report age of onset by the age of 20
• During the early 80’s, the average age of onset increased from 19.3-22.2 (Blinder et al)
• The incidence of BN in women ages 10-39 TRIPLED between 1988-1993 (National Eating Disorder Association)
• AN is more common in women between the ages of 25-35
Where We Are Today

• Majority of patients with BN are in their 20’s
• Dr Richard Kreipe, a specialist in adolescent medicine, says that the number of patients with EDNOS has “almost doubled” nationally
• Presently 75% of eating disorder cases
• An EDNOS (also called disordered eating), is an eating disorder that does not fit the specific criteria of Anorexia or Bulimia, but may include drastic restriction, binging and purging
Emerging Trends

- Diabulimia
- Drunkorexia
- Orthorexia
- Eating Disorders in Males: Muscle Dysmorphia, Bigorexia, Reverse Anorexia
- Eating Disorders in the Child-Bearing Years: Pregorexia, Desperate Housewives Syndrome

* Note that these terms are not official diagnoses. They are terminology generated by popular press.
Diabulimia

- Diabulimia refers to people with Type 1 Diabetes who intentionally avoid taking their insulin in an attempt to stay or become thin.
Health Consequences

- Kidney failure
- Heart disease
- Neuropathy
- Circulatory difficulties
- Retinopathy
Mortality rates

- 2.5% for Type I Diabetes
- 6.5% for Anorexia Nervosa
- 34.8% for concurrent diagnosis of Type 1 Diabetes and Anorexia Nervosa
Care Plan

• Endocrinologist on care team
• Regular follow of blood work
• Nutrition care plan to include DM and ED management
• Therapy to include:
  – Acceptance of chronic disease
  – Identity outside of disease
  – Social barriers associated with DM
  – Empowerment with diabetes
Drunkorexia

• Self-imposed starvation or binging and purging, combined with alcohol abuse
• Slightly misleading term as alcohol abuse is more common with bulimia
• Alcohol may be only calories consumed all day
  – May also serve to numb emotional pain
  – Used as a method to manage weight and continue drinking
Drunkorexia cont.

- Prevalent in college-aged binge drinkers who often starve during day to offset calories through alcohol and decrease time to feel effects
  - Bulimics typically binge on food and alcohol & follow with purge
  - Anorexics use alcohol to ease anxiety around food or being in uncomfortable food environment
Health Risks

• Restriction of necessary nutrients
• Disrupted sleep cycles
• Inhibited building and restoration of muscle tissue
• Irritation of stomach lining with increased risk of ulcers
• Less overall tolerance to alcohol with restricted food intake
Recent Study Results

• Alcohol problems occur 9%-55% in BN vs 0%-19% in AN
• Positive correlation with development of alcohol use disorder in those with eating disorders
• Purgers report a heavier alcohol consumption than nonpurgers
• Positive correlation between severe dieting and prevalence and intensity of alcohol use
Drunkorexia does not carry any official statistics; however, CBS News has estimated that drunkorexia affects 30% of 18 – 23 year olds (Newsweek, 2011)
Care Plan

• Nutrition and psycho-education re: dangers of this behavior
• Movement towards normal relationship with food
• Alternative methods to relax/cope
• Therapy to address the addiction simultaneously depending on the therapeutic model used
Orthorexia

- Newer form of disordered eating
- Fixation on only eating “healthy” or “pure” foods
- Restricting is based on the perceived quality of the food versus the quantity in Anorexia Nervosa
Warning Signs

- Spending more than 3 hours per day thinking about healthy food
- Feeling virtuous about food but not enjoying it
- Continually eliminating acceptable foods
- Social isolation due to food
- Critical of others who do not eat “healthy”
- Eliminating foods they once enjoyed
- Guilt or self loathing if they stray from their diet
- Feeling in total control eating the “correct” food
How Is It Disordered?

• Need to eat becomes primary focus in life
• May cause social isolation or excessive exercise to balance eating
• Leads to malnutrition through restriction of:
  ▪ Fat
  ▪ Preservatives/organic only
  ▪ Animal products
  ▪ Only raw foods
Eating Disorders in Males

• Muscle Dysmorphia
• Bigorexia
• Reverse Anorexia
• Binge Eating Disorder
Estimates Today

• National Institute of Mental Health (NIMH) reported in 2008 over one million men with eating disorders
• Harvard study estimates 25% of eating disordered adults are male (Hudson et al., 2007)
• 250% estimated increase in men
• 10 – 25% projected in the next 10 years
Why the Recent Increase?

• Socio-cultural demands placed on male body image
• Advertising and changes in the media
  – “the male body” in advertising is worth billions
  – Action figures study
  – Male models have grown increasingly more lean and muscular over the last 25 years
Findings in Males

- More likely to be obese/teased when young
- Diet to achieve muscular body
- Increased gender identity issues
- Decreased sexual activity
- Increased sexual abuse
- Increase weight related sports
- Separation or loss of father
Findings in Males cont.

- Body checking in the mirror over 50 times per day
- 90% of their time is reported thinking about working out, as well as when and what to eat and the amount of protein they will eat
- They do not see themselves as others see them
Gender Differences

• Body Dissatisfaction
  – Equal percentage of men and women are unhappy with their bodies
  – Women have a drive for thinness and men have a drive towards musculality (Tylka & Subick, 2002)
  – Women are dissatisfied from the waist down
  – Men are dissatisfied from the waist up
Gender Differences cont.

• Compensatory methods
  – Men are more likely to use excessive exercise
  – Women are more likely to vomit
  – Men are less likely to use laxatives
Care Plan

- Work towards weight restoration
- Disrupt maladaptive behaviors
- Treat comorbidities
- Challenge irrational thought patterns
- Address male specific issues

(Anderson, 1999)
Eating Disorders in the Child-Bearing Years

- Pregorexia
- Desperate Housewives Syndrome
- Cyclic dieting
- Lack of female role models
Pregorexia

- Anorexic or bulimic behaviors that occur during and after pregnancy
- Associated with the unnatural desire not to gain the 25-35 suggested pounds
- Affecting 5% of women
- Marked by weight control through extreme dieting and over-exercising while pregnant
Pregorexia Cont.

- Reinforced by comments about weight from friends and family
- Root of disorder based in control, perfectionism, or using the disorder as a coping mechanism to deal with difficult emotions and experiences
Additional Studies

• Binge eating episodes are the most prevalent eating disorder behaviors reported during the gestational period occurring 25%-44% in women during their first pregnancy.

• Women with BN, BED, or high levels of perfectionism are at higher risk of developing post partum depression.
Health Risks

• Anemia
• ADHD
• Rickets
• Heart Disease
• Poor growth and cognitive development
Additional Health Risks

- High risk of miscarriage and preterm delivery
- Microcephaly
- Gestational diabetes
- Pre-eclampsia/hypertension
- Higher rate of C-section deliveries
- Low Apgar scores
Recommendations

• Patients with eating disorders counseled not to conceive until the ED is in remission
• Clearer guidelines for obstetricians
• Treatment team to include obstetrician, dietitian, therapist, psychiatrist, family members, spouse/significant other, friends
• Look for a possible support group in the area
Desperate Housewives Syndrome

“Age does not immunize women from body image preoccupation and weight concerns, as has been thought in the past; in fact, disordered eating and a fear of aging go hand-in-hand for many women.” ~ Margo Maine
Patterns of “Feeding Disorders” Specific to the Pediatric Population

- Food Refusal Syndrome
- Functional Dysphagia
- Food Avoidance Emotional Disorder
- Selective Eating/ Extreme Fad dieting
- Pervasive Refusal Syndrome
- Restrictive Eating
Where Do We Go From Here?

• Need to continue to educate professionals in our communities regarding the risks of eating disorders
• Professionals in the eating disorder field need to stay current with all research and media trends
• Need to provide education for families and friends
• Support groups for families and friends
“If you have the strength and ability to sustain an eating disorder, then you have the strength and ability to move beyond it.” ~ Joanna Poppink, MFT, 2011
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