Eating Disorders: An Epidemic

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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
Where does ED come from?

* Social Pressures
  * Influx of images of perfection, and narrow definitions of beauty from the media
  * According to Dr. Linda Smolak, Ph.D, "The average woman is 5'4' and weighs 140 pounds. The average model is 5'11' and weighs 117 pounds. Most fashion models are thinner than 98% of American women."

* Biological Influences
  * 50-80% determined by genetics
    * 12x more likely to develop Anorexia Nervosa (AN)
    * 4x more likely to develop Bulimia Nervosa (BN)
  * Behaviors can alter brain chemistry and exacerbate Eating Disorder (ED)
Anorexia Nervosa

• Restriction of intake relative to requirements, resulting in low body weight in the context of age, sex, developmental trajectory and physical health
• Intense fear of weight gain
• Distorted body image
• Unusual eating behaviors
• Intense preoccupation with food, weight, and body image
• Depression and social isolation
DSM V Changes to AN

• Amenorrhea no longer included in diagnostic criteria
• Weight criteria is now more reflective of changes in weight rather than strict <85% IBW
  • This now allows for people who are obese/overweight prior to onset of AN symptoms to be classified with the disorder before reaching critically low body weight
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
New to DSM V

• ARFID – Avoidant/Restrictive Food Intake Disorder
  • Expected to capture up to 50% of patients that were previously classified as EDNOS
• Other Specified Feeding or Eating Disorder
  • Atypical AN; BN or Binge Eating Disorder (BED) without frequency or duration requirements; Purging Disorder
• Unspecified Feeding or Eating Disorder
  • Symptoms may be characteristic of feeding and eating disorder and have clinical significance, but does not meet full criteria
ARFID, Defined

- Refusal to maintain minimally appropriate weight but do not experience body image distress
- All criteria for BN but frequency of binges or compensatory behaviors do not meet frequency criterion or last <3 months
- BED: recurrent episodes of binge eating in the absence of regular other inappropriate compensatory behaviors, characteristic of BN
- Includes Pediatric Feeding Disorders
  - Refusal to eat; may result in significant deficiencies
ARFID, Associated Disorders

- Anxiety disorders
- Obsessive-compulsive disorder
- Neurodevelopmental disorders
  - Autism spectrum, ADHD, intellectual disability
- Reactive attachment disorder
- Phobias, social anxiety disorder
- Major depressive disorder
- Schizophrenia spectrum disorders
- Factitious disorder
Epidemiology of Eating Disorders

- Affects 5-10% of females in the USA
  - Estimated 10% of cases are male
- 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
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 – we expect to see this statistic change with new DSM criteria
* ARFID is expected to help diagnose individuals who until now have been considered EDNOS.
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 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
  - May be an excuse to self-induce vomiting
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)
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 muscularity (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
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
Eating Disorders in Athletes

* Athletes in judged sports are more likely to develop eating disorders
  * 13% prevalence vs. 3% in refereed sports
  * 20% in elite sports vs. 9% in controlled population
* Common factors
  * Perfectionism, high self-expectation, competitive drive, hyperactivity, repetitive routines with food/exercise, compulsiveness, body image distortion, preoccupation with dieting and weight
* Dance, gymnastics, wrestling, jockeying at particular risk
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
“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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