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# Atypical Anorexia

The Eating Disorder Next Door

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# A little about me....



- Anti-Diet dietitian
- In the field almost 5 years
- Masters degree Idaho State University
- Yoga
- Bee keeper
- Idaho native

# Objectives

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- Participants will be able to identify signs and symptoms of anorexia nervosa and atypical anorexia nervosa
- Participants will be able to name at least three risk factors that may contribute in the development of an eating disorder
- Participants will be able to identify three ways to facilitate a healthy relationship with food



# Fast Facts About Eating Disorders

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- Eating disorders are estimated to affect around 9% of the population
- Estimated that 28.8 million Americans will suffer from an eating disorder in their lifetime
- Anorexia Nervosa, highest mortality rate of any psychiatric illness
- Estimated economic cost 64.7 billion per year (2018-2019)
- Affect people of all ages, races, ethnicities, genders, sexual orientations
- The prevalence of lifetime obesity in ED cases was 28.8% (2012)
  - (ranging from 5% in anorexia nervosa to 87% in binge-eating disorders)

# Who is at Risk?

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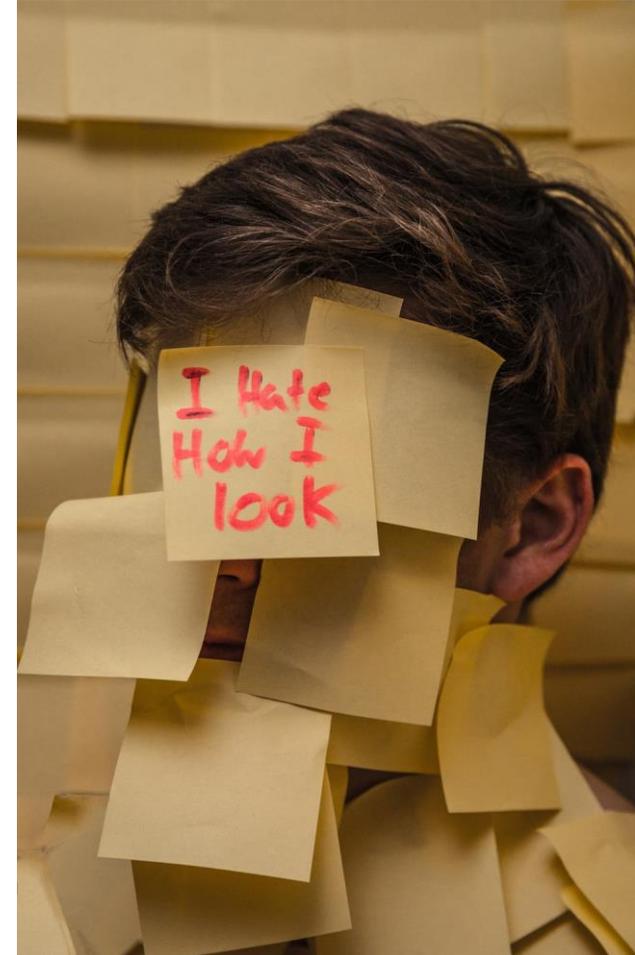
- History of dieting
- Family/personal history of mental health conditions
- Body and weight concerns
- Weight focused sports/activities
  - Dance, gymnastics,
  - wrestling, pageants



# Who is at Risk?

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- Family history of eating disorders
- Experiencing weight stigma
  - Bullying, teasing, early development
- Personality traits-perfectionism
- Behavioral/mental inflexibility
- Experiencing trauma
- Social environment



# What is Anorexia Nervosa (AN)?

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- “Traditional” eating disorder
- See themselves as “overweight” despite being at a very low weight
- Fear of gaining weight
- Restriction of food → low body weight
- Lack of awareness of dangers of a low body weight
- Menstruation requirements removed in updated manual-2013
- BMI at or below 17



# Atypical Anorexia Nervosa

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- Under criteria Other Specified Feeding and Eating Disorder (OSFED)
  - The catch all diagnosis
  - Clinically significant but doesn't fit into other categories
  - Meets psychological criteria
- Same as Anorexia Nervosa but:
  - Weight is within normal or above normal range: using body mass index (BMI)
  - May not have significant weight loss
  - Haven't met Anorexia Nervosa criteria in the past
- Eating patterns and behaviors impair functioning and cause distress
  - Social: skip eating out with friends, worried about traveling, avoid social events
  - Constant thoughts about food, weight, body, calories
  - Distress if presented with meal outside of rigid rules

# What We Know about Atypical Anorexia

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- Adolescents who are “obese” show higher incidences of disordered eating behaviors
- One study showed (AAN vs. AN)\*
  - No significant difference between low heart rate or abnormal blood pressure
  - More weight loss over a longer period of time
- Many disordered eating behaviors are recommended to people in higher weights---more socially acceptable
- Challenges in receiving a diagnosis
  - Weight stigma
  - Social/medical pursuit for thinness

\*AAN: Atypical Anorexia Nervosa

\*AN: Anorexia Nervosa

# History of the BMI

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- Adolphe Quetelet
- Astronomer, statistician, etc.
- Created in early 1800's- became more globally used in the 70's
- Find the “average” man, “social averages”
- Young white adults



# Problems with BMI

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- Weight focused care not effective for treating eating disorders
  - Some exceptions with those who are medically underweight
  - May miss diagnosing someone with an eating disorder if only focusing on outward appearance
  - Many with eating disorders may not show external physical signs/symptoms of an eating disorder
- You may be at a “normal BMI” but be at an individually suppressed weight
- Based on probability and statistics-not medicine
- Not meant to be a diagnostic tool
- Perpetuates weight stigma
- Not the end all be all measure of health
- Why is it used?
  - Free , easy, categorical, and universal

# Restriction at Any Size

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- Starvation: Energy consumed over period of time is not sufficient to the body's needs
  - Can happen at any body size
- Altered metabolism- body slows down to conserve energy
- Alter hormone production
  - Cessation of menstrual cycle, impact bone density
- ↓ body temperature,
- ↓ blood sugar
- Hair loss

- Unhappy gut-constipation, bloating, gas, slow motility
- Stunt growth and normal development in children and adolescents
- Muscle wasting/loss: the heart is an important muscle!
- Preoccupation with food
- Altered hunger/fullness cues
- Psychological functioning: ↑ depression, anxiety, mood swings, and personality changes

# Access to Treatment

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- Misdiagnosis
- Estimated only 20-30% receive treatment
- Need to become “sick enough” to access care
- Impact insurance coverage
- Eating disorders in high weights may not be taken as seriously
- Females are more likely to receive diagnosis and treatment vs. males
- Those who are “underweight” more likely to receive diagnosis and treatment
- One study found three personal barriers:
  1. I can do this one my own
  2. I don't have a need for therapy/counseling
  3. Not sure how serious my needs are

# Building a Healthy Relationship with Food

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- Intuitive Eating
  - Self-care framework for eating
- Focus on function vs. appearance
- Health promoting behaviors
- Food provides more than nutrition
  - Social, cultural, pleasure, emotion
- Self compassion
- Nutrition should be a tool, not a weapon



# Seeking Help

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- Professionals who can help
  - Dietitians
  - Therapist/counselor/social worker
  - Primary care provider
- Everyone deserves help
- Find someone who has experience with eating disorders
- Eating Attitudes Test (EAT-26)



# Resources

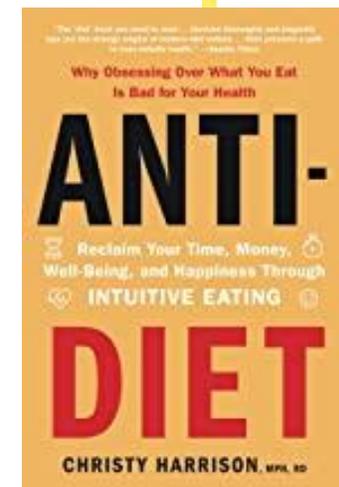
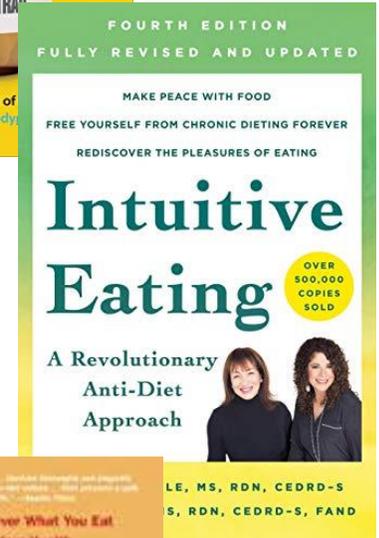
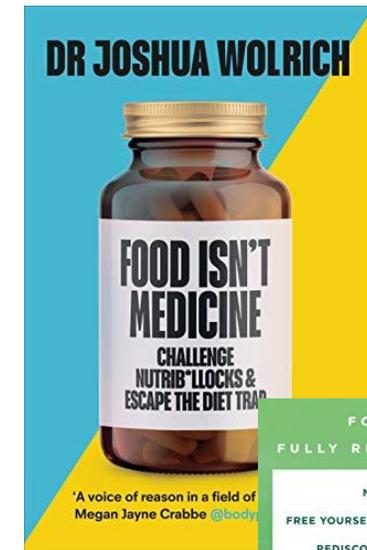
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## Podcasts

- Maintenance Phase (explicit)
- Food Psych
- Nutrition Matters

## Books

- *Intuitive Eating*, By: Evelyn Tribole & Elyse Resch
- *Sick Enough*, By: Dr. Gaudiani
- *Almost Anorexic*, By: Jennifer Thomas and Jenni Schaefer
- *Anti-Diet*, By: Christy Harrison
- *Food is Not Medicine*, By: Dr. Joshua Wolrich



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