

Eating disorders

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group B3

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:Include

- Anorexia nervosa
- Bulimia nervosa
- Bing eating

■ Anorexia nervosa and bulimia pts have distorted body image and use extensive measures to avoid gaining weight.

■ Bing eating disorder is associated with distress feeling but pt do nothing to avoid gaining weight. It can be seen in all other eating disorders

Anorexia nervosa

- Eating disorder in which pt is preoccupied with their weight, body image and with being thin.
- Subdivided into 2 main divisions:
 - restrictive type : pt eat very little and may vigorously exercise, often withdrawn with OC traits .
 - purging type/binge eating: eat in binges followed by purging, laxatives ,excessive exercise and or diuretics, associated with increased incidence of major depression and substance abuse.

Diagnosis and DSM-IV criteria

- 1 ■ Body weight at least 15% below normal. *minimal*
BMI ≤ 17.5
- 2 ■ Intense fear of gaining weight or becoming fat. *preoccupied with thinness*
- 3 ■ Distorted body image. *distorted*
- Amenorrhea.

:Physical findings and complications

- Amenorrhea, arrhythmia, cardiac arrest, electrolyte abnormality (hypochloremic hyperkalemic alkalosis) hypercholesterolemia, osteoporosis, melanosis coli and

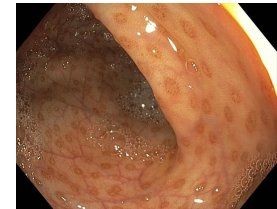


lanugo .

def in gastric lipase.

thermoregulation problem
مشغول

brown color spot



■ Epidemiology:

1. 10 to 20 times more common in women
2. occur in up to 4% of adolescents and young adults.
3. onset usually between 10 and 30.

Differential diagnosis

anorexia nervosa :-

1- binge eating

2- I'm still obese

how to differentiate?

1 - loss of appetite

2 - concerns about his low weight → كونه رقيقاً زائداً

- Medical condition like cancer, major depression, bulimia, other mental disorders like somatization or schizophrenia .
← delusion → اكل مسحور مثلاً
- Disorder has a variable course-may completely recover, have fluctuating symptoms with relapses, or progressively deteriorate.
- Mortality rate about 10% due to starvation, electrolyte disturbances and suicide,

:Treatment

- If patient is 20% below ideal weight he should be hospitalized otherwise treat as outpatient.
- Treatment involve :
 - behavioural therapy.
 - family therapy
 - supervised programme for weight gaining
 - some antidepressent may be used as adjunctive therapy like paroxetine or mirtazapine.

Bulimia nervosa

- Binge eating combined with behaviors intended to counteract weight gains such as vomiting, diuretics, excessive exercise. bulimic patients usually maintain normal weight or are ever over weight.

Subcategories of bulimia

1. Purging type :involve vomiting, diuretics or laxatives.
2. Non purging type:involve excess exercise or fasting.

:Diagnosis and DSM-IV criteria

- 1 ■ Recurrent episodes of binge eating.
- 2 ■ Recurrent inappropriate attempts to compensate for overeating and prevent weight gaining.
- 3 ■ Binge eating and compensatory behaviors occur at least twice a week for 3 months.
- 4 ■ Perception of self-worth is excessively influenced by body weight and shape

:Physical findings and complications

- Hypochloremic hypokalemic alkalosis , esophagitis , dental erosions , salivary gland hypertrophy , calloused knuckles.

↳ due to vomiting.



- Epidemiology:
 - affect 1%-3% of adolescent and young females.
 - significantly more common on females than males.
 - high incidence of comorbid mood disorder, impulse control disorder and alcohol dependence or abuse.

Prognosis and treatment

- -have much better prognosis than anorexia.
- -symptoms usually exacerbated by stressful condition.
- -1/2 fully recover with treatment and 1/2 have chronic course with fluctuating symptoms.

- Treatment:
 - individual psychotherapy.
 - cognitive-behavioral therapy.
 - group therapy.
 - Pharma:SSRI as first line then TCAs
 - ↳ fluoxetine (Lappetite)

Binge eating disorder

grief,

- Can be defined by excessive food intake within 2 hours period accompanied by a sense of lack of control. → *without compensatory mechanism*
- Patients with this disorder suffer emotional distress over their binge eating, but they do not try to control their weight by purging or restricting calories as do anorexic or bulimics.

Diagnosis and DSM-IV criteria

- 1 ■ Recurrent episodes of binge eating.
- 2 ■ Sever distress over binge eating.
- 3 ■ Binging occurs at least twice a week for 6 months and is not associated with compensatory behaviors.
- 4 ■ Three or more of the following:
 - eating very rapidly.
 - eating until uncomfortably full.
 - eating large amount when not hungry.
 - eating alone due to embarrassment over eating habits.
 - feeling disgusted, depressed, or guilty after overeating.

