

Eating Disorders

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Introduction

- The hypothalamus contains the appetite regulation center within the brain.
- It regulates the body's ability to recognize when it is hungry, when it is not hungry, and when it has been sated.

Introduction (continued)

- Eating behaviors are influenced by
 - Society
 - Culture
- Historically, society and culture also have influenced what is considered desirable in the female body.

Epidemiological Factors

فقدان الشهية
الاجهبي

Anorexia Nervosa



- Across all ages and genders, the lifetime prevalence for an episode of anorexia nervosa is 2.4 to 4.3 percent.
 - Men account for 25 percent of those with anorexia bulimia and 26 percent of those with binge—eating disorders.

Purging behavior:

إذا أكل هذا الصواب (ح يعمل) :-

- laxative , diuretics (مدرات، ملينات)
- excessive exercise (تمارين)
- fasting (صيام)
- induce vomiting (طلب القيء)
- Enema (حقنة شرجية لإفراغ الأمعاء)

$$BMI = \frac{\text{الكتلة (kg)}}{(\text{الطول})^2}$$

(Anorexia nervosa) under weigh < 20

25 < Over weigh

Epidemiological Factors (continued_1)

السفره العصبية -

(Binge Purging disorder)

■ Bulimia nervosa

⊛ BMI أقل من الطبيعي أو فوق الطبيعي

- Prevalence has decreased in recent years with a lifetime prevalence of 2 percent among women.
- Onset occurs in late adolescence or early adulthood
- Occurs primarily in societies that place emphasis on thinness as a model of attractiveness for women

⊛ غالباً يأكل بالسر .

- جسمه طبيعي لكن تصرفاته بالاكل غريبة -

Purging behavior:

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Epidemiological Factors (continued_2)

Purging behavior هون مافي (X)

- بسبوكل -

نفس
المعنى

- Binge-eating disorder (BED) is recurrent episodes of eating significantly more than people would eat in a similar time period under similar circumstances.
- **Obesity** has been defined as a body mass index (BMI) of 30 or greater.
 - Statistics indicate that in the United States, 39.8 percent of adults 20 years of age and older are obese.
 - Percentage is higher among non-Hispanic black (46.8%) and Hispanic (47%) populations.

■ Assessment

• Anorexia nervosa

– Characterized by morbid fear of obesity

– Symptoms include:

■ Gross distortion of body image 

■ Preoccupation with food

■ Refusal to eat

– Weight loss is excessive, with some individuals who present for health-care services weighing less than 85 percent of expected weight.

(وقت طويل أثناء الوجبة) الانشغال بالطعام

رفض الأكل

أقل من الطبيعي

■ Assessment (continued)

• Anorexia nervosa (continued)

– Other symptoms include:

■ Hypothermia

■ Bradycardia

■ Hypotension

■ Edema

(الشعر الأزغبى)

■ Lanugo 

■ Metabolic changes

– Feelings of anxiety and depression are common.

■ Assessment

← يندم بعد ما يخبص بالاكل
← قد يفكر بالانتحار

- Bulimia nervosa

- An episodic, uncontrolled, compulsive, rapid ingestion of large quantities of food over a short period (bingeing)
- Episode is followed by inappropriate compensatory behaviors to rid the body of the excess calories (self-induced vomiting or the misuse of laxatives, diuretics, or enemas).

■ Assessment (continued)

• Bulimia nervosa (continued)

- Fasting or excessive exercise may also occur.
- Most clients with bulimia are within a normal weight range, some slightly underweight, and some slightly overweight.
- Depression, anxiety, and substance abuse are not uncommon.
فرق ❌
- Excessive vomiting and laxative or diuretic abuse may lead to problems with dehydration and electrolyte imbalances.

■ Assessment

- Binge-eating disorder (BED)
 - An eating disorder that can lead to obesity.
 - Individual binges on large amounts of food, as in bulimia nervosa.
 - BED differs from bulimia nervosa in that the individual does not engage in behaviors to rid the body of the excess calories.
 - 50 percent of individuals with BED have a history of depression.

■ Assessment (continued)

- Body Mass Index

- A BMI range for normal weight is 20 to 24.9.
- Obesity is defined as a BMI of 30 or greater.
- Anorexia nervosa is characterized by a BMI of 17 or lower, or less than 15 in extreme cases.

$$\text{Body mass index} = \frac{\text{Weight (kg)}}{\text{Height (m)}^2}$$

■ Outcome Identification

- The client

- Has achieved and maintained at least 80 percent of expected body weight
- Has vital signs, blood pressure, and laboratory serum studies within normal limits
- Verbalizes importance of adequate nutrition
- Verbalizes knowledge regarding consequences of fluid loss caused by self-induced vomiting (or laxative/diuretic abuse) and the importance of adequate fluid intake

■ Outcome Identification (continued)

• The client (continued)

- Verbalizes events that precipitate anxiety and demonstrates techniques for its reduction
- Verbalizes ways in which they may gain more control of the environment and thereby reduce feelings of powerlessness
- Expresses interest in welfare of others and less preoccupation with own appearance

الفكرة هنا أنه المريض يخرج من دائرة "الانشغال بنفسه ومظهره" إلى دائرة أوسع فيها "الاهتمام بالآخرين".
وهذي علامة على تحسن الحالة النفسية

■ Outcome Identification (continued)

- The client (continued)

- Verbalizes that image of body as “fat” was misperception and demonstrates ability to take control of own life without resorting to maladaptive eating behaviors (anorexia nervosa)
- Has established a healthy pattern of eating for weight control and weight loss toward a desired goal is progressing (BED)
- Verbalizes plans for future maintenance of weight control (BED)

■ Planning and Implementation

- Hospitalization may be necessary.
 - Malnutrition (*Anorexia Nervosa*)
 - Dehydration
 - Severe electrolyte imbalance
 - Cardiac arrhythmia or severe bradycardia
 - Hypothermia
 - Hypotension
 - Suicidal ideation

Treatment Modalities

■ Behavior modification

Purging behavior: الهدف من التخلص من
+ تحسين الـ Body image

- Issues of control are central to the etiology of these disorders.
- For the program to be successful, the client must perceive that they are in control of the treatment.

العلاج السلوكي يعتمد على فكرة إن المريض يحس إنه عنده سلطة وتحكّم بالعلاج وبنفسه، لأنه أصلاً جزء من المشكلة إنهم يحسّوا بالعجز أو إن غيرهم هو المسيطر على حياتهم

Treatment Modalities (continued_1)

- Behavior modification (continued)
 - Successes have been observed when the client
 - Has input into the care plan
 - Clearly sees what the treatment choices are

لوحظت نجاحات عندما يشارك المريض في خطة الرعاية، ويكون على دراية واضحة بالخيارات العلاجية المتاحة له

Treatment Modalities (continued_2)

- Behavior modification (continued)
 - The client has control over
 - Eating
 - Amount of exercise pursued
 - Whether to induce vomiting
 - Staff and client agree about
 - Goals
 - System of rewards

Treatment Modalities (continued_3)

- Individual therapy
 - Helpful when underlying psychological problems are contributing to the maladaptive behaviors

Treatment Modalities (continued_4)

■ Family therapy

- Involves educating the family about the disorder
- Assesses the family's impact on maintaining the disorder
- Assists in methods to promote adaptive functioning by the client

العلاج الأسري يتضمن تثقيف العائلة حول الاضطراب، وتقييم دورها في استمراره، ومساعدتها على تطبيق أساليب تشجع المريض على التكيف والوظائف الصحية.

Treatment Modalities (continued_5)

■ Psychopharmacology

- No medications are specifically indicated for eating disorders.
- Various medications have been prescribed for associated symptoms.
 - Anxiety
 - Depression

Treatment Modalities (continued_6)

- Psychopharmacology (continued)
 - Medications that have been tried with some success
 - For anorexia nervosa
 - Fluoxetine (Prozac)
 - Clomipramine (Anafranil)
 - Cyproheptadine (Pariactin)
 - Chlorpromazine (Thorazine)
 - Olanzapine (Zyprexa)

⊗ غير مطالبين بأسماء الأدوية

Treatment Modalities (continued_7)

- Psychopharmacology (continued)
 - Medications that have been tried with some success (continued)
 - For bulimia nervosa
 - Fluoxetine (Prozac)
 - Imipramine (Tofranil)
 - Desipramine (Norpramine)
 - Amitriptyline (Elavil)
 - Nortriptyline (Aventyl)
 - Phenzelzine (Nardil)

⊛ غير مطالبين بأسماء الأدوية

Treatment Modalities (continued_8)

■ Psychopharmacology (continued)

- Medications that have been tried with some success (continued)

- For BED with obesity

- Topiramate (Topamax)
- Lisdexamfetamine

⊗ غير مطالبين بأسماء الأدوية

- Most studies reveal that medication in combination with **CBT** is more beneficial than medication alone.

(Cognitive Behavioral Therapy)

Thank you