

Eating disorder

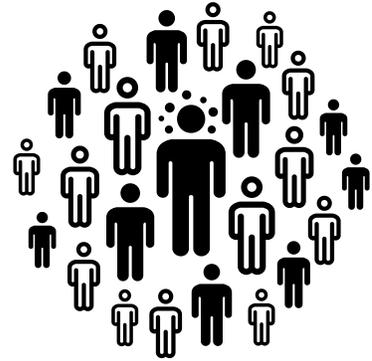
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Introduction:

- Hypothalamus: appetite regulation center.
- Regulates hunger, satiety.
- Eating behaviors influenced by **society** and **culture**.

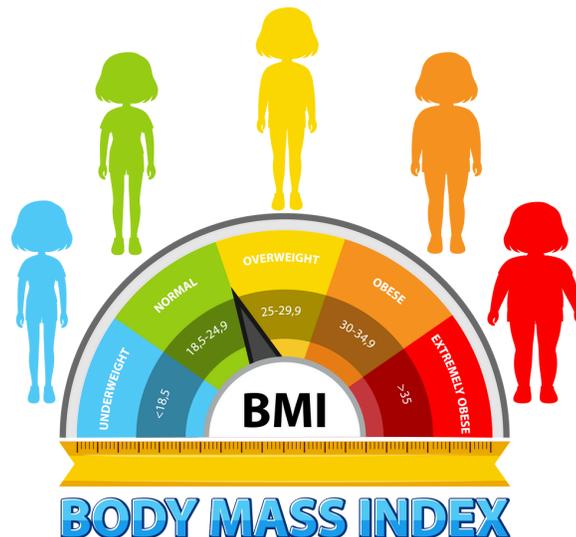


Epidemiological Factors:

- Anorexia nervosa: lifetime prevalence **2.4–4.3%**.
- Men: 25% of anorexia/bulimia, **26%** of BED.
- Bulimia nervosa: lifetime prevalence **2%** (**women**).
- Onset: late adolescence/early adulthood.
- More common in societies emphasizing thinness.
- BED: recurrent episodes of eating much more than normal.
- Obesity = BMI **≥30**.
- US adults obesity: **39.8%**.
- Higher in non-Hispanic black (**46.8%**) and Hispanic (**47%**).

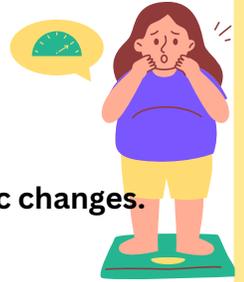
BMI Body Mass Index =

- Normal: 20–24.9.
- Obesity: ≥ 30 .
- Anorexia: ≤ 17 , or < 15 extreme.



Anorexia nervosa

- Morbid fear of obesity.
- Symptoms: distorted body image, preoccupation with food, refusal to eat.
- **Weight <85% expected.**
- Other symptoms: hypothermia, bradycardia, hypotension, edema, lanugo, metabolic changes.
- Anxiety and depression common.



Bulimia nervosa

- Episodic, uncontrolled binge eating.
- Followed by vomiting, laxatives, diuretics, enemas.
- May fast or exercise excessively.
- **Weight: normal**, slightly under/overweight.
- Depression, anxiety, substance abuse common.
- Complications: dehydration, electrolyte imbalance.



BED(Binge Eating Disorder)

- Leads to **obesity.**
- Binge eating without compensatory behaviors.
- 50% have depression history.



Outcome Identification:

- Client maintains $\geq 80\%$ expected weight.
- Vitals and labs normal.
- Verbalizes importance of nutrition and fluids.
- Identifies anxiety triggers and coping.
- Gains control, less preoccupied with appearance.
- Recognizes misperception of “fat” body image.
- Establishes healthy eating/weight control (BED).
- Plans for weight maintenance (BED).

I can do this



Planning and Implementation:

- Hospitalization if: malnutrition, dehydration, electrolyte imbalance, arrhythmia, severe bradycardia, hypothermia, hypotension, suicidal ideation.



Treatment Modalities

- **Behavior modification:** client control over eating, exercise, vomiting; clear goals and rewards.
- **Individual therapy:** for underlying psychological problems.
- **Family therapy:** education, family’s role, adaptive functioning.
- **Psychopharmacology**
- No specific meds; used for **anxiety, depression**.

