National Eating Disorders Collaboration

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An Introduction to Eating Disorders – Part 1

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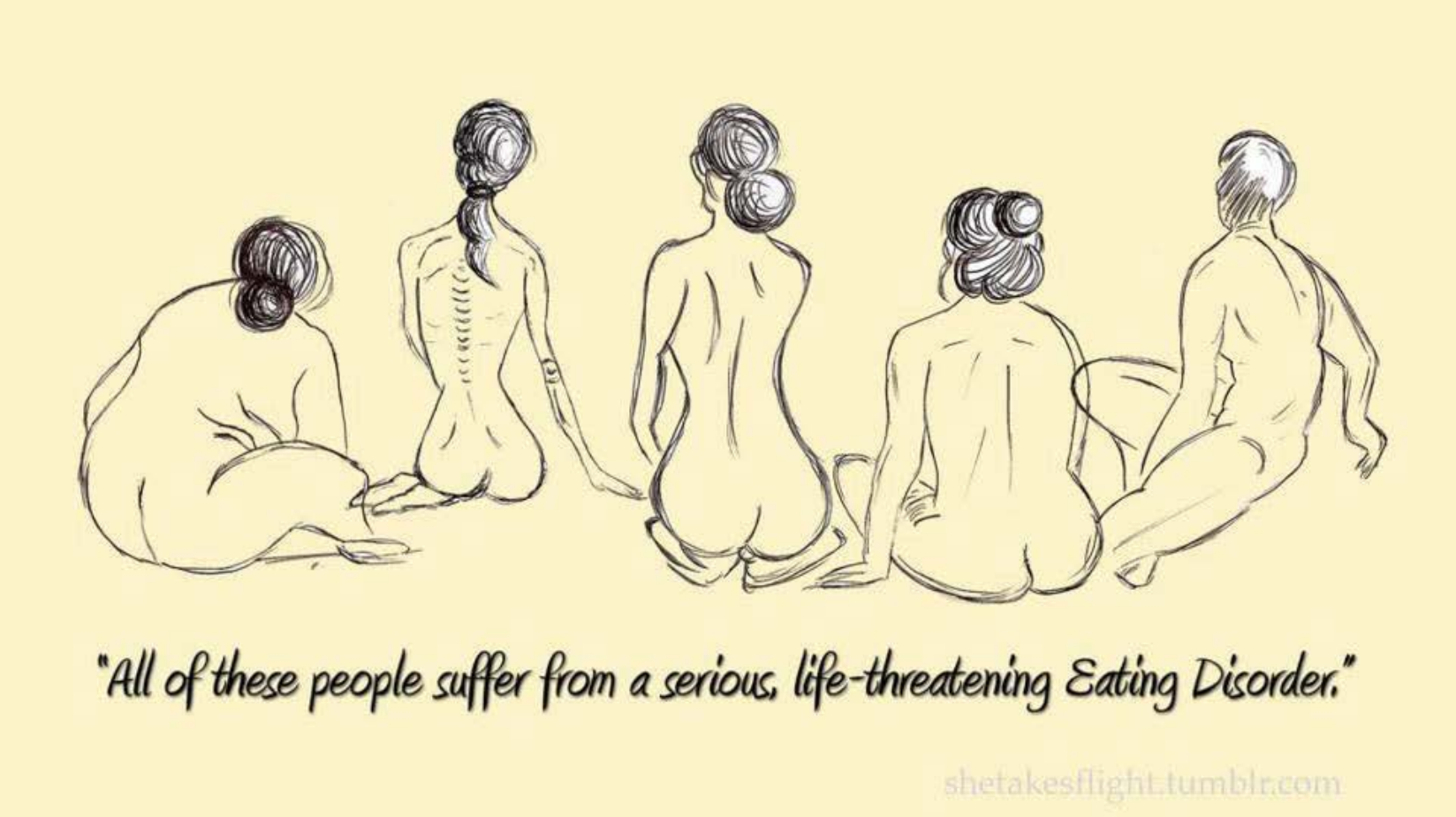
What are eating disorders?

We need to rethink the way we view eating disorders.

We need to think more like this…..



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You can tell who has an eating disorder by looking at them.

Anorexia Nervosa

Restriction of Energy intake

→ significantly low body weight

→ less than minimally expected wt

–**Intense fear of weight gain / fatness**
→ behaviour that interferes with wt gain, despite low wt

–**Disturbance in body image**
→ self evaluation unduly influenced by body weight / shape
→ persistent lack of recognition of seriousness of low wt

Binge Eating Disorder

Recurrent Binge-eating

Abnormal eating behaviour with marked distress/guilt

→ Frequency ≥ 1 / week for 3 months

- **Absence of:**

→→ compensatory behaviours

→→ Anorexia Nervosa

→→ Bulimia Nervosa

Bulimia Nervosa

- **Recurrent Binge-eating**
- **Inappropriate compensatory weight control behaviours**
- → Frequency ≥ 1 / week for 3 months
- **Self-evaluation unduly influenced by body weight/shape**
- **Absence of Anorexia Nervosa**

Other Specified Feeding & Eating Disorders - OSFED

Mixed behaviours / presentation, but serious illness:

→Atypical AN (AAN) – 'normal' weight AN

→Sub-threshold BN

→Sub-threshold BED

→Purging Disorder

→Night Eating Syndrome

‘There is a tyrant in my head screaming abuse at me 24/7.’

‘After a binge/purge episode I feel like I have been hit by a truck.’

‘There were numerous times when ending it all crossed my mind because I was just so tired.’

‘I was recently asked to sum up my experience of anorexia nervosa in one sentence—actually, I can do it in just one word—isolation...you feel completely alone.’

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Eating Disorders are Rare (so we don't have to worry about them (or adequately fund their treatment))

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Prevalence (Hudson et al., 2007)

Psychotic Illness = 1%

	Prevalence	Gender (% Female)
AN	0.9%	90%
BN	1.5%	85%
BED	3.5%	65%

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Eating Disorders are **not** rare illnesses

- ED are the 3rd most common chronic illness for young women
- 10 times more common than diabetes
  - And if you have diabetes you are 2.4 x more likely to have an eating disorder.
- Up to 20% of females may have an undiagnosed eating disorder (Hay et al., 2015)

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Prevalence of Disordered Eating

High and increasing rates of **disordered eating**

- National sample of young-adult Australian women:
  - 23% of young adult women had clinical levels of disordered eating behaviours and attitudes in past 12 months
- National sample of adolescent girls:
  - Year 2000: 10% showed disordered eating behaviour
  - Year 2006: 18% showed disordered eating behaviour

- Adolescent girls that diet are 18 times more likely to develop an eating disorder within 6 months.
- This becomes a 1 in 5 chance over 12 months.

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Eating Disorders are not really serious (so we don't have to worry about them (or adequately fund their treatment))

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Eating disorders are the **second** leading cause of mental disorder for young females.

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Mortality in Eating Disorders

Anorexia Nervosa has **the highest mortality rate** of any psychiatric disorder (Sullivan 2002).

- 20% after 20 years.
- 5 times higher than population matched for age.

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Suicide in Eating Disorders

- Suicide is the second most common form of death in AN
- Death from suicide is 32x higher than expected
  - 20x in major depression.
  - Not elevated in BN
- Suicide Attempts (Bulik et al – Sweden)
  - Non ED sample 2%
  - AN 8%
  - AN-BN 13%
  - History of both AN and BN 17%
  - BN 13%
  - BED14%

MEDICAL SIGNS, SYMPTOMS & COMPLICATIONS

GENERAL:

- Marked weight loss, gain, fluctuations or unexplained change in growth curve or body mass index (BMI) percentiles in a child or adolescent who is still growing and developing
- Cold intolerance
- Weakness
- Fatigue or lethargy
- Presyncope (dizziness)
- Syncope (fainting)
- Hot flashes, sweating episodes

ORAL AND DENTAL:

- Oral trauma/lacerations
- Perimyolysis (dental erosion on posterior tooth surfaces) and dental caries (cavities)
- Parotid (salivary) gland enlargement

CARDIORESPIRATORY:

- Chest pain
- Heart palpitations
- Orthostatic tachycardia/ hypotension (low blood pressure)
- Dyspnea (shortness of breath)
- Edema (swelling)

GASTROINTESTINAL:

- Epigastric discomfort
- Abdominal bloating
- Early satiety (fullness)
- Gastroesophageal reflux (heartburn)
- Hematemesis (blood in vomit)
- Hemorrhoids and rectal prolapse
- Constipation

ENDOCRINE

- Amenorrhea or oligomenorrhea (absent or irregular menses)
- Low sex drive
- Stress fractures
- Low bone mineral density
- Infertility

NEUROPSYCHIATRIC

- Depressive/Anxious/ Obsessive/Compulsive symptoms and behaviors
- Memory loss
- Poor concentration
- Insomnia
- Self-harm

DERMATOLOGIC

- Lanugo hair (fine hair growth on the body and face)
- Hair loss
- Carotenoderma (yellowish discoloration of skin)

Source: Academy for Eating Disorders' (AED) Medical Care Standards - www.aedweb.org and www.aedweb.org/Medical_Care_Standards

Impact of Eating Disorders Across Primary Health

Medical	• Malnutrition & growth delay • Acute medical instability / problems • Health problems 2^0 to malnutrition: osteoporosis, impaired fertility, G/I problems
Mental Health	Poor sense of identity; inadequacy & ineffectiveness; guilt; anxiety; rumination; compulsive behaviour; poor problem solving; poor emotional coping; poor emotional regulation; unsatisfactory relationships • Depression, anxiety • PD, DSH, suicidality • Substance use
Psycho-social, life stage, quality of life	• Incomplete / disrupted education • Work / school issues / skills • Social isolation, restricted life experience • Self neglect, personal austerity • Burden of ED symptoms on personal time • Housing, financial & legal issues
Family	• High Burden of care • Unhelpful Beliefs about illness & response to illness

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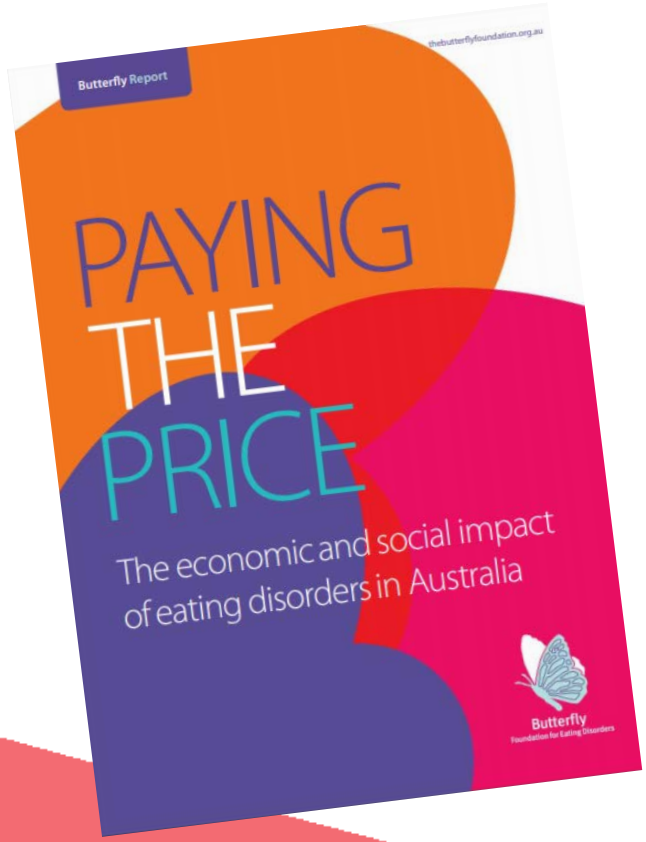
Paying the Price - Butterfly Foundation 2012



- Deloitte Access Economics
- Health System Expenditure $100 million
- "Productivity Impacts" (lost earning, lower employment participation, sick leave)
  - $15 billion (similar to anxiety/depression)
- Burden of Disease (years of life lost x value of a statistical life year)
  - $52.6 billion (more than anxiety/depression)

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Butterfly Foundation 2018 Survey

- 700 consumers and carers

- 55% of individuals had lost work or study hours
- 78% of carers lost work or study hours
- 33% went into debt to fund treatment
- 14% changed living arrangements to afford treatment
- **25% had to delay or stop treatment due to costs**

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Eating Disorders are a lifestyle choice

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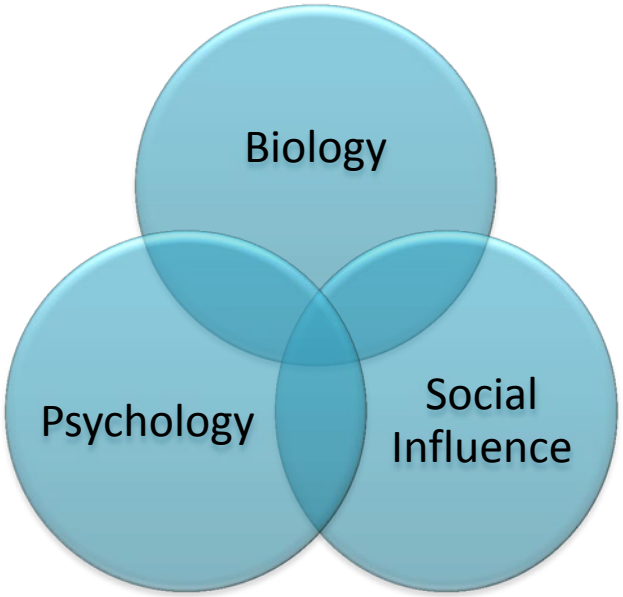
Eating Disorders are a **disorder of neurobiology…**

… not of the catwalk.

What causes an eating disorder?



- Multi-factorial and complex
- No single cause
- Known risk factors include:
  i. Genetic vulnerability
  ii. Psychological factors
  iii. Environmental & Socio-cultural influences

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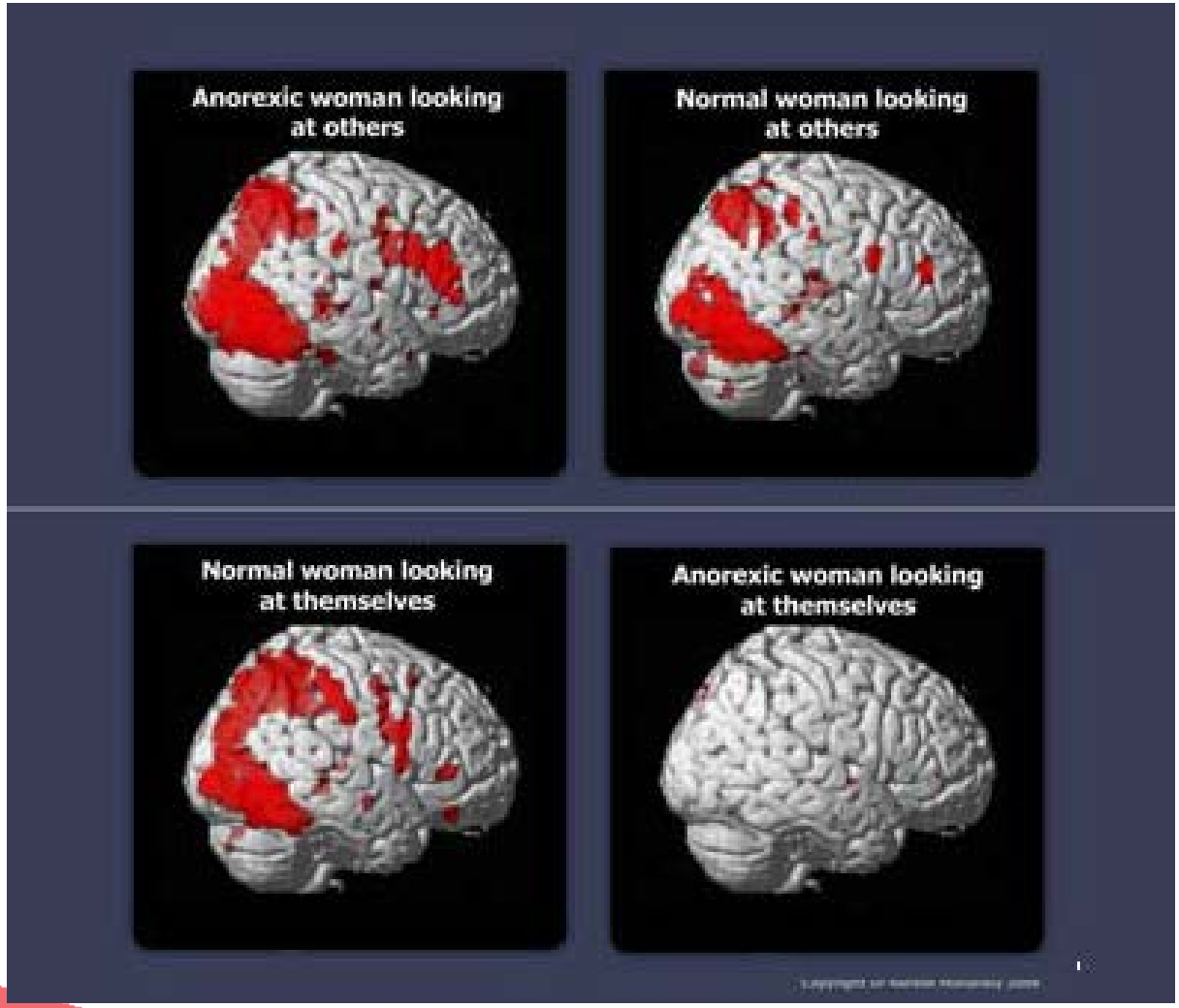
Genetic Vulnerability

- ED run in families
- ED are heritable
- Genes play a substantial role in liability to ED
- Environment is important

- Gene x environment interaction and epigenetic factors operate

Body Image Processing in Patient with AN: An fMRI study



Sachdev, Mondraty, Wen & Gulliford, 2008

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Who is at risk?

There are over 30 risk factors identified by research.

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Risk Factors of Disordered Eating: Modifiable (targets of prevention efforts)

- Perfectionism
- Low Self Esteem
- Body Dissatisfaction
- Internalisation of Thin Ideal (target of media literacy)
- Dieting

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Specific High Risk Groups

Where weight and performance are linked

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Specific High Risk Groups

Periods of transition