
WELCOME.

THE PRESENTATION WILL START MOMENTARILY

# Eating Disorders

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# Disclosures

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# True or False

- Anorexia Nervosa may have the highest mortality rate of all psychiatric disorders

# Anorexia Nervosa

- A. Amenorrhea is a diagnostic criteria
- B. 15 % weight deficit is required to meet criteria
- C. Is rarely found in males
- D. A, B & C
- E. None of the above

# Avoidant/Restrictive Food Intake Disorder (ARFID)

- Avoidant/Restrictive Food Intake Disorder (ARFID)

- A. Is not an eating disorder
- B. Is a feeding disorder
- C. Can be associated with Autism Spectrum Disorder
- A & C
- None of the above

# Disclaimers

- If humor is used during this talk, it by no means is to suggest that there is anything humorous about these disorders, but rather, it is used as a vehicle for transmitting information in a palatable fashion

- Eating Disorders may have one of the highest mortality rates of all psychiatric disorders

# Is there a way to prevent eating disorders?

- How can we raise our children not to worry about whether they are thin enough?

- How can we feel good about ourselves without worrying about whether we are thin enough?

# Ambivalence towards treatment

# Treatment Resistance

# Persuasion

# Perceived Coercion

# Compulsion

- What is often the first thing people say to one another when they meet after a period of time? (*when they wish to be nice*)

- You look terrific!

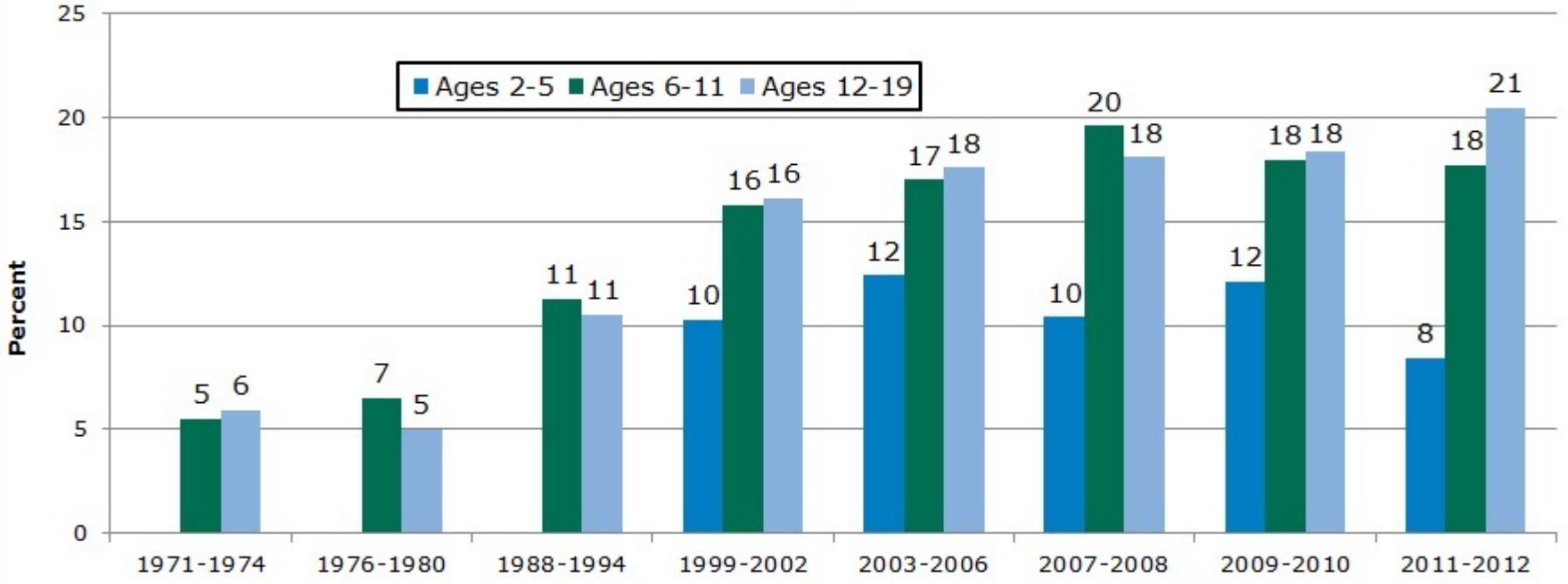
- Have you lost weight?

# Personal Impact

- Given the prevalence of these disorders, it is likely that most people in this room either know a close family member or friend who has had an eating disorder, or has had one him or herself

Figure 1

## Percentage of Children Ages 2 to 19 Who Are Obese, by Age: Selected Years, 1971-2012




Sources: Data for 1971-1974: Troiano, R. P., Flegal, K. M., Kuczmarski, R. J., Campbell, S. M., Johnson, C. L. (1995) Overweight prevalence and trends for children and adolescents: The national health and nutrition examination surveys, 1963-1991. *Archives of Pediatrics and Adolescent Medicine, 149*(10), 1085-1091. Available at: http://archpedi.jamanetwork.com/artide.aspx?articleid=517675. Data for 1976-1994: National Center for Health Statistics. (2003). Health United States, 2003 with Chartbook on Trends in the Health of Americans. National Center for Health Statistics.. Table 69. Available at: http://www.cdc.gov/nchs/data/hus/tables/2003/03hus069.pdf.Data for 1999-2002 from Hedley, A., Ogden, C., Johnson, C., Carroll, M., Curtin, L. and Flegal, K. Prevalence of overweight and obesity among us children, adolescents, and adults, 1999-2002, *JAMA, 291*(23): 2847-2850. Data for 2003-2006: Ogden, C., Carroll, M., and Flegal, K. High Body Mass Index for age among us children and adolescents, 2003-2006. *JAMA, 299*(20):, 2401-2405. Data for 2007-2008: Ogden C. L., Carroll, M. D., Curtin, L. R., Lamb, M. M., and Flegal, K. M. (2010). Prevalence of High Body Mass Index in US children and adolescents, 2007-2008, *JAMA, 303*(3), 242-249. Available at: http://jama.jamanetwork.com/article.aspx?artideid=185233. Data for 2009-2010: Ogden C. L., Carroll, M. .,

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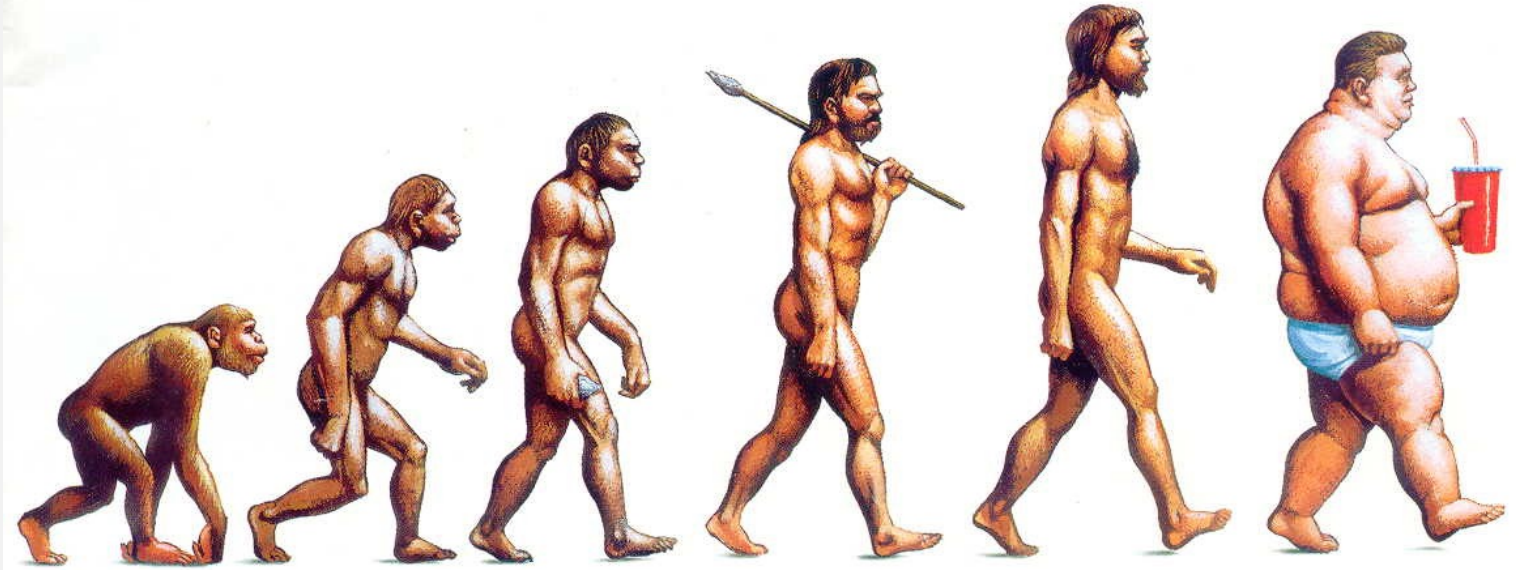
Child Trends DATABANK

# The shape of things to come



# Treatment

- Begin with medical assessment to determine the needed **level of care**

- **Hypokalemia, bradycardia & orthostatic hypotension** may determine need for **inpatient medical level of care**

- *-Inpatient Medical*
- *-Inpatient Pediatric*
- *-Inpatient Adolescent Psychiatric*
- *-Inpatient Adult Psychiatric*
- *-Inpatient Psychiatric Eating Disorder*
- *-Day Treatment*
- *-Intensive Outpatient Program*
- *-Outpatient Treatment*

# Treatment

- Perform a comprehensive psychiatric evaluation to determine the diagnosis and whether there is co-morbidity
- Rarely, do eating disorders present as the sole form of psychopathology
- Assess for safety and whether there is any suicidal or non-suicidal self injury (NSSI)

# How does the evidence support the Treatment

- This population requires close medical monitoring due to the risk of sudden death from hypokalemia and bradycardia
  - Begin with medical stabilization
  - Food is the mainstay of treatment
  - Family Based Treatment (FBT) is the evidence based approach for the younger patient

# Psychopharmacology of Eating Disorders

- There is no clear psychopharmacology for anorexia or bulimia nervosa
- Co-morbid conditions are often addressed (anxiety, depression, inattention, mood fluctuations, psychosis)
- SSRI may be helpful to reduce binge frequency in BN, however, CBT is the treatment of choice

# Psychotherapy of Eating Disorders

- FBT is the treatment of choice for AN, however, requires the capacity of the family to be engaged and cooperative
- CBT is the treatment of choice for BN
- DBT may be helpful to reduce suicidal thoughts, behavior as well as NSSI in individuals with an eating disorder (often with a trauma history)

- Individual psychotherapy is important once there is medical stabilization, however, the evidence does not support that it is the treatment of choice for medical recovery

- Family Therapy is important, regardless of the age of the patient, however, in families with suspected abuse or neglect, it may be contra-indicated

# Nutritional rehabilitation

- No meaningful psychotherapy can occur with the malnourished brain
- Food is the mainstay of treatment

# Historical perspective
# **Anorexia Nervosa**

- Medieval times- Fasting Saints
- 1873 - Sir William Gull – Anorexia Nervosa
- 1980 – DSM-III – Anorexia Nervosa (25 % weight deficit)
- 1987 – DSM-IV – Anorexia Nervosa (15 % weight deficit)
- 2013 – DSM-5 – Anorexia Nervosa

(elimination of amenorrhea criterion & percentage weight cut-off )

# DSM 5 criteria for Anorexia Nervosa

- Food restriction with low weight
- Intense fear of gaining weight or becoming fat
- Disturbance in body experience

# Historical perspective
# **Bulimia Nervosa**

- Gerald Russell, 1979 –

  "an ominous variant of anorexia nervosa"

- 1980 – DSM-III Bulimia Nervosa
- 1987 – DSM-III-R Bulimia Nervosa
- 1990 – DSM-IV Bulimia Nervosa
- 2013 – DSM-5 Bulimia Nervosa

# DSM 5 criteria of Bulimia Nervosa

- Recurrent episodes of binge eating
- A sense of lack of control over eating
- Recurrent inappropriate compensatory behaviors
- At least on average once per week for 3 months
- Self evaluation unduly influenced by shape or weight

# New: *Avoidant/Restrictive Food Intake Disorder*

- Apparent lack of interest in eating, avoidance based on sensory characteristics of food, or concern about aversive consequences of eating

- The avoidance or restricted eating failure to gain as expected

# Course of illness

- Prognosis
- Mortality rates

# True or False?

- Anorexia Nervosa may have the highest mortality rate of all psychiatric disorders

# Anorexia Nervosa

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# Minnesota Experiment of Human Starvation

- https://www.youtube.com/watch?v=8iH5htWIwo0

# Acknowledgements


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# Thank you