What you Need to Know About Eating Disorders

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Agenda

• Review of types of Eating Disorders
  ○ Assessment and warning signs
• Neurobiology of eating disorders
  ○ Symptoms and Causes
• Treatment for Eating Disorders
  ○ Referrals and community resources
Truth 1
Eating Disorders affect people of all genders, ages, races, ethnicities, body shapes, weights, sexual orientations, and socioeconomic statuses.
Prevalence

- General population about 1-4% 
- Majority are women 
- About 10% of people with anorexia and bulimia are male 
- Primary risk is from puberty through 20s. 
- Mortality rates are as high as 10%
  - Cardiovascular 
  - Electrolyte abnormalities 
  - Suicide
Pandemic and Eating Disorders

Figure Legend:
Aggregate Outpatient New Eating Disorder Assessments Across 14 Sites Before and After Onset of the COVID-19 Pandemic
From: Medical Admissions Among Adolescents With Eating Disorders During the COVID-19 Pandemic

Figure Legend:
Interrupted time series analysis of monthly counts of ED-related admissions, March 1, 2017, through March 31, 2021. Solid line represents slopes; shaded areas represent 95% CIs for slopes; and dashed line represents onset of COVID-19 pandemic.
Truth 2
Many people with eating disorders **look healthy**, yet may be extremely ill.
Types of Eating Disorders

- Anorexia Nervosa
- Orthorexia*
- ARFID
- Bulimia Nervosa
- Binge Eating Disorder (BED)
- Other specified feeding and eating disorder
Anorexia Nervosa

A. Relative restriction of energy intake; relative to requirements leading to a markedly low body weight in the context of age, sex, developmental trajectory, and physical health.

B. Intense fear of gaining weight or becoming fat, even though underweight or persistent behaviors that prevent weight gain, even though at a significantly low weight.

C. Disturbance in the way in which one’s body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or persistent lack of recognition of the seriousness of the current low body weight.

Subtypes:
- Restricting (AN-R)
- Binge eating/purging (AN-BP)
goals
Bulimia Nervosa

A. Binging - Recurrent episodes of binge eating including both:
   - Eating an amount of food that is larger than most people would eat during a similar period of time and under similar circumstances
   - A sense of **lack of control** over eating during the episode

B. Purging - Recurrent inappropriate compensatory behavior
   - Self-induced vomiting
   - Misuse of laxatives, diuretics, enemas, or other medications
   - Fasting
   - Excessive exercise

C. The binge eating and purging both occur at least once a week for 3 months.

D. **Self evaluation** is unduly influenced by body shape and weight.
Truth 3
An eating disorder is a health crisis that disrupts personal and family functioning.
ARFID
Avoidant Restrictive Food Intake Disorder
ARFID

Avoidant Restrictive Food Intake Disorder

- An **eating or feeding disturbance** as manifested by persistent failure to meet appropriate nutritional and/or energy needs associated with one or more of the following:
  - Significant **weight loss** (or failure to achieve expected weight gain or faltering growth in children).
  - Significant **nutritional deficiency**.
  - Dependence on **enteral feeding or oral nutritional supplements**.
  - Marked **interference with psychosocial functioning**.

Three types of “picky” eaters:
1.) Limited palate
2.) Low hunger cues
3.) Food/eating phobias
Orthorexia

Obsession with eating “pure, perfect, and/or clean”
Orthorexia

Obsession with eating “pure, perfect, and/or clean”

• Not officially a diagnosis
• Differs from “healthy” eating in due to impairment in functioning
• Neglect other areas of life
• Inordinate amount of time thinking about food, excessive guilt/compensatory behavior if “imperfect”
Truth 4
Eating disorders carry an increased risk for both *suicide* and *medical complications*. 
Medical Complications

- Cognitive Changes
  - Volume loss
  - Mood changes
  - Concentration difficulties

- Cardiovascular
  - Abnormally slow heartbeat
  - Irregular rhythm
  - Low blood pressure

- Renal (Kidney)
  - Dehydration
  - Kidney injury or failure

- Gastrointestinal
  - Constipation, Diarrhea
  - Slowed motility

- Musculoskeletal
  - Muscle wasting and weakness
  - Changes to bone density
  - Growth stunting

- Endocrine
  - Loss of period
  - Cold intolerance
  - Growth of extra fine downy hair
Physical symptoms reflect degree of malnutrition

- Loss of menses
- Stomach pain/Constipation
- Fatigue
- Cold intolerance
- Light-headedness, fainting
- Emotional changes/cognitive blunting
- Other psychiatric symptoms may appear primary
Warning Signs AN

- Rigid, restricted eating patterns
- Food rituals
- Avoidance of social situations involving food; avoidance of eating in public
- Excessive, compulsive exercise
- Excessive, compulsive working or studying
- Excessive water drinking
- Guilt/shame after eating or pride after restricting
Medical Complications of Bulimia

- Electrolyte imbalances that can lead to irregular heartbeat and seizures
- Edema / swelling
- Dehydration
- Vitamin and mineral deficiencies
- Gastrointestinal problems
- Chronic irregular bowel movements and constipation
- Inflammation and possible rupture of the esophagus
- Chronic kidney problems/ failure
- Tooth decay
Warning Signs of BN

- Secretive eating
- Refusal to eat with friends
- Disappearance to the bathroom after meals
- Ability to eat large amount of food without weight gain
- Compulsive exercise
- Emotion dysregulation
- Swollen parotid glands
- Marks on knuckles/hands
- Guilt/shame after eating or pride after restricting
Binge Eating Disorder

• Recurrent episodes of binge eating characterized by BOTH of the following:
  ○ Eating in a discrete amount of time (within a 2 hour period) **large amounts** of food
  ○ Sense of **lack of control**

• The binge eating episodes are associated with three or more of the following:
  ○ Eating much more rapidly than normal
  ○ Eating until feeling uncomfortably full
  ○ Eating large amounts of food when not feeling physically hungry
  ○ Eating alone because of feeling embarrassed by how much one is eating
  ○ Feeling disgusted with oneself, depressed, or very guilty afterward
Medical Complications of BED

- Similar to complications of obesity
- High cholesterol
- Hypertension
- Fatty liver
- Diabetes
- GI distress
- Ruptured stomach, creating a life-threatening emergency
- Fullness at bedtime can create difficulties falling or staying asleep
- Increased risk of sleep apnea
Is it an eating disorder?

• **Thoughts**
  ◦ Monopolized by food and/or body

• **Behaviors**
  ◦ Want to stop but can’t
  ◦ Harmful to your health and/or functioning

• **Functioning**
  ◦ Occupational/academic
  ◦ Social
  ◦ Athletic
Truth 5

Environment and GENES play important roles in the development of eating disorders.
Powerful Neurobiology

- **Family studies** (Kendler, 1991; Walters 1995; Lilenfeld, 1998; Strober, 2000)
  - Increased rate of AN, BN, ED NOS in first degree relatives
- **Twin studies** Approximately **50 to 80% heritable risk** (Kendler, 1991; Treasure 1994; Berrettini, 2000; Bulik, 2006)
  - Genes more powerful than culture
- **Genes cause childhood (pre-morbid) behaviors** (Andeluch 2003; Stice 2002; Lilenfeld 2006; Kaye 2009)
  - Anxiety, perfectionism, inhibition, compliance, obsessive personality, drive for achievement
Starvation Study

- Minnesota Starvation Study (1950)
  - 36 health men
  - 3-month observation, 6 months restricted intake
- Dramatic increase in food preoccupation
- Emotional/personality changes
- Social changes
- Cognitive Changes
- Physical Changes
Truth 6

Eating disorders are not choices, but serious biologically influenced illnesses.
Temperament Traits

Great Students! Great Athletes!

• Achievement oriented; pursuit of excellence
• Sensitive to consequences = high compliance; very teachable/coachable, people pleasing
• Altered interoceptive awareness = denial of discomfort; performance despite pain
• Intense volume and level of exercise; commitment to training
• High attention to detail; high error detection rate
Truth 7
Families are not to blame, and can be the patients’ and providers’ best allies in treatment.
Prevention

• Modeling balanced eating
  ◦ Avoid fad diets, elimination diets, etc.
  ◦ Avoid labeling foods as “good” vs “bad”
  ◦ Family meals
• Establish healthy habits
Prevention

• Discuss media messages and supervise usage
• Promote a healthy body image
  ○ Healthy body shapes vary
• Foster self-esteem
  ○ Avoid negative body talk
If you are concerned...

• Start with a medical evaluation by a physician
  ◦ ER versus PCP
• Consider treatment options
  ◦ Levels of care
• Support and encourage the child/teen
  ◦ Validate their experience, not the eating disorder
Levels of Care

- Inpatient
- Residential
- 10-hour PHP
- 6-hour PHP
- IOP 5-day
- IOP 3-day
- Outpatient
Truth 8

Full recovery from an eating disorder is possible. Early detection and intervention are important.
Resources

- National Eating Disorder Association
  - Educational materials for families, Helpline chat to identify treatment and provide support
  https://www.nationaleatingdisorders.org
- Eating Disorders Hope
  https://www.eatingdisorderhope.com
  - Treatment centers by state, educational materials
- ANAD
  https://anad.org/
  - Eating disorder helpline to identify centers, resources for families including support groups
- FEAST
  https://www.feast-ed.org/
  - Evidenced based educational materials and resources for parents
Thank you

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