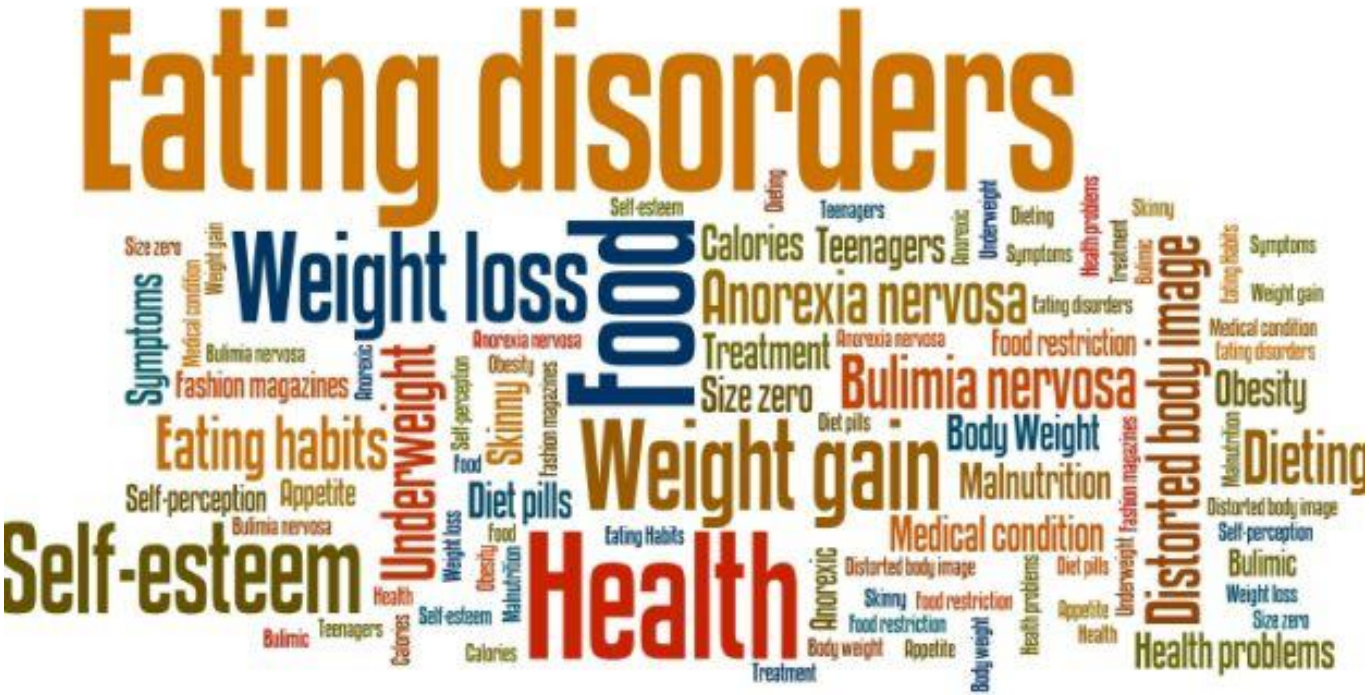


Emmy Lu Henley, PhD, RDN, LD, CEDRD
Program Director for Eating Disorders
Texas Tech University
Center for Collegiate Recovery Communities

Overview

- What is an eating disorder (ED)?
- Influential Factors
- Types of ED
- Medical Concerns
- Levels of Care
- Application to Nursing
- Resources

What are eating disorders?

Internal disconnect manifesting through manipulation of external behaviors.

BIOPSYCHOSOCIAL

"A PART OF YOU WANTS TO **CRY OUT FOR HELP,**
HOPING SOMEONE WILL CATCH YOU AND FORCE YOU
TO GET HELP, BUT YOU CAN'T ASK FOR HELP.
YOU CAN'T BECAUSE IF YOU TELL SOMEONE, THEN IT'S ALL OVER,
YOU'RE NOT IN CONTROL ANYMORE"

Natalie

What are eating disorders?

- Eating disorder symptoms serve some kind of purpose that goes beyond weight loss, food as comfort, or an addiction, and beyond a need to feel special or in control.

- Adaptive function examples:
  - comfort
  - numbing
  - cry for help
  - self-punishment
  - avoidance of intimacy

Disordered Eating

- **Defined:**
  - Problematic eating patterns that are not practiced at a high enough frequency or severity to merit the formal diagnosis of an eating disorder.

- **Still very serious in nature**

What EDs are NOT?

- Vanity
- Diets
- Obsession with Food
- Obsession with Exercise
- Fun
- Easy to treat
- Discriminatory

FOOD IS NOT AN ISSUE	CONCERNED/WELL	FOOD PREOCCUPIED/ OBSESSED	DISRUPTIVE EATING PATTERNS	EATING DISORDERED
· I am not concerned about what others think regarding what and how much I eat. · When I am upset or depressed I eat whatever I am hungry for without any guilt or shame. · I feel no guilt or shame no matter how much I eat or what I eat. · Food is an important part of my life but only occupies a small part of my time. · I trust my body to tell me what and how	· I pay attention to what I eat in order to maintain a healthy body. · I may weigh more than what I like, but I enjoy eating and balance my pleasure with eating with my concern for a healthy body. · I am moderate and flexible in goals for eating well. · I try to follow Dietary Guidelines for healthy eating.	· I think about food a lot. · I feel I don't eat well most of the time. · It's hard for me to enjoy eating with others. · I feel ashamed when I eat more than others or more than what I feel I should be eating. · I am afraid of getting fat. · I wish I could change how much I want to eat and what I am hungry for.	· I have tried diet pills, laxatives, vomiting, or extra time exercising in order to lose or maintain my weight. · I have fasted or avoided eating for long periods of time in order to lose or maintain my weight. · I feel strong when I can restrict how much I eat. · Eating more than I wanted to makes me feel out of control.	· I regularly stuff myself and then exercise, vomit, or use diet pills or laxatives to get rid of the food or calories. · My friends/family tell me I am too thin. · I am terrified of eating fat. · When I let myself eat, I have a hard time controlling the amount of food I eat. · I am afraid to eat in front of others.

BODY OWNERSHIP	BODY ACCEPTANCE	BODY PREOCCUPIED/ OBSESSED	DISTORTED BODY IMAGE	BODY HATE/ DISASSOCIATION
· Body image is not an issue for me. · My body is beautiful to me. · My feelings about my body are not influenced by society's concept of an ideal body shape. · I know that the significant others in my life will always find me attractive. · I trust my body to find the weight it needs to be at so I can move and feel confident about my physical body.	· I base my body image equally on social norms and my own self- concept. · I pay attention to my body and my appearance because it is important to me, but it only occupies a small part of my day. · I nourish my body so it has the strength and energy to achieve my physical goals. · I am able to assert myself and maintain a healthy body without losing my self-esteem.	· I spend a significant amount time viewing my body in the mirror. · I spend a significant amount time comparing my body to others. · I have days when I feel fat. · I am preoccupied with my body. · I accept society's ideal body shape and size as the best body shape and size. · I believe that I'd be more attractive if I were thinner, more	· I spend a significant amount of time exercising and dieting to change my body. · My body shape and size keep me from dating or finding someone who will treat me the way I want to be treated. · I have considered changing or have changed my body shape and size through surgical means so I can accept myself. · I wish I could change	· I often feel separated and distant from my body—as if it belongs to someone else. · I hate my body and I often isolate myself from others. · I don't see anything positive or even neutral about my body shape and size. · I don't believe others when they tell me I look OK. · I hate the way I look in the mirror.

Influential Factors

- Genetics
- Comorbid disorders
  - Anxiety
  - Depression
  - Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder
  - Post-Traumatic Stress Disorder
  - Obsessive Compulsive Disorder
  - Addiction
  - Borderline Personality Disorder

Influential Factors

- Significant weight loss as child or adolescent due to illness
- Neonatal and maternal factors
- Trauma
- Environment
  - Peers
  - Family
- Media

Types of ED

- Pica
- Rumination Disorder
- Anorexia Nervosa (AN)
- Bulimia Nervosa (BN)
- Binge-Eating Disorder (BED)
- Avoidant/Restrictive Food Intake Disorder (ARFID)
- Other Specified Feeding or Eating Disorder (OSFED)
  - Atypical AN
  - BN of low frequency
  - BED of low frequency
  - Purging Disorder
  - Night Eating Syndrome

I will feed myself and fight this illness,
not feed this illness and fight myself.

Types of ED: Anorexia Nervosa

- Persistent energy intake restriction relative to requirements
- Significantly low body weight or severe weight loss if still within a healthy range
- Intense fear of gaining weight
- Persistent behavior that interferes with weight gain
- Disturbance in self-perceived weight or shape

Types of ED: Anorexia Nervosa

- Subtypes:
  - Restricting Type
    - Weight loss primarily achieved through dieting/fasting/excessive exercise
  - Binge-Eating/Purging Type
    - Energy restriction with the presence of episodes of binge eating or purging

Types of ED: Bulimia Nervosa

- Eating disorder characterized by recurrent binge eating followed by purging (1x/week x 3 months)
  - Binge eating: eating a large amount of food in a short period of time (2 hours) with a sense of lack of control
  - Purging: an attempt to rid the body of unwanted food by:
    - Vomiting
    - Laxatives
    - Fasting for days (following a binge)
    - Excessive exercise (more common in men)

Types of ED: Binge Eating Disorder

- Recurrent episodes of binge eating (1x/week x 3 months)
- Include 3 or more of the following:
  - Eating more rapidly than normal
  - Eating until feeling uncomfortably full
  - Eating large amounts of food when not physically hungry
  - Eating alone due to embarrassment of how much one is eating
  - Feeling disgusted, depressed, or guilty after the binge
- Does not include compensatory behaviors

Types of ED:
Other Specified Feeding or Eating Disorder

- Atypical Anorexia Nervosa
  - Anorexia Nervosa without weight decreasing below normal range or inhibiting developmental trajectory
- Bulimia Nervosa (of low frequency and/or limited duration)
  - Bulimia Nervosa but the behaviors occur less frequently
- Binge Eating Disorder (of low frequency and/or limited duration)
  - Binge Eating Disorder but the behaviors occur less frequently

Types of ED:
Other Specified Feeding or Eating Disorder

- Purging Disorder
  - Recurrent purging to influence weight or shape
  - Binge eating is absent
  - Typically normal weight

- Night Eating Syndrome
  - Eating large amounts of food after awakening from sleep
  - Excessive food consumption following the evening meal
  - Awareness surrounding the eating
  - Creates distress and impairment
  - Often hormonal imbalance (melatonin levels)
  - Not due to a medical issue or a change in sleep/wake cycles

Types of ED: Lesser-Known Disorders

- Food Addiction
- Diabulimia
- Orthorexia Nervosa
- Drunkorexia
- Pregorexia
- Post-Bariatric Surgery Transitions

Types of ED: Lesser-Known Disorders

- Food Addiction
  - Uncontrollable cravings surrounding highly palatable foods or excessive eating
  - Experience pleasure from the anticipation of eating, the availability of foods, or the actual eating of the foods
  - Avoidance of food situations
  - Stealing food or obsession over foods
  - Shares many characteristics of eating disorders

Types of ED: Lesser-Known Disorders

- Diabulimia
  - Reduction of insulin intake to lose weight
  - Signs/Symptoms
    - Uncontrolled diabetic symptoms:
      - Frequent thirst/urination
      - Weight loss
      - Exhaustion
      - Increased infection
    - Increased appetite for sugary foods
    - Secrecy about blood sugars, shots, or eating
    - Hemoglobin A1C does not match glucose monitoring log

Types of ED: Lesser-Known Disorders

- Orthorexia Nervosa
  - "Fixation on righteous things"
  - Obsession with the "healthfulness" of foods and interferes with daily life
  - Extreme rigidity surrounding food content and food preparation
  - Identity and spirituality are rooted in food

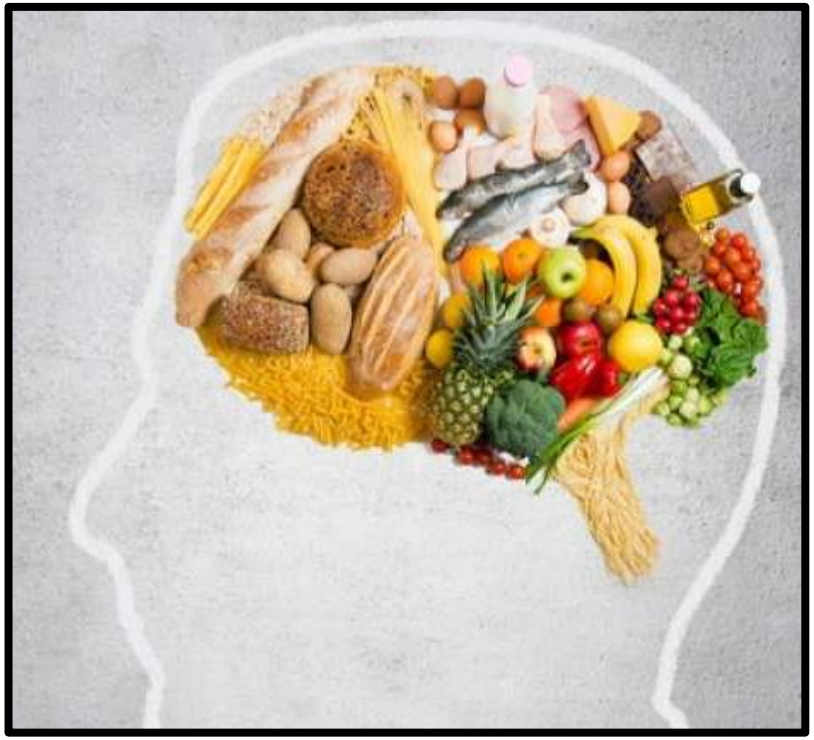
Types of ED: Lesser-Known Disorders

- Drunkorexia
  - A colloquialism for self-imposed starvation or binge eating/purging combined with alcohol abuse
  - Use of alcohol for weight management practices

Types of ED: Lesser-Known Disorders

- Pregorexia
  - Attempting to remain slim through their pregnancy in order to drop the weight quickly following childbirth

Types of ED: Lesser-Known Disorders



- Post-Bariatric Surgery Transitions
  - Post Surgical Eating Avoidance Disorder
  - Grazing, Nibbling, Picking
  - Plugging

Medical Complications of AN
Follow-Up After Successful Medical Treatment

Cardiovascular

- √Bradycardia and hypotension
- √Mitral valve prolapse
- √Sudden death – arrhythmia
- √Refeeding syndrome
- √Echo changes

Dermatologic

- √Dry skin
- √Alopecia
- √Lanugo hair
- √Starvation-associated pruritis

Gastrointestinal

- √Constipation
- √Refeeding pancreatitis
- √Acute gastric dilatation delayed gastric emptying
- √Hepatitis
- √Dysphagia

Endocrine and Metabolic

- ? Amenorrhea
- √ Infertility
- ✖Osteoporosis
- √Thyroid abnormalities
- √Hypercortisolemia
- √Hypoglycemia
- √Neurogenic diabetes insipidus
- √Arrested growth
- √Low testosterone

Hematologic

- √Pancytopenia due to starvation
- √Decreased sedimentation rate

Neurologic

- ✖Cerebral atrophy – Cognitive

Pulmonary

- √Aspiration pneumonia
- √Respiratory failure
- √Spontaneous pneumothorax
- √Emphysema

Medical Complications of BN
Follow-Up After Successful Medical Treatment

Gastrointestinal

- ✖ Dental erosion
- √ Parotid gland swelling
- √ Esophageal rupture
- ✖ Gastroesophageal reflux (GERD)
- ✖ Cathartic colon
- √ Mallory-Weiss tear

Pulmonary-Mediastinal

- √ Aspiration pneumonitis
- √ Pneumomediastinum

Cardiac

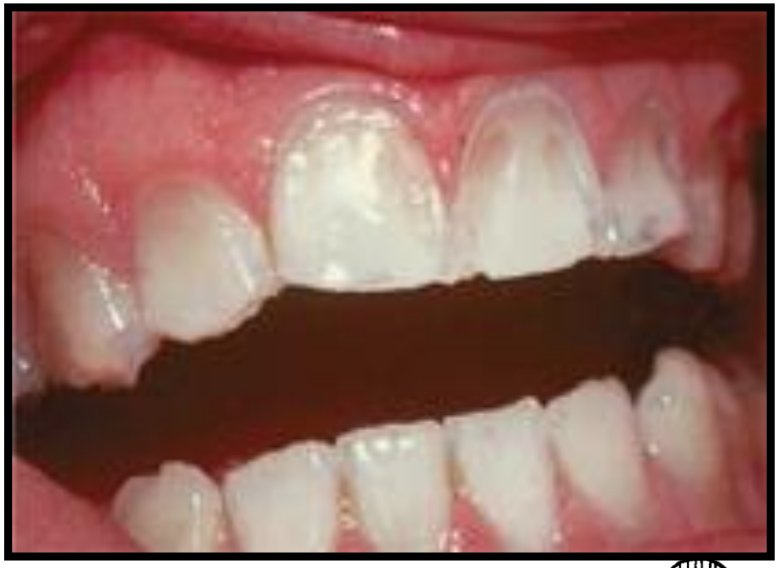
- √ Arrhythmias
- √ Diet pill toxicity:
  - palpitations
  - hypertension
- √ Emitene cardiomyopathy

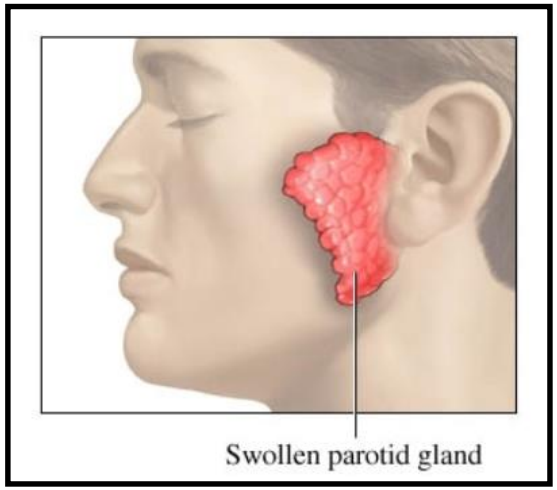
Endocrine

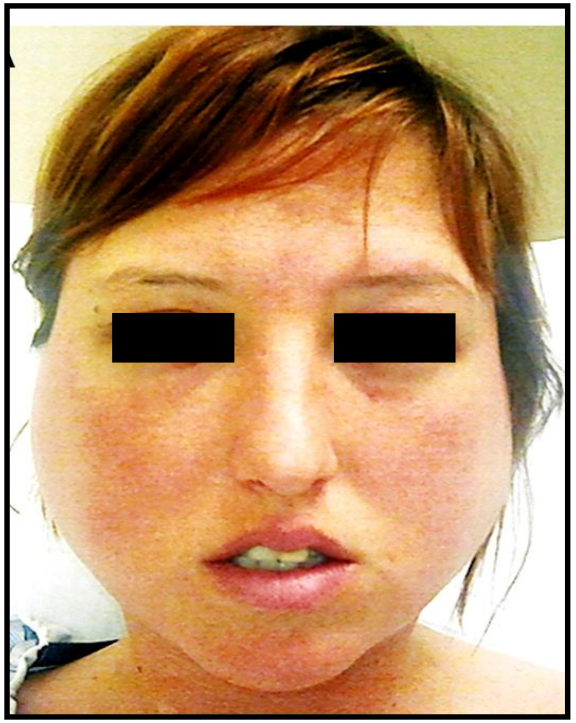
- √ Irregular menses
- √ Mineralocorticoid excess (temporary)

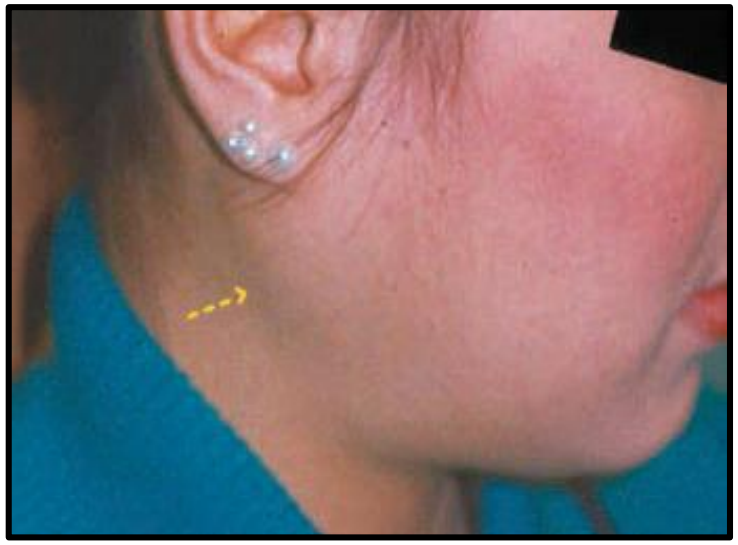
Metabolic

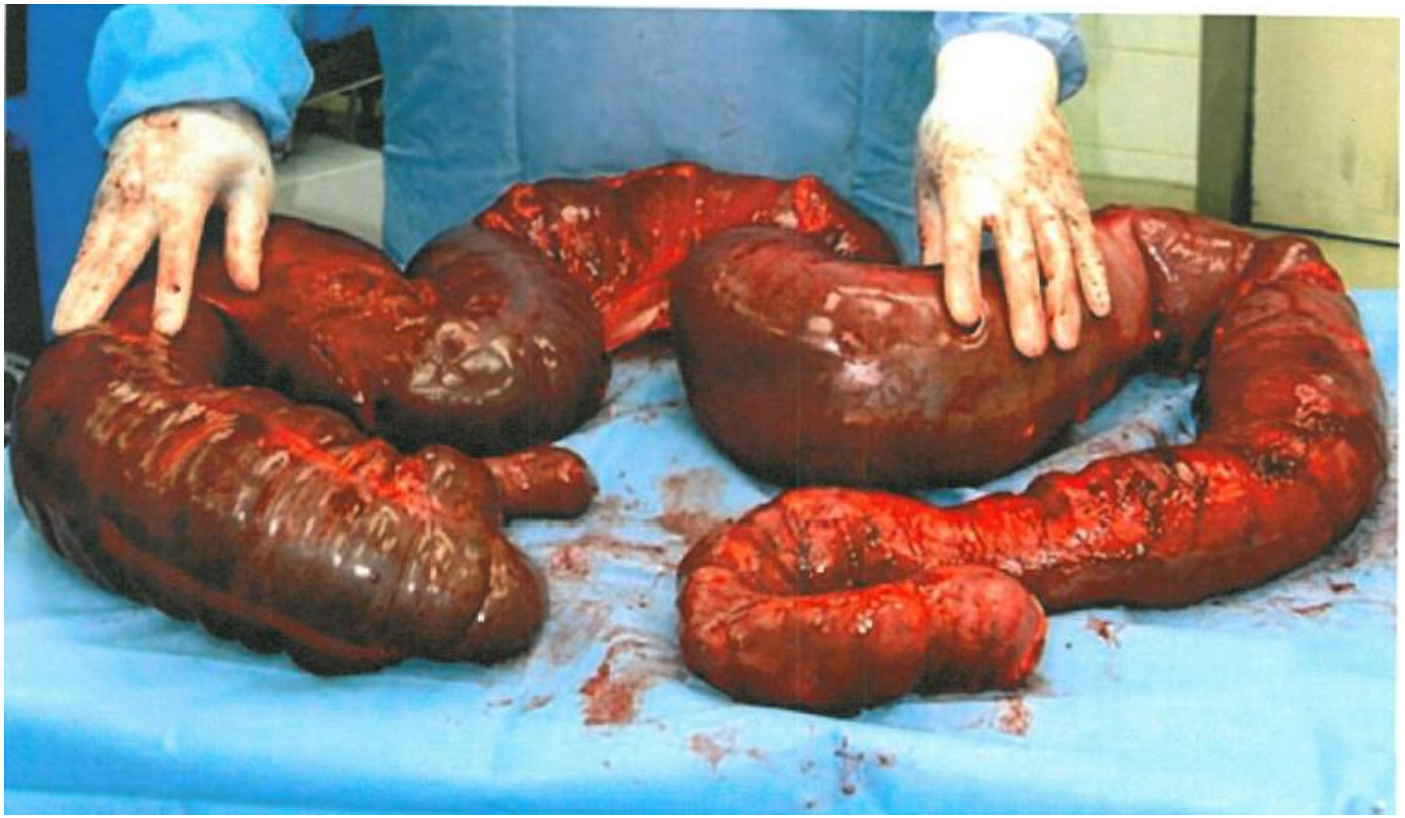
- √ Hypokalemia
- √ Dehydration
- √ Nephropathy
- √ Metabolic alkalosis
- √ Pseudo barter's syndrome
- √ Hyperphosphatemia




Swollen parotid gland







Medical Concerns

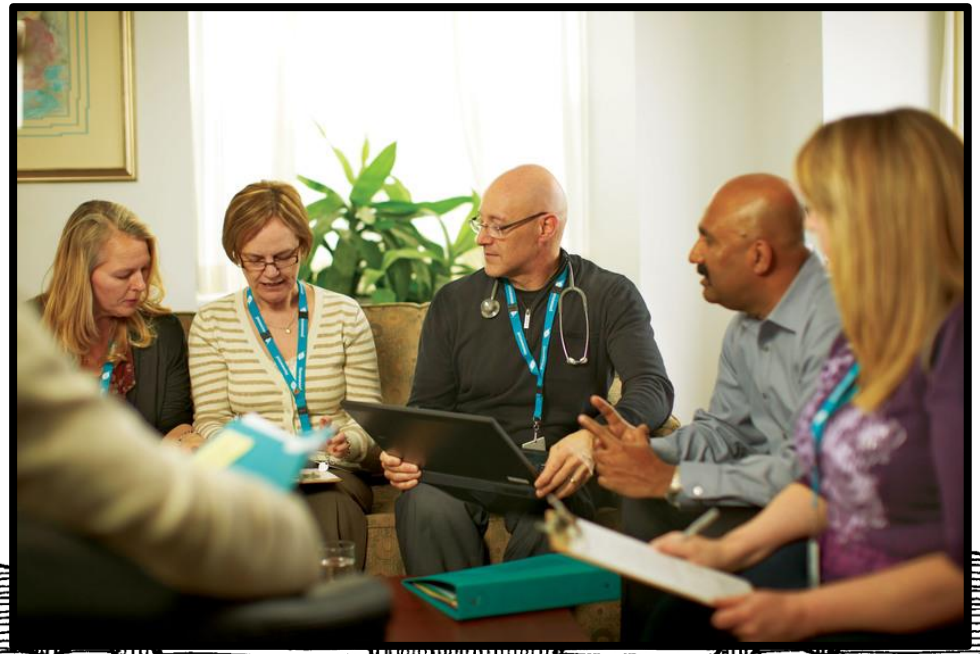
- Electrolyte imbalances
- Constipation and/or rectal bleeding
- Overuse injuries related to exercise
- Obesigenic health risks

Levels of Care

- Outpatient (OP)
- Intensive Outpatient (IOP)
- Partial Hospitalization (PHP)
- Residential Treatment (RTC)
- Inpatient Hospitalization (IP)

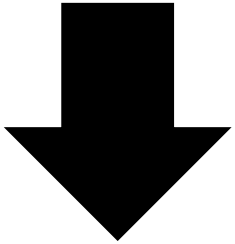
Treatment Team

- Medical Professional
- Mental Health Professional
- Registered Dietitian Nutritionist

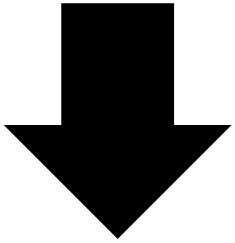


Nutrition Therapy

Ample public access to nutrition information.



Many feel they are the expert.



Misinformation provided to those needing nutrition therapy.

Nursing Application

- Front lines of treatment!
- Keep ED on your radar
- Remain compassionate and listen
- Advocate for possibility of ED, but frame it in a mental health context

Resources

- National Eating Disorder Association (NEDA)
  - www.nationaleatingdisorders.org
- International Association of Eating Disorder Professionals (IAEDP)
  - www.iaedp.com
- Academy of Eating Disorders (AED)
  - www.aedweb.org
  - Medical Complications PDF
- American Psychiatric Association (APA)
  - www.psychiatry.org

Questions?

Emmy Lu Henley, PhD, RDN, LD, CEDRD

Texas Tech University

Center for Collegiate Recovery Communities

806-834-8699

Emmy.Lu.Henley@ttu.edu