

# Module 10: Eating Disorders

## Module 10 Outline

- 10.1. Clinical Presentation
- 10.2. Epidemiology
- 10.3. Comorbidity
- 10.4. Etiology
- 10.5. Treatment

## Module 10 Learning Objectives

- Describe how eating disorders present.
- Describe the epidemiology of eating disorders.
- Describe comorbidity in relation to eating disorders. Describe the etiology of eating disorders.
- Describe treatment options for eating disorders.

## 10.1 Clinical Presentation

### Section 10.1 Learning Objectives

- Describe how anorexia nervosa presents.
- Describe how bulimia nervosa presents.

### Section 10.1 Key Terms

Anorexia nervosa: The restriction of food, which leads to a significantly low body weight relative to the individual's age, sex, and development.

Binge eating: A discrete period of time where the amount of food consumed is significantly more than most people would eat during a similar time period.

Binge eating disorder (BED): Similar to bulimia nervosa in that it involves recurrent binge eating episodes, along with feelings of lack of control during the binge-eating episode; however, these episodes are not followed by a compensatory behavior to rid the body of calories.

Bulimia nervosa: Involves a pattern of recurrent binge eating and compensatory behaviors.

Compensatory behaviors: In eating disorders, it is the attempt to rid the body of excessive calories (e.g., via laxatives, vomiting, or excessive physical exercise).

### Section 10.1 Key Takeaways

- Anorexia nervosa involves the restriction of food, which leads to significantly low body weight relative to the individual's age, sex, and development, and an intense fear of gaining weight or becoming fat.
- Bulimia nervosa is characterized by a pattern of recurrent binge eating behaviors.
- Binge-eating disorder is characterized by recurrent binge eating episodes along with a feeling of lack of control but no compensatory behavior to rid the body of the calories.

### **Section 10.1 Review Questions**

1. What does mutually exclusive mean? What does that mean with respect to eating disorders?
2. What are the key differences in diagnostic criteria for anorexia, bulimia, and binge eating disorder?
3. Define compensatory behavior. What disorder is this found in?

## **10.2 Epidemiology**

### **Section 10.2 Learning Objectives**

- Describe the epidemiology of eating disorders.

### **Section 10.2 Key Terms**

N/A

### **Section 10.2 Key Takeaways**

- BED has the highest prevalence rate of 1.6% followed by bulimia nervosa at 1-1.5% and anorexia nervosa at 0.4%.
- Females are more likely to be diagnosed with anorexia or bulimia with an equal number presenting with BED.

### **Section 10.2 Review Questions**

1. List the disorders in order from the greatest to the lowest prevalence rates.

## **10.3 Comorbidity**

### **Section 10.3 Learning Objectives**

- Describe the comorbidity of anorexia nervosa.
- Describe the comorbidity of bulimia nervosa.
- Describe the comorbidity of BED.

### **Section 10.3 Key Terms**

N/A

### **Section 10.3 Key Takeaways**

- Anorexia and BED have a high comorbidity with bipolar disorder, depressive symptoms, and anxiety disorders.
- Bulimia has a high comorbidity with bipolar disorder, depressive symptoms, social anxiety, and alcohol and substance abuse.

### **Section 10.3 Review Questions**

1. Discuss the comorbidity rates among the three main eating disorders.

## 10.4 Etiology

### Section 10.4 Learning Objectives

- Describe the biological causes of eating disorders.
- Describe the cognitive causes of eating disorders.
- Describe the sociocultural causes of eating disorders.
- Describe how personality traits are the cause of eating disorders.

### Section 10.4 Key Terms

Multidimensional disorder: Means that many contributing factors lead to the development of a particular psychological disorder.

Perfectionism: The belief that one must be perfect in all aspects of one's life.

Self-esteem: A person's belief in his or her worth or ability.

Transdiagnostic model: Suggests that overall low self-esteem increases the risk for over-evaluation of one's body, which, in turn, leads to negative eating behaviors that could lead to an eating disorder.

### Section 10.4 Key Takeaways

- Biological causes of eating disorders include a genetic predisposition and disruption in the neuroendocrine system.
- Cognitive causes of eating disorders include distorted thought patterns and an over-evaluation of body size.
- Sociocultural causes of eating disorders include the idealization of thin models and actresses by the media, SES, gender, and family involvement.
- The personality trait of perfectionism and low self-esteem are contributing factors to disorders related to eating, weight, and body shape.

### Section 10.4 Review Questions

1. Define multidimensional disorders?
2. What evidence is there to suggest eating disorders are biologically driven?
3. According to the cognitive theory, eating disorders may be a variant of what other disorder?
4. Discuss the four sociocultural subgroups that explains development of eating disorders.
5. What are the two personality traits most commonly used to describe behaviors associated with eating disorders?

## 10.5 Treatment

### Section 10.5 Learning Objectives

- Describe treatment options for anorexia nervosa.
- Describe treatment options for bulimia nervosa.
- Describe treatment options for binge eating disorder.
- Discuss the outcome of treatment for eating disorders.

### **Section 10.5 Key Terms**

N/A

### **Section 10.5 Key Takeaways**

- Treatment options for anorexia nervosa include CBT and FBT.
- Treatment options for bulimia nervosa include CBT, exposure and response prevention, and the three phases of interpersonal psychotherapy.
- Treatment options for BED include the taking of antidepressants to manage depressive symptoms, CBT, and interpersonal therapy.

### **Section 10.5 Review Questions**

1. What is the initial (main) goal of treatment for anorexia?
2. What are the three phases of family-based treatment?
3. What is the goal for interpersonal psychotherapy? Discuss the three phases of IPT.
4. What is the overall treatment effectiveness of eating disorders?