**Module 10: Feeding And Eating Disorders**

LEARNING OBJECTIVES

**10.1. Clinical Presentation**

* Describe how anorexia nervosa presents.
* Describe how bulimia nervosa presents.
* Describe how binge-eating disorder (BED) presents.

**10.2. Epidemiology**

* Describe the epidemiology of anorexia nervosa.
* Describe the epidemiology of bulimia nervosa.
* Describe the epidemiology of binge eating disorder.

**10.3. Comorbidity**

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

**10.4. Etiology**

* Describe the biological causes of feeding and eating disorders.
* Describe the cognitive causes of feeding and eating disorders.
* Describe the sociocultural causes of feeding and eating disorders.
* Describe how personality traits are the cause of feeding and eating disorders.

**10.5. Treatment**

* 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 feeding and eating disorders.

KEY TERMS

**Anorexia Nervosa**: A disorder involving the restriction of energy intake leading to significantly low body weight, intense fear of gaining weight or becoming fat, and a disturbed perception of body weight or shape​​.

**Binge-Eating Disorder (BED)**: Characterized by recurrent binge eating episodes with feelings of lack of control, but without compensatory behaviors like those seen in bulimia nervosa​​.

**Bulimia Nervosa**: A disorder involving a pattern of recurrent binge eating behaviors followed by compensatory behaviors such as vomiting, use of laxatives, fasting, or excessive exercise to rid the body of excessive calories​​.

**Cognitive-Behavioral Therapy (CBT)**: A therapy modality that addresses maladaptive thought patterns and behaviors. It is effective in treating eating disorders by focusing on changing negative thoughts and behaviors related to food, eating, weight, and body shape​​​​.

**Compensatory Behavior**: Behaviors, such as vomiting, use of laxatives, fasting, diuretics, or excessive exercise, are used to rid the body of excessive calories after binge eating episodes, primarily seen in bulimia nervosa​​.

**Family-Based therapy (FBT)**: An effective treatment approach for anorexia nervosa, especially for children and adolescents, involving the family in treatment to help restore proper eating habits and weight​​.

**Hypothalamus**: A brain region responsible for regulating body functions, including hunger and thirst. It plays a role in eating disorders due to its involvement in signaling hunger and satiety cues​​.

**Interpersonal Psychotherapy (IPT)**: A treatment modality initially used for depression, adapted for eating disorders. It focuses on improving interpersonal functioning and addressing social isolation and self-esteem problems contributing to the maintenance of negative eating behaviors​​.

**Multidimensional Disorders**: Eating disorders are considered multidimensional due to the involvement of various contributing factors, including genetic predisposition and environmental or external factors such as family dynamics and cultural influences​​.

**Neuroendocrine System**: Involved in eating disorders due to disruptions common among those with these disorders. These disruptions may be caused by the disorder or result from changes in eating patterns affecting hormone production​​.

**Perfectionism**: A personality trait contributing to disorders related to eating, weight, and body shape, particularly anorexia nervosa. It magnifies normal body imperfections, leading individuals to extreme behaviors to remedy perceived flaws​​.

**Socioeconomic Status (SES):** A measure of an individual's or family's economic and social position relative to others, based on income, education level, and occupation. It's often used as an indicator of access to resources and opportunities, and can influence a wide range of life outcomes including health, educational achievement, and psychological well-being.

**Self-Esteem**: A factor in eating disorders, where low self-esteem contributes to the development and maintenance of the disorder. It increases the risk for over-evaluation of body weight and shape, leading to negative eating behaviors​​.

**Transdiagnostic Model**: A theory suggesting that overall low self-esteem increases the risk for over-evaluation of body weight and shape, which then leads to negative eating behaviors and potentially eating disorders​​.