

Eating Disorders: The Food Fight?

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Content

- What are Eating Disorders?
- Associated physical, psychological and social problems
- Causes of EDs
- Treatments for EDs
- Dos and Don'ts in assisting

Eating Disorders = Too thin or Too fat?

BODY MASS INDEX (BMI)

Weight (kg)/ Height (m²)

e.g. 45kg/ 1.6 * 1.6 = 17.5

Significantly underweight	17.5 or below
Underweight	17.6-18.9
Low weight	19.0-19.9
Health weight	20.0-24.9
Overweight	25.0-29.9
Obesity	30.0 or more

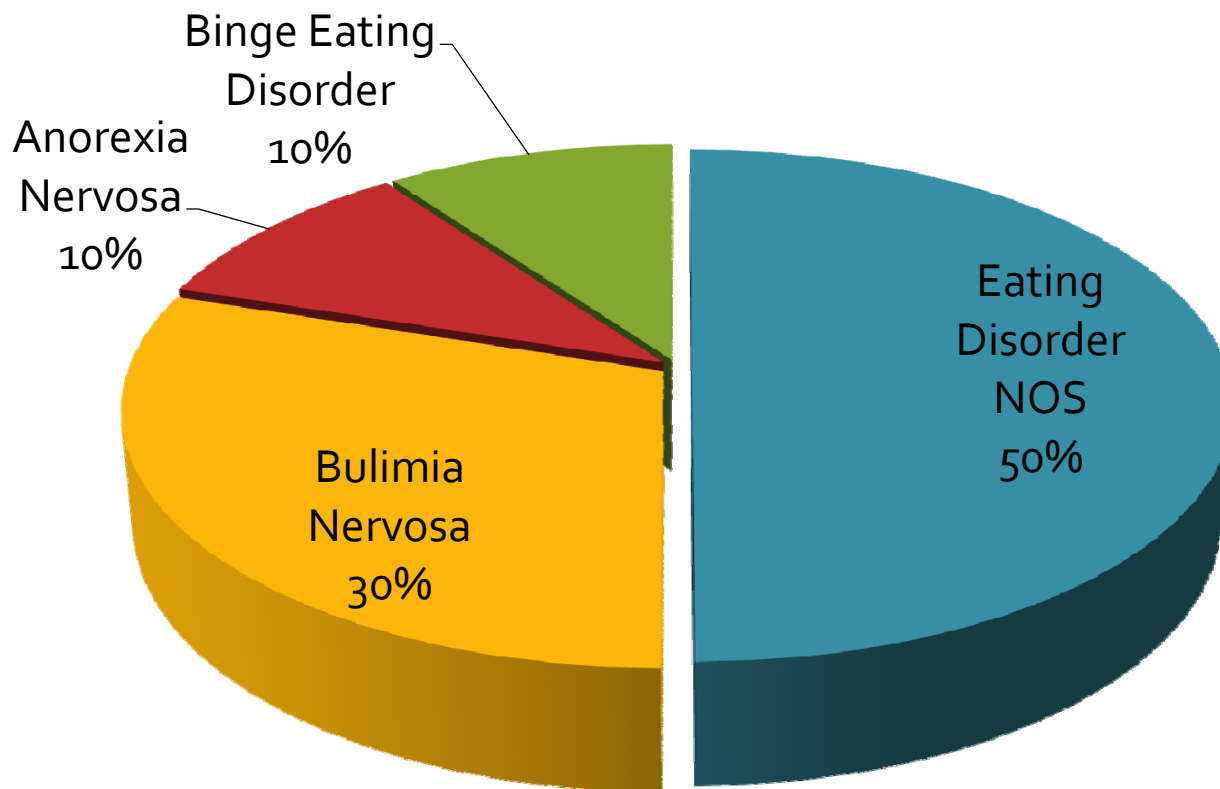
Appropriate BMI for Asians

(Choo , 2002)

- "The range for acceptable, normal, or optimum body-mass index (BMI) should be narrowed to 18.5 - 23.0 kg/m², according to a WHO expert consultation on appropriate BMI for these ...".
- "Overweight" criterion is ≥ 23.0 kg/m²
- "Obesity" criteria is up to each Asian nation to decide for themselves.

Relative Prevalence in adult outpatients

(Fairburn, 2008)



Anorexia Nervosa (AN) DSM-IV TR

- Refusal to maintain the expected minimal body weight (age and height)
- Intense fear of gaining weight or becoming fat, even though underweight
- Amenorrhea (at least 3 consecutive cycles) in postmenarchal girls and women. (to be deleted in DSM-V)

Subtypes

- *Restricting Type:*
 - Strict dieting and restricting food intake
- *Binge-Eating/Purging Type:*
 - recurrent episodes of binge eating or purging

Impact of Significantly under- weight

- Life threatening
- Difficult to reverse
- Cause impairment to other aspects of life

Physical Problems – Being underweight

Heart and Circulation

- Loss of heart muscle
- Weak heart
- Reduced blood pressure
- Declines heart rate (pulse)
- Heightened risk of heart beat irregularities

Sex Hormones and Fertility

- Sex hormone production declines
- Become infertile
- Loss of interests in sex
- Decline of sexual responsiveness

Bones

- Deterioration in bone strength
- Increased risk of Osteoporosis and fractures

Physical Problems - Being underweight

Muscles

- Muscles waste
- Muscle weakness

Temperature Regulation

- Decrease in body temperature
- Feel profoundly cold

Sleep

- Impaired sleep
- Tendency of early wakening

Skin and Hair

- Downy hair (lanugo)
- Hair loss
- Dry skin (orange tinge)

Intestinal Function

- Gut slows down
- constipation
- Food takes longer to move into the small intestine (sense of fullness)
- Impaired taste (use of condiments and spices)

Bulimia Nervosa (BN) DSM-IVTR

- Recurrent episodes of binge eating
 - very large amount of food
 - sense of lack of control over eating
 - a feeling that one cannot stop eating
 - a feeling that one cannot control what or how much one is eating

Binging Episode

- 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 being embarrassed by how much one is eating
- feeling disgusted with oneself, depressed, or very guilty after overeating

Physical Problems - Binging

Recurrent inappropriate compensatory behavior in order to prevent weight gain



Physical Problems – Repeated self-induced vomiting

- Eroding the dental enamel on inner surface of the front teeth
- Superficial injuries to and inflammation at the back of throat
- Tearing and bleeding of the wall of the esophagus (risk of rupture)
- Electrolyte imbalance
 - low potassium → irregular heart beat
 - Extreme thirst, dizziness
 - Swelling of legs and arms
 - Weakness
 - Lethargy
 - Muscle twitches and spasm
- Swelling of salivary glands (parotid swelling)
- Knuckle scars “Russell Sign”

Physical Problems – Substance misuse

- Little effect on calorie absorption
- Diarrhea → loss of water
- Electrolyte abnormalities
- Damage to gut wall

Excessive exercise

- Excessive daily activity
- Extreme extent
- Exercise in an abnormal manner
- Given exercise precedence over other activities

Eating Disorder Not Otherwise Specified (ED-NOS) DSM-IV TR

- Residual diagnosis reserved for eating disorders of clinical severity that do not meet the diagnostic criteria for AN or BN

Core Problems of Eating Disorders

- Over-evaluation of shape and weight and their control

"I'll be perfect if I were thin." "I would be happier if I were thin."

"I feel super." "I am doing the right thing."

Physical problems in Dieting

- Avoiding carbo-food → deprivation of appetite suppressant → Persistent hunger
- Affect serotonin balance → increased risk of depression
- May affect body hormones → Irregular or absent menstruation (low oestrogen)

Obsessiveness

- Look for and follow strict dietary rules
- Eating in a particular way (e.g. slowly, prolonged chewing, cutting food in small pieces, ritualized eating)
- Difficulty being spontaneous

Checking

- Weight
 - Frequent weighing
 - Preoccupied with trivial changes in their weight
- Body
 - Scrutinizing their bodies particularly on parts that they dislike
 - Active avoidance
 - Repeated selective comparison with others

Psychological Problems

- Inflexible thinking e.g. dichotomous thinking
- Impaired concentration
- Disinterested in or giving up other things
- Distorted views on body, weight, shape and eating

Social Problems

- Inward-looking and self-focused
- Need for routine and predictability
- Socially withdrawn
- Affect dating and marital relationship
- Parent-child conflicts

Mood and Esteem Problems

- Shame

"I am strange creature." "I was eating like a hungry dog when I binge."

- Depression

- Agitation

- Anxieties

"What if people know I have gained weight."

"What if my grandmother asked me to eat the pork?"

- Demoralizing → Associated Guilt

"I should have stronger will power. I am weak in character." "I'm greedy."

- Low self-esteem

- Perfectionism

Causes of Eating Disorders

- Diverse array of physical, psychological and social factors
 - Genetic contribution
 - Concordance rate (The Virginia Twin Study by Kendler et al, 1991)
 - Obesity
 - Eating problems and disorders within family
 - Psychiatric disorders within the family
 - Mother with eating disturbances ; daughters should lose more weight, more critical of daughters' appearance (Pike & Rodin, 1991)
 - Childhood Psychiatric Disorders
 - Traumatic events and Experiences during childhood
 - 31% EDs had experienced childhood sexual abuse (Palmer & Oppenheimer, 1992)

Socio-cultural Factors

- Contemporary beauty ideal = Slim
- Social pressure to be slim
 - Bullying and teasing for being fat or overweight
- Focus on physical attractiveness in women
- Dieting is perceived as healthy

Psychological Factors

- Emotional Repression
 - Negative mood (Stice, 2002)
- Distorted Self-image
 - Perfectionism (Fassino, et al., 2002)
 - Low self-esteem (Gual, et al., 2002)
 - Persistent negative self-evaluation (Halmi, et al., 2000)
- Dieting
 - 8 times more likely than non-dieters to develop the disorder (Patton et al., 1990)
- Stressful situations

Warning Signs (NHS)

- Skipping meals
- Complaining of being fat, even though they have a normal weight or are underweight
- Repeated checking e.g. weighing themselves and looking at themselves in the mirror
- Cooking big or complicated meals for other people, but eating little or none of the food themselves
- Highly selective in eating, usually consuming only certain low-calorie foods
- Feeling uncomfortable or refusing to eat with others

Treatment for Eating Disorders

- Medical Treatment
 - Anti-depressant drug
 - multi-vitamin/multi-mineral supplement for some cases
 - Health issues: monitor physical risk
 - Hospitalization
- Dietary Consultation

Psychological Treatment

- Cognitive-behavioral therapy (in Eating Disorders)
- Interpersonal Psychotherapy
- Psycho-educational Treatment

Other Treatments

- Evidence-based Self-help Approach
- Family Intervention

The Food Fight?

Eating Behaviors
eating schedule; diet

Impact on Eating Habits, Weight-control
Behavior and Body Weight
checking; dietary restraint; comparison;
distortions about food and their body

Over-evaluation of shape and weight and
their control
self-esteem; perfectionism;
mood and stress management

How to help if someone you know has an Eating Disorder?

- Be very patient!!!
- Talk to them and tell them you care.
- Listen to them. Understand their fear of gaining weight and becoming fat
- Understand that they are unhappy
- Encourage them to seek professional help
- Encourage them to keep open discussion with the professionals
- Prepare for negative responses

The DON'Ts

- Don't blame or judge.
- Don't focus on food, eating and appearance.
- Don't try to get them to eat or stop exercising
- Don't be the surveillance
- Don't lecture or nag them
- Don't pretend it will all just go away

The DOs

- Be patient. Change takes time.
- Stay calm. Concentrate on how they feel.
- Set good example in eating and exercising.
- Accept and appreciate them as the unique person they are.
- Treat them as a person. They are not an “eating disorder”.
- Engage them in activities that do not involve eating.
- Get support yourself.
- Be there when slips happen.

SUPPORT IN HKU

- CEDARS (Counselling)
 - Making appointment in person or call to the Centre 2857 8388
 - Drop-in during 2-5 pm during weekdays
 - Rm 408-424, 4/F, Meng Wah Complex
- Opening Hours:
 - Mon-Thurs 9:00am – 5:45pm
 - Fri 9:00am – 6:00pm
 - Sat 9:00am – 1:00pm

SUPPORT IN HKU

- University Health Service
- Physicians
 - Book your appointments in person, or phone 25494686
 - Call our emergency number 2859 1999 and request a campus visit
- Opening Hours:
 - Monday – Friday 8:30 am - 4:40 pm
 - Saturday 8:45am - 12:25 pm

Local Resources

- Private-practiced Clinical Psychologist
 - http://www.dcp.hkps.org.hk/cp_services.php#NGOs
- Private-practiced Psychiatrists
 - http://www.hkcpsych.org.hk/index.php?option=com_docman&Itemid=164&lang=en
- Hong Kong Eating Disorders Association Limited
 - <http://www.heda-hk.org/eng/>
- Hong Kong Eating Disorders Centre
 - <http://www.hedc.med.cuhk.edu.hk/>