

Chapter Summary

Eating behaviors occur along a continuum from normal, to somewhat abnormal, to disordered. An eating disorder is a psychiatric condition that involves extreme body dissatisfaction and behaviors that negatively affect body function. A number of factors are thought to influence the development of eating disorders, including family environment, the media, social and cultural factors, personality traits, and genetics.

Anorexia nervosa is a medical disorder in which an individual uses self-starvation to inhibit weight gain and is associated with many health risks and sometimes death. Bulimia nervosa is an eating disorder characterized by recurrent episodes of binge eating, followed by some form of purging. Binge-eating disorder is a severe, life-threatening disorder characterized by recurrent episodes of bingeing without compensatory measures. Binge-eating disorder increases the risk of depression, obesity, and obesity-related conditions. Night-eating syndrome is characterized by consumption of the bulk of one's energy throughout the night and early morning. It harbors the same risks as binge-eating disorder. The female athlete triad is a syndrome consisting of three distinct conditions: disordered eating, menstrual dysfunction, and low bone density.

Treatment of a clinical eating disorder can be inpatient or outpatient, depending on the medical and psychological state of the patient. Nutritional counseling for anorexia nervosa entails stabilizing medical conditions first and then determining strategies for reaching and maintaining an acceptable weight. For bulimia nervosa, nutrition counseling focuses on dealing with the thoughts and feelings that lead to inappropriate behaviors. Talking with someone who is suspected of having an eating disorder can be difficult, but if the problems are addressed early enough, serious consequences can be avoided.

Learning Objectives

After studying this chapter, the student should be able to:

1. Discuss the observation that eating behaviors occur on a continuum (p. 541).
2. Identify several factors that contribute to the development of eating disorders (pp. 541–543).
3. Identify the most common characteristics and health risks of anorexia nervosa, bulimia nervosa, and binge-eating disorder (pp. 543–547).
4. Describe night-eating syndrome and the female athlete triad (pp. 548–549).
5. Compare treatment options for disordered eating behaviors (pp. 549–550).
6. Role-play a discussion with a friend about his or her disordered eating behaviors (p. 550).

Key Terms

amenorrhea
anorexia nervosa
binge eating
binge-eating disorder

body image
bulimia nervosa
disordered eating
eating disorder

female athlete triad
night-eating syndrome
purging

Chapter Outline

I. Eating Behaviors Occur on a Continuum

- A. Disordered eating is a general term used to describe a variety of abnormal or atypical eating behaviors.
 - 1. These behaviors are used to achieve or maintain a lower body weight.
 - 2. Disordered eating usually includes going on and off diets and may not last long enough to negatively affect health.
- B. An eating disorder is a psychiatric condition that involves extreme body dissatisfaction and long-term eating patterns that negatively affect body functioning.
 - 1. Three clinically diagnosed eating disorders are anorexia nervosa, bulimia nervosa, and binge-eating disorder.
- C. Eating disorders occur on a continuum that can't be divided neatly into parts.
 - 1. To understand your place on the continuum you need to consider your feelings about food and your body image.

Key Terms: disordered eating, eating disorder, body image

Figure:

Figure 1: The Eating Issues and Body Image Continuum.

II. Many Factors Contribute to Disordered-Eating Behaviors

- A. Genetic factors influence eating behaviors.
 - 1. Diagnosis of an eating disorder is several times more likely to occur among siblings and other blood relatives than in the general population.
- B. Family environment influences eating behaviors.
 - 1. Research suggests that family conditioning, structure, and patterns of interaction can influence the development of an eating disorder.
 - 2. Three traits run within families of people with eating disorders:
 - a. Anxiety
 - b. Compulsivity
 - c. Abnormal eating behavior in one family member
- C. Unrealistic media images may be contributing to an increase in eating disorders.
- D. Socio-cultural values contribute to eating disorders.
 - 1. White females in Western societies where thinness is considered beautiful have the highest incidence of eating disorders.
 - 2. Peer pressure and comments by peers, friends, and family increase body dissatisfaction and promote disordered eating.
- E. Certain personality traits are correlated with eating disorders.

1. Behaviors associated with eating disorders include perfectionism, low self-esteem, moodiness, and interpersonal difficulties.
2. People with anorexia exhibit increased rates of obsessive-compulsive disorder.
3. Individuals with bulimia may respond more negatively or erratically to problems or issues.
4. Other traits may be a result of the state of starvation rather than personality attributes.

III. Eating Disorders Are Psychiatric Diagnoses

- A. Eating disorders are psychiatric conditions.
- B. Anorexia nervosa is a potentially life-threatening eating disorder that is characterized by an extremely low body weight achieved through self-starvation, which eventually leads to a severe nutrient deficiency.
 1. Symptoms of anorexia nervosa include:
 - a. Refusal to eat adequate amounts of energy to maintain body weight.
 - b. Intense fear of gaining weight or becoming fat, even though considered underweight by all medical criteria.
 - 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 denial of the seriousness of the current low body weight.
 - d. Amenorrhea in females who are past puberty.
 2. Signs of an eating disorder are different in men who tend to be less concerned with body weight and more concerned with body composition.
 - a. Men's methods are also different. They tend to use excessive exercise as a means of weight control whereas women use severe energy restriction.
 3. Health risks of anorexia nervosa are a result of deficiency in energy and other nutrients.
 - a. Once energy stores are used up, the body shuts down or reduces non-vital functions.
 - b. Electrolyte imbalances can lead to heart failure and death.
 - c. Since intense early treatment increases chances of recovery, it is important to recognize signs early.
- B. Bulimia nervosa is characterized by repeated episode of binge eating and purging.
 1. Binge eating is usually defined as consumption of a quantity of food that is large for the person and the amount of time in which it is eaten.
 - a. Binging causes a loss of control over eating while experiencing a drug-like euphoria.
 2. Purging is the compensatory behavior used to prevent weight gain.
 - a. Purging includes vomiting, laxative or diuretic abuse, enemas, and excessive exercise.
 3. According to the American Psychiatric Association, symptoms of bulimia nervosa include:
 - a. Recurrent episodes of binge eating.
 - b. Recurrent inappropriate compensatory behavior in order to prevent weight gain.
 - c. Binge eating that occurs on average at least twice a week for three months.
 - d. Body shape and weight unduly influencing self-evaluation.

- e. The disturbance does not occur exclusively during episodes of anorexia nervosa.
4. Other signs include:
 - a. Chronically inflamed sore throat.
 - b. Swollen glands in neck and below the jaw.
 - c. Worn tooth enamel and decaying teeth.
 - d. GERD, intestinal distress and irritation, and kidney problems.
 - e. Severe dehydration.
 5. Health risks of bulimia nervosa can lead to illness and death.
 - a. Electrolyte imbalances can lead to irregular heartbeat, heart failure, and death.
 - b. Frequent bingeing and vomiting may cause inflammation, ulceration, and possible rupture of the esophagus and stomach.
 - c. Frequent vomiting increases the risk of tooth decay, staining, and mouth sores.
 6. Chance of recovery increase and negative health impacts decrease if the disorder is detected early.
- C. Binge-eating disorder can cause significant weight gain.**
1. An estimated 2–5% of the adult female population, and 8% of the obese population suffer from this disorder.
 2. Health risks of binge-eating disorder include obesity and the risks associated with obesity, as well as psychological distress.

Key Terms: anorexia nervosa, amenorrhea, bulimia nervosa, binge eating, purging, binge-eating disorder,

Figure:

Figure 2: The impact of anorexia nervosa on the body.

IV. Disordered Eating Can Be Part of a Syndrome

- A. Night eating syndrome can lead to obesity.**
1. Night-eating syndrome is characterized by consumption of the majority of food between 6 PM and 8 AM, insomnia, and depressed mood.
 2. Diagnosis is met by meeting one or both of the following criteria:
 - a. Eating at least 25% of daily food intake after the evening meal.
 - b. Experiencing at least 2 episodes per week of night eating.
 3. Health risks of night eating include obesity and the risks associated with obesity, including sleep apnea, which further contributes to insomnia.
- B. The female athlete triad consists of three clinical conditions in some physically active females.**
1. Sports that emphasize leanness increase the risk for the female athlete triad.
 2. Three disorders characterize the female athlete triad.
 - a. Low energy availability with or without eating disorders.
 - b. Menstrual dysfunction, such as amenorrhea, as a result of energy restriction combined with high levels of physical activity.
 - c. Low bone density.
 - i. Osteoporosis may result from reduced estrogen levels and low nutrient intake.

3. Recognizing and treating the female athlete triad can be challenging so familiarity with behaviors and symptoms is critical.
 - a. Warning signs include excessive dieting and/or weight loss, excessive exercise, stress fractures, and comments suggesting that self-esteem appears to be dictated by body weight and shape.

Key Terms: night-eating syndrome, female athlete triad

Figure:

Figure 3: The female athlete triad is a syndrome composed of three coexisting disorders.

V. Treatment Requires a Multidisciplinary Approach

- A. Those who are severely underweight, display signs of malnutrition, are medically unstable, or suicidal may require hospitalization.
 1. Nutrition therapies are critical in treatment and include restoring the individual to a healthy body weight and treating nutritional deficiencies.
 2. Meals are monitored to prevent compensatory behaviors.
 3. Once the patient reaches an acceptable body weight, counseling on acceptability of foods, dealing with food situations, and maintaining healthful behaviors follows.
- B. Outpatient nutrition counseling may be appropriate for patients with anorexia nervosa who are medically stable and for those with other forms of disordered eating.
 1. Nutrition counseling focuses on identifying and dealing with feelings and events that trigger the behaviors.
 2. The goals of nutrition counseling are to address negative feelings about food and to restore behaviors that will maintain a healthful body weight.

VI. Talking About Disordered Eating

- A. Before approaching someone about an eating disorder, learn the facts about the disorder and locate a health professional for referral.
- B. The National Eating Disorders Association recommends a series of steps in discussing an eating disorder with a friend.
 1. Select a time and private place where you can address your concerns openly in a caring and supportive manner.
 2. Communicate your concerns with specific examples, and explain that you think there could be a problem.
 3. Request that your friend explore the concerns with a health professional who deals with eating disorders and offer to assist in making the appointment or accompanying the friend.
 4. Avoid conflict, but restate your concerns and leave yourself open and available for support.
 5. Avoid placing blame or offering simple solutions.
 6. Remind your friend that you care about his/her health and happiness.

Activities

1. Have students research counseling and education resources on campus and in the community that help those with eating disorders. Ask students to share their findings with the class.
2. On December 12, 2000, the Public Broadcasting System aired a one-hour program entitled, “Dying to be Thin.” This program is an excellent depiction of eating disorders and the research that is ongoing. PBS has maintained a Web page devoted to the program, resources, activities, and stories about eating disorders. The program can be viewed or purchased at the Web page: www.pbs.org/wgbh/nova/thin. It is worth an hour of class viewing this program. It can be used to spark discussion on the topic, or you may want students to update the information by further researching the various disorders.
3. There are a variety of organizations that are trying to change the current perception of beauty in the United States. An example is the Dove (soap) Campaign (www.dove.us). Have members of the class explore some of these campaigns and discuss ways that such a campaign could be used on campus and in the surrounding community to reduce the incidence of eating disorders.

Diet Analysis Activity

5. Have students keep a journal of food intake for one to three days. As students record their food intake, instruct them to pay attention to the following questions:
 - a. When do I eat?
 - b. Do I skip meals often?
 - c. Where do I eat?
 - d. Why do I eat?
 - e. Are there any eating behaviors I’d like to change?
 - f. Where do I fit on the continuum of eating issues and body image?

Nutrition Debate Activity

6. Ask students to try to count how many comments they hear in an average day about weight, body image, dieting, “good” foods and “bad” foods, and guilt over eating. Have students share their findings. You may want to have a printed list of such comments. Divide the class into groups of three to five students. One member of the group is the observer. One or two will start the conversation, putting themselves in the place of a person who uses some of the comments they have “collected” in the first part of the assignment (or selected from the printed list). The other one or two students will respond to the comments in a positive and supporting manner. The commenter should be persistent in holding to their thoughts and opinions. The responder must continue to attempt to change those perceptions without becoming confrontational. The observer should give the conversation two to three minutes and then stop them. The observer will then process the conversation and lead a brief discussion of the difficulties in changing mindsets. If time allows, have students change roles and try again with a different set of beginning comments.

Web Resources

Harris Center for Education and Advocacy in Eating Disorders, Massachusetts General Hospital

www.massgeneral.org

National Institute of Mental Health (NIMH) Office of Communications and Public Liaison

www.nimh.nih.gov

National Association of Anorexia Nervosa and Associated Disorders

www.anad.org

National Eating Disorders Association

www.nationaleatingdisorders.org
