

HOSPITAL PHYSICIAN®

PSYCHIATRY BOARD REVIEW MANUAL

PUBLISHING STAFF

PRESIDENT, GROUP PUBLISHER

Bruce M. White

EXECUTIVE EDITOR

Debra Dreger

ASSISTANT EDITOR

Laurie Garrison

EDITORIAL ASSISTANT

A.C. Arkles

EXECUTIVE VICE PRESIDENT

Barbara T. White, MBA

PRODUCTION DIRECTOR

Suzanne S. Banish

PRODUCTION ASSOCIATES

Tish Berchtold Klus

Christie Grams

Mary Beth Cunney

ADVERTISING/PROJECT MANAGER

Patricia Payne Castle

NOTE FROM THE PUBLISHER:

This publication has been developed without involvement of or review by the American Board of Psychiatry and Neurology.



The Association for Hospital Medical Education endorses HOSPITAL PHYSICIAN for the purpose of presenting the latest developments in medical education as they affect residency programs and clinical hospital practice.

Eating Disorders

Series Editor:

Jerald Kay, MD

Professor and Chair, Department of Psychiatry, Wright State University School of Medicine, Dayton, OH

Contributing Authors:

Randy A. Sansone, MD

Professor, Departments of Psychiatry and Internal Medicine, Wright State University School of Medicine, Dayton, OH, Director of Psychiatry Education, Kettering Medical Center, Kettering, OH

Terry L. Correll, DO

Assistant Professor, Department of Psychiatry, Wright State University School of Medicine, Dayton, OH, Attending Psychiatrist, Twin Valley Psychiatric System, Dayton, OH

Table of Contents

Epidemiology	2
Etiology	2
Diagnosis	3
Medical Complications	6
Treatment	8
Outcome and Prognosis	11
References	11

Cover Illustration by Christie Grams

Copyright 2001, Turner White Communications, Inc., 125 Stafford Avenue, Suite 220, Wayne, PA 19087-3391, www.turner-white.com. All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, mechanical, electronic, photocopying, recording, or otherwise, without the prior written permission of Turner White Communications, Inc. The editors are solely responsible for selecting content. Although the editors take great care to ensure accuracy, Turner White Communications, Inc., will not be liable for any errors of omission or inaccuracies in this publication. Opinions expressed are those of the authors and do not necessarily reflect those of Turner White Communications, Inc.

Eating Disorders

Eating disorders are characterized by disturbances in self-regulation with regard to eating and may be accompanied by unhealthy compensatory behaviors designed to control body weight. Body weights below normal (ie, less than 85% of expected) are associated with anorexia nervosa (AN), whereas body weights within 15% of normal usually are associated with bulimia nervosa (BN). Eating disorders result from a complex combination of psychological, cultural, and physiologic processes. These multi-determined disorders are challenging to diagnose and treat, and treatment is individualized.

EPIDEMIOLOGY

PREVALENCE

The prevalence of AN has increased dramatically over the last 50 years, with a lifetime prevalence estimated between 0.5% and 1% for women who meet full diagnostic criteria for AN and up to 3.7% when AN is more broadly defined.^{1,2} Although occasional binge eating can be found in up to 80% of young women, clinical BN affects between 1.1% and 4.2% of U.S. women.³ Binge eating disorder (BED) is quite common among individuals seeking treatment for being overweight, affecting up to 70% of those who attend Overeaters Anonymous and 30% of participants in other types of weight loss programs.^{4,5}

AGE AND GENDER DISTRIBUTION

The vast majority of individuals with eating disorders report an onset between the ages of 12 and 35 years. The mean age of onset for AN is 17 years, with onset rarely occurring after the age of 40. BN typically begins in late adolescence or early adulthood.⁶

Eating disorders generally occur among younger women, most of whom have been previous dieters. Female-to-male ratios range between 1:6 and 1:10. However, 19% to 30% of younger patients presenting with AN are male.⁷⁻⁹ In addition, up to 35% of those suffering from BED are male.

SOCIOECONOMIC AND RACIAL STATUS

Eating disorders have traditionally been encountered in higher socioeconomic classes of industrialized and affluent countries where being thin is equated with success and attractiveness. Caucasian women have histori-

cally been overrepresented among those with eating disorders. However, recent data indicate that middle and lower middle class women, including non-Caucasian women, are affected as well.¹⁰

ETIOLOGY

The etiology of eating disorders is largely unknown, with most investigators agreeing that these illnesses evolve from the complex interaction of multiple factors.

BIOLOGIC FACTORS

Family Studies

First-degree female relatives of individuals with AN have higher rates of both AN and BN.^{2,11} Identical twins of patients with eating disorders also have higher rates of these disorders, with monozygotic twins demonstrating a higher concordance than dizygotic twins (approximately 50% versus 14%).^{12,13} Mood disorders are more prevalent in first-degree biologic relatives of individuals with AN, especially among probands with the binge eating and purging pattern. Compared with controls, families of patients with BN have been found to have higher rates of affective disorders, substance abuse (especially alcoholism), and obesity.^{14,15}

Neurohormonal Factors

Some investigators speculate that eating disorders are caused by hypothalamic or suprahypothalamic dysfunction.¹⁶ This would account for the abnormalities observed during the active phase of the disorder,¹⁶ including changes in the levels of luteinizing hormone, follicle-stimulating hormone, cortisol, various other hormones, and peptides, and for abnormal opioid and catecholamine metabolism. These biologic abnormalities invariably stabilize and return to normal upon resolution of the eating disorder. Although academically appealing, this theory lacks firm research support and some, if not all, of these abnormalities may be secondary to starvation or nutritional deficits.

Other investigators theorize that those who diet and exercise may experience a euphoric state similar to a “runner’s high” from the release of endogenous opioids. The recurring release of opioids can then lead to auto-addiction and perpetuate starvation and exercise to achieve an altered state via endogenous opioids.¹⁷