

# Eating Disorders: A Review of Eating Disorders and Case Studies

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BRI SRNSKY, RDN, CEDRD

CASEY BJORALT, RDN

AMANDA NACK, RDN

## Objectives

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- Review types of eating disorders and characteristics noted within each type of eating disorder
- Discuss how to identify an eating disorder in your office
- Assessment tools to consider when identifying and treating an eating disorder
- Review of case studies to gather further insight on the complexity and factors to consider within your role on the health care team

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## Eating disorders have the highest mortality rate of any psychiatric illness

The mortality rate associated with anorexia nervosa is 12 times higher than the death rate of ALL causes of death for females 15-24 years old (1).

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## What is an Eating Disorder?

Eating disorders are serious mental and physical illnesses, affecting individuals of every age, gender, race, ethnicity and socioeconomic group (2).

- Exact cause is unknown- research suggests the onset is influenced by a range of biological, psychological and sociocultural factors

### Types of Eating Disorders

- **Anorexia Nervosa**- characterized by weight loss and difficulty maintaining appropriate body weight due to restriction of calories.
- **Bulimia Nervosa**-characterized by recurrent cycles of bingeing and compensatory behaviors such as self-induced vomiting
- **Binge Eating Disorder**- characterized by recurrent episodes of eating large amounts of food, feeling loss of control during the binge followed by feelings of shame, distress or guilt

## How prevalent are eating disorders?

- > 10% of the US population has an eating disorder (~30 million people)
- > 1 out of every 100 females between the ages of 10 – 20 y.o has anorexia
- > Eating disorders have the highest rate of mortality rate of ANY mental illness
- > 1 in 5 anorexia deaths is by suicide.
- > 13% of women > 50 y.o. engage in ED behaviors
- > At least 50% of patients with eating disorders suffer from a comorbid mood disorder



National Association of Anorexia Nervosa and Associated Disorders. (2019). Retrieved from <https://anad.org/education-and-awareness/about-eating-disorders/eating-disorders-statistics/>.

## Risk Factors

### Psychological Risk Factors

- Perfectionism
- Anxiety
- Depression
- Difficulties regulating emotion
- Obsessive-compulsive behaviors
- Rigid thinking style

### Sociocultural Risk Factors

- Cultural promotion of the thin ideal
- Emphasis on size and weight
- Emphasis on dieting
- Thought of an “ideal body” including only a narrow range of shapes and sizes
- Potential impact from medical providers

### Biological Risk Factors

- Having a close family member with an eating disorder
- Family history of depression, anxiety, and/or addiction
- Personal history of depression, anxiety, and/or addiction
- Presence of food allergies that contribute to picky or restrictive eating (e.g. celiac disease)
- Presence of Type 1 Diabetes

National Eating Disorders Association. (2018). Retrieved from <https://www.nationaleatingdisorders.org/learn/by-eating-disorder/anorexia>.

## Anorexia Nervosa

According to the DSM-5:

1. Restriction of energy intake relative to requirements leading to a significantly low body weight in the context of age, sex, developmental trajectory, and physical health.
2. Intense fear of gaining weight or becoming fat, even though underweight.
3. 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.

Even if all the DSM-5 criteria for anorexia are not met, a serious eating disorder can still be present. Atypical anorexia includes those individuals who meet the criteria for anorexia but who are not underweight despite significant weight loss. Research studies have not found a difference in the medical and psychological impacts of anorexia and atypical anorexia.

National Eating Disorders Association. (2018). Retrieved from <https://www.nationaleatingdisorders.org/learn/by-eating-disorder/anorexia>.

## Anorexia Nervosa Emotional/Behavioral Symptoms

- Dramatic weight loss
- Dresses in layers to hide weight loss or stay warm
- Is preoccupied with weight, food, calories, fat grams, and dieting
- Refuses to eat certain foods, progressing to restrictions against whole categories of food (e.g., no carbohydrates, etc.)
- Makes frequent comments about feeling “fat” or overweight despite weight loss
- Complains of constipation, abdominal pain, cold intolerance, lethargy, and/or excess energy
- Denies feeling hungry

National Eating Disorders Association. (2018). Retrieved from <https://www.nationaleatingdisorders.org/learn/by-eating-disorder/anorexia>.

## Anorexia Nervosa Emotional/Behavioral Symptoms Cont'd

- Develops food rituals (e.g., eating foods in certain orders, excessive chewing, rearranging food on a plate)
- Cooks meals for others without eating
- Consistently makes excuses to avoid mealtimes or situations involving food, seems concerned eating in public
- Expresses a need to “burn off” calories taken in, maintains an excessive, rigid exercise regimen – despite weather, fatigue, illness, or injury, shows inflexible thinking
- Withdraws from usual friends and activities and becomes more isolated, withdrawn, and secretive
- Has disturbed experience of body weight or shape, undue influence of weight or shape on self-evaluation, or denial of the seriousness of low body weight

National Eating Disorders Association. (2018). Retrieved from <https://www.nationaleatingdisorders.org/learn/by-eating-disorder/anorexia>.

## Anorexia Nervosa Physical Symptoms

- Stomach cramps, other non-specific gastrointestinal complaints (constipation, acid reflux, etc.)
- Difficulties concentrating
- Abnormal laboratory findings (anemia, low thyroid and hormone levels, low potassium, low blood cell counts, slow heart rate), impaired immune function
- Dizziness, fainting/syncope
- Feeling cold all the time, cold, mottled hands and feet or swelling of feet
- Sleep problems
- Menstrual irregularities—amenorrhea, irregular periods or only having a period while on hormonal contraceptives (this is not considered a “true” period)

National Eating Disorders Association. (2018). <https://www.nationaleatingdisorders.org/learn/by-eating-disorder/anorexia>.

## Anorexia Nervosa Physical Symptoms Cont'd

- Cuts and calluses across the top of finger joints (a result of inducing vomiting), swelling around salivary glands
- Dental problems, such as enamel erosion, cavities, and tooth sensitivity
- Dry skin, dry and brittle nails
- Fine hair on body (lanugo), thinning of hair on head
- Muscle weakness
- Yellow skin (in context of eating large amounts of carrots)
- Poor wound healing

National Eating Disorders Association. (2018).  
<https://www.nationaleatingdisorders.org/learn/by-eating-disorder/anorexia>.

## Bulimia Nervosa

According to the DSM-5:

- Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:
  - Eating, in a discrete period of time (e.g. within any 2-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances.
  - A sense of lack of control over eating during the episode (e.g. a feeling that one cannot stop eating or control what or how much one is eating).
- Recurrent inappropriate compensatory behavior in order to prevent weight gain, such as self-induced vomiting, misuse of laxatives, diuretics, or other medications, fasting, or excessive exercise.
- The binge eating and inappropriate compensatory behaviors both occur, on average, at least once a week for three months.
- Self-evaluation is unduly influenced by body shape and weight.
- The disturbance does not occur exclusively during episodes of anorexia nervosa.

Diabulimia- intentional misuse of insulin for type 1 diabetes

National Eating Disorders Association. (2018). Retrieved from  
<https://www.nationaleatingdisorders.org/learn/by-eating-disorder/bulimia>.

## Bulimia Nervosa Emotional/Behavioral Symptoms

- Behaviors and attitudes suggest weight loss, dieting, and control of food are primary concerns
- Evidence of binge eating, - disappearance of large amounts of food in short periods of time, lots of empty wrappers and containers
- Evidence of purging behaviors-frequent trips to the bathroom after meals, signs and/or smells of vomiting, evidence of laxatives or diuretics
- Development of food rituals (ex: eating only a particular food or food group [e.g. condiments], excessive chewing, doesn't allow foods to touch)
- Skipping meals or takes small portions of food at regular meals
- Fear of eating in public or with others
- Steals or hoards food

National Eating Disorders Association. (2018). Retrieved from <https://www.nationaleatingdisorders.org/learn/by-eating-disorder/bulimia>.

## Bulimia Nervosa Emotional/Behavioral Symptoms Cont'd

- Drinks excessive amounts of water or non-caloric beverages
- Uses excessive amounts of mouthwash, mints, and gum
- Hides body with baggy clothes , shows extreme concerns with body weight and shape, Frequent checking in the mirror for perceived flaws in appearance
- Maintains excessive, rigid exercise regimen – despite weather, fatigue, illness, or injury—due to the need to “burn off ” calories
- Lifestyle scheduled to make time for binge-and-purge episodes , withdraws from usual friends and activities
- Extreme mood swings

National Eating Disorders Association. (2018). Retrieved from <https://www.nationaleatingdisorders.org/learn/by-eating-disorder/bulimia>.

## Bulimia Nervosa Physical Symptoms

- Body weight is typically within the normal weight range-noticeable fluctuations in weight, both up and down
- Stomach cramps, other non-specific gastrointestinal complaints (constipation, acid reflux, etc.)
- Abnormal laboratory findings (anemia, low thyroid and hormone levels, low potassium, low blood cell counts, slow heart rate)
- Dizziness, fainting/syncope, feeling cold all the time, sleep problems, difficulties concentrating, muscle weakness, impaired immune function
- Has calluses on the back of the hands and knuckles from self-induced vomiting
- Dental problems, such as enamel erosion, cavities, and tooth sensitivity

National Eating Disorders Association. (2018). Retrieved from <https://www.nationaleatingdisorders.org/learn/by-eating-disorder/bulimia>.

## Bulimia Nervosa Physical Symptoms Cont'd

- Dry skin, dry and brittle nails
- Swelling around area of salivary glands
- Fine hair on body, thinning of hair on head (lanugo)
- Cold, mottled hands and feet or swelling of feet
- Menstrual irregularities — missing periods or only having a period while on hormonal contraceptives (this is not considered a “true” period)
- Poor wound healing

National Eating Disorders Association. (2018). Retrieved from <https://www.nationaleatingdisorders.org/learn/by-eating-disorder/bulimia>.



## Binge Eating Disorder

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- Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:
  - Eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than what most people would eat in a similar period of time under similar circumstances.
  - A sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating).

National Eating Disorders Association. (2018). Retrieved from <https://www.nationaleatingdisorders.org/learn/by-eating-disorder/bed>.

## Binge Eating Disorder Cont'd

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The binge eating episodes are associated with three (or more) of the following:

- 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 feeling embarrassed by how much one is eating.
- Feeling disgusted with oneself, depressed, or very guilty afterward.
- The binge eating occurs, on average, at least once a week for 3 months.
- The binge eating is not associated with the recurrent use of inappropriate compensatory behaviors (e.g., purging) as in bulimia nervosa and does not occur exclusively during the course of bulimia nervosa or anorexia nervosa.

National Eating Disorders Association. (2018). Retrieved from <https://www.nationaleatingdisorders.org/learn/by-eating-disorder/bed>.

## Binge Eating Disorder Emotional/Behavioral Symptoms

- Evidence of binge eating, including disappearance of large amounts of food in short periods of time or lots of empty wrappers and containers indicating consumption of large amounts of food.
- Appears uncomfortable eating around others
- Any new practice with food or fad diets, including cutting out entire food groups (no sugar, no carbs, no dairy, vegetarianism/veganism)
- Fear of eating in public or with others, eating alone out of embarrassment at the quantity of food being eaten
- Steals or hoards food in strange places
- Creates lifestyle schedules or rituals to make time for binge sessions
- Withdraws from usual friends and activities

National Eating Disorders Association. (2018). Retrieved from <https://www.nationaleatingdisorders.org/learn/by-eating-disorder/bed>.

## Binge Eating Disorder Emotional/Behavioral Symptoms Cont'd

- Frequently diets
- Shows extreme concern with body weight and shape
- Frequent checking in the mirror for perceived flaws in appearance
- Disruption in normal eating behaviors, including eating throughout the day with no planned mealtimes; skipping meals or taking small portions of food at regular meals; engaging in sporadic fasting or repetitive dieting
- Developing food rituals (e.g., eating only a particular food or food group [e.g., condiments], excessive chewing, and not allowing foods to touch).
- Feelings of disgust, depression, low self-esteem or guilt after overeating

National Eating Disorders Association. (2018). Retrieved from <https://www.nationaleatingdisorders.org/learn/by-eating-disorder/bed>.

## Binge Eating Disorder Physical Symptoms

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- Noticeable fluctuations in weight, both up and down
- Stomach cramps, other non-specific gastrointestinal complaints (constipation, acid reflux, etc.)
- Difficulties concentrating

National Eating Disorders Association. (2018). Retrieved from <https://www.nationaleatingdisorders.org/learn/by-eating-disorder/bed>.

## Importance of Treatment

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WITHOUT treatment, 20% of people with an eating disorder will die

WITH treatment, 2-3% of people with an eating disorder will die

WITH treatment 60% will fully recover, 20% partially recover, and 20% do not show improvement

Chances of recovery decrease with each subsequent hospitalization

Mirror Mirror Eating Disorder Help. (2014). Retrieved from <https://www.mirror-mirror.org/eating-disorders-statistics.htm>.

## The fear is real...

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## Case Study: J.D.

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- 38 yr old female with diagnosis of Anorexia Nervosa, binge-purge type
- Comorbid diagnosis' of GAD, PTSD, Dependent/Avoidant Personality disorder, ESRD (hemodialysis)
- Multiple admissions; average BMI of 13.5 kg/m<sup>2</sup> upon admission.
- Factors affecting the nutrition plan
  - Nutrition Assessment
  - Treatment goals, including weight goals
  - Determining starting meal plans
  - Factors that to lead to changes/adjustments
  - Ongoing recommendations

## Case Study: N.L.

- 36 yr old female with diagnosis of Anorexia Nervosa, restrictive type with laxative and diuretic abuse
- Comorbid diagnosis' of MDD, GAD, Social Anxiety Disorder, Cluster B traits, S/P gastric bypass 2014 (with revisions)
- Two admissions; average BMI of 19.2 kg/m<sup>2</sup> upon admission
- Factors affecting the nutrition plan
  - Nutrition Assessment
  - Treatment goals, including weight goals
  - Determining starting meal plans
  - Factors that lead to changes/adjustments
  - Ongoing recommendations

## Case Study: K.M.

- 14 yr old female with diagnosis of Anorexia Nervosa, restrictive type
- Comorbid diagnosis' of perfectionistic traits, type I diabetes, celiac disease, and rheumatoid arthritis
- Two admissions; 22<sup>nd</sup> BMI-for-age percentile upon first admission and 31<sup>st</sup> BMI-for-age percentile upon second admission
- Factors affecting the nutrition plan
  - Nutrition Assessment
  - Treatment goals, including weight goals
  - Determining starting meal plan/factors to consider
  - Factors that lead to changes/adjustments
  - Ongoing recommendations

## Case Study L.A.

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- 41 yr old female with diagnosis of Anorexia Nervosa, restrictive type
- Comorbid diagnosis' of generalized anxiety disorder, mood disorder, major depressive disorder
- Two admissions: average BMI of 11.2 kg/m<sup>2</sup> upon admission
- Factors affecting the nutrition plan
  - Nutrition Assessment
  - Treatment goals, including weight goals
  - Determining starting meal plans
  - Factors that to lead to changes/adjustments
  - Ongoing recommendations

## Case Study: K.O.

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- 28 yr old female with diagnosis of Anorexia nervosa restricting type, severe and enduring
- Comorbid diagnosis' of GAD, Depressive disorder secondary to malnutrition, OCPD traits, Rule out OCD
- Multiple admissions; average BMI of 11.1 kg/m<sup>2</sup> upon admission.
- Factors affecting the nutrition plan
  - Nutrition Assessment
  - Treatment goals, including weight goals
  - Determining starting meal plans
  - Factors that to lead to changes/adjustments
  - Ongoing recommendations/ Quality of life

## Case Study: B.O.

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- 39 yr old female with diagnosis of Anorexia Nervosa, severe and enduring
- Comorbid diagnosis' of GAD, OCD, Mood disorder secondary to malnutrition, History of delirium, OCPD traits
- Multiple Admissions; average BMI of 12.3 kg/m<sup>2</sup> upon admission
- Factors affecting the nutrition plan
  - Nutrition Assessment
  - Treatment goals, including weight goals
  - Determining starting meal plans
  - Factors that lead to changes/adjustments
  - Ongoing recommendations/ Quality of life

## Questions?

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