

EATING DISORDERS

Overview and Guidelines

For Clinical Practice Guidelines:

- 1) Williams PM1, Goodie J, Motsinger CD. Treating eating disorders in primary care. *Am Fam Physician*. 2008 Jan 15;77(2):187-95. http://www.aafp.org/link_out?pmid=18246888
- 2) Gonzalez A, Kohn MR, Clarke SD. Eating disorders in adolescents. *Aust Fam Physician*. 2007 Aug;36(8):614-9. Review. [Free Article](#)
- 3) Sim LA, McAlpine DE, Grothe KB, Himes SM, Cockerill RG, Clark MM. Identification and treatment of eating disorders in the primary care setting. *Mayo Clin Proc*. 2010 Aug;85(8):746-51. doi: 10.4065/mcp.2010.0070. Epub 2010 Jul 6. Review. PMID:20605951 [Free PMC Article](#)
- 4) Robinson AL, Boachie A, Lafrance GA. Assessment and treatment of pediatric eating disorders: a survey of physicians and psychologists. *J Can Acad Child Adolesc Psychiatry*. 2012 Feb;21(1):45-52. PMID:22299014 [Free PMC Article](#)

Patient Resources:

[NEDA – National Eating Disorders Association](#)

The National Eating Disorders Association (NEDA) is a nonprofit organization dedicated to supporting individuals and families affected by eating disorders. We campaign for prevention, improved access to quality treatment and increased research funding to better understand and treat eating disorders. We work with partners and volunteers to develop programs and tools to help everyone who seeks assistance.

[National Eating Disorders Screening Program](#)

Screening for Mental Health offers eating-disorder screening programs for colleges and universities, community-based organizations and businesses.

[National Institute of Mental Health](#)

The mission of the National Institute of Mental Health (NIMH) is to transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery and a cure. For the Institute to continue fulfilling this vital public health mission, it must foster innovative thinking and ensure that a full array of novel scientific perspectives are used to further discovery in the evolving science of brain, behavior and experience. In this way, breakthroughs in science can become breakthroughs for all people with mental illnesses.

[The Alliance for Eating Disorders Awareness](#)

The Alliance for Eating Disorders Awareness (The Alliance) is dedicated to providing programs and activities aimed at outreach and education related to health promotion, including all eating disorders, positive body image and self-esteem. The Alliance is committed to the advocacy, awareness and funding for eating-disorders prevention.

Eating Disorders: An Overview

(excerpted from NAMI)

When you become so preoccupied with food and weight issues that you find it harder and harder to focus on other aspects of your life, it may be an early sign of an eating disorder. Studies suggest that 1 in 20 people will be affected at some point in their lives. Ultimately without treatment, eating disorders can take over a person's life and lead to serious, potentially fatal medical complications.

Symptoms

Eating disorders are a group of related conditions that cause serious emotional and physical problems. Each condition involves extreme food and weight issues; however, each has unique symptoms that separate it from the others.

Anorexia Nervosa. A person with anorexia will deny herself food to the point of self-starvation as she obsesses about weight loss. With anorexia, a person will deny hunger and refuse to eat, practice binge eating and purging behaviors or exercise to the point of exhaustion as she attempts to limit, eliminate or "burn" calories. Low food intake and inadequate nutrition causes a person to become very thin. The body is forced to slow down to conserve energy causing irregularities or loss of menstruation, constipation and abdominal pain, irregular heart rhythms, low blood pressure, dehydration and trouble sleeping.

Bulimia Nervosa. Someone living with bulimia will feel out of control when bingeing on very large amounts of food during short periods of time, and then desperately try to rid himself of the extra calories using forced vomiting, abusing laxatives or excessive exercise. This becomes a repeating cycle that controls many aspects of the person's life and has a very negative effect both emotionally and physically. People living with bulimia are usually normal weight or even a bit overweight.

The emotional symptoms of bulimia include low self-esteem overly linked to body image, feelings of being out of control, feeling guilty or shameful about eating and withdrawal from friends and family. Like anorexia, bulimia will inflict physical damage. The bingeing and purging can severely harm the parts of the body involved in eating and digesting food, teeth are damaged by frequent vomiting, and acid reflux is common. Excessive purging can cause dehydration and lead to cardiac arrhythmias, heart failure and even death.

Binge Eating Disorder (BED). A person with BED loses control over her eating and eats a very large amount of food in a short period of time. She may also eat large amounts of food even when she isn't hungry or after she is uncomfortably full. This causes her to feel embarrassed, disgusted, depressed or guilty about her behavior. A person with BED, after an episode of binge eating, does not attempt to purge or exercise excessively like someone living with anorexia or bulimia would. A person with binge eating disorder may be normal weight, overweight or obese.

Causes Eating disorders are very complex conditions, and scientists are still learning about the causes. Although eating disorders all have food and weight issues in common, most experts now believe that eating disorders are caused by people attempting to cope with overwhelming feelings and painful emotions by controlling food intake. Factors that may be involved in developing an eating disorder include:

- **Genetics.** People with first degree relatives with an eating disorder appear to be more at risk of developing an eating disorder suggesting a genetic link. Evidence that the brain chemical, serotonin, is involved also points a contributing genetic and biological factors.
- **Environment.** Cultural pressures that stress "thinness" as beautiful for women and muscular development and body size for men places undue pressure on people of achieve unrealistic standards.

- **Peer Pressure.** With young people, this can be a very powerful force. Pressure can appear in the form of teasing, bullying or ridicule because of size or weight. A history of physical or sexual abuse can also contribute to some people developing an eating disorder.
- **Emotional Health.** Perfectionism, impulsive behavior and difficult relationships can all contribute to lowering a person's self-esteem and make them vulnerable to developing eating disorders.

Diagnosis

An early diagnosis is important to achieving the best recovery outcome. If an eating disorder is believed to be an issue, a doctor will usually perform a physical examination, conduct an interview and order lab tests to check for related medical issues and complications. In addition, a mental health professional will conduct a psychological evaluation.

Treatment

Eating disorders are managed using a variety of techniques. Treatments will vary depending on the type of disorder, but will generally include the following:

- **Psychotherapy**, such as talk therapy or behavioral therapy.
- **Medicine**, such as antidepressants and anti-anxiety drugs to address frequently co-occurring illnesses like depression or anxiety. With no medication available to treat eating disorders themselves, many patients find that these medicines help with underlying issues.
- **Nutritional counseling and weight restoration monitoring** are also crucial. Family based treatment is especially important with children and adolescents. It leads to healthy eating patterns, and increases awareness and support at home.

NAMI 3803 N. Fairfax Drive, Suite 100 Arlington, VA 22203 www.nami.org NAMI HelpLine: 800-950-NAMI (6264)
NAMI | [namicommunicate](http://namicommunicate.org)

See more at: <http://www.nami.org/Learn-More/Mental-Health-Conditions/Eating-Disorders>

Updated March 2015

Assessment of Eating Disorder Patients: (excepted from NEDA)

PATIENT ASSESSMENT

In order to diagnose an eating disorder and determine the best course of action, a clinician will need to ask the patient and (if applicable) their loved ones the following types of questions:

- Patient history, including screening questions about eating patterns
- Determination of medical, nutritional, psychological and social functioning (if possible, an eating disorder expert should assess the mental health of your child)
- Attitudes towards eating, exercise, and appearance
- Family history of eating disorder or other psychiatric disorder, including alcohol and substance use disorders
- Family history of obesity
- Assessment of other mental health conditions, such as depression and anxiety

MEDICAL EXAM

Eating disorders are frequently accompanied by various medical issues that can result from self-starvation, over-exercise, binge eating, and/or purging. This makes an evaluation by a physician a necessary part of eating disorder treatment. A doctor will typically evaluate the following:

- Physical examination including height, weight, body mass index (BMI), growth chart assessment for children and adolescents, cardiovascular and peripheral vascular function, skin health, hair loss, evidence of self-injurious behaviors
- Measurement of body temperature and pulse
- Orthostatic blood pressure
- Laboratory tests (see below)
- Dental exam if self-induced vomiting is known or suspected
- Establishment of diagnosis and recommendations for appropriate level of care

LABORATORY TESTING

A variety of laboratory tests and bloodwork may be needed to determine the correct eating disorder diagnosis and assess the appropriate level of care for an affected individual. The laboratory tests will evaluate the following types of factors:

- Blood sugar levels
- Electrolyte levels, to determine the presence and severity of dehydration, especially if someone is purging
- Liver and kidney functioning
- Chemicals in the urine
- Electrocardiogram (ECG), which ensures the heart is beating properly

The tests, in more detail:

- Complete Blood Count (CBC)
 - This analyzes the three main types of blood cells circulating in your blood, and can detect anemia and infection
- Comprehensive Metabolic Profile
 - The CMP measures a variety of factors related to overall health, including:
 - Blood glucose
 - Electrolytes (sodium, potassium, and chloride)
 - Carbon dioxide (bicarbonate)

- Blood urea nitrogen (a measure of kidney function)
 - Creatinine and creatinine clearance (a measure of kidney function)
 - Liver enzymes (to measure liver function)
 - Aspartate transaminase (AST)
 - Alkaline phosphatase (ALP)
 - Alanine aminotransferase (ALT)
 - Total bilirubin (to measure liver function)
- Serum magnesium and phosphate
 - Both these chemicals play a role in regulating metabolism and heartbeat.
- Electrocardiogram
 - This test uses electrical signals from the heart to determine how well it's beating and if there are any arrhythmias
- Urinalysis
 - This can determine the presence of ketones (a by-product of fat metabolism that occurs when the body doesn't have enough fuel) and the urine specific gravity, which can assess dehydration and fluid intake

LABORATORY TESTING FOR MEDICAL PROFESSIONALS

You can share this list of eating disorder laboratory tests with your doctor:

- Complete Blood Count (CBC) with differential urinalysis
- Complete Metabolic Profile: sodium, chloride, potassium, glucose, blood urea nitrogen
- Creatinine, total protein, albumin, globulin, calcium, carbon dioxide, aspartate transaminase (AST), alkaline phosphatase (ALP), total bilirubin
- Serum magnesium, phosphate
- Thyroid screen (T3, T4, TSH)
- Electrocardiogram (ECG)

SPECIAL CIRCUMSTANCES

- If uncertain of diagnosis
 - Erythrocyte sedimentation rate
 - Radiographic studies (computed tomography or magnetic resonance imaging of the brain or upper/lower gastrointestinal system)
- For individuals with persistent low weight, especially females who sustain amenorrhea, a work-up should include a Dual Energy X-ray Absorptiometry (DEXA) to assess bone mineral density.
- If applicable, if patient has been without a menstrual period for six or more months
- Urine pregnancy, luteinizing and follicle stimulating hormone, and prolactin tests.

Printable Resources (NEDA):

EATING DISORDERS & MEN

Eating disorders affect people of all genders, although they have routinely been characterized as a women's issue. There are many factors that lead males to be under- and undiagnosed for eating disorders, including the social stigma of males seeking psychological help. Combating these false impressions is vital to removing the stigma surrounding gender and eating disorders. By de-stigmatizing eating disorders, everyone will get better access to diagnosis and treatment.

EATING DISORDER PREVALENCE AMONG MEN & BOYS

Among individuals with eating disorders, approximately the following percentage of those affected:

ADOLESCENTS	20%
ADULT MEN	24%
ADULT WOMEN	28%

Although eating disorders affect a higher proportion of males and identify as men or transgender females, the majority of males with eating disorders are heterosexual.



76% of men or transgender men



81% of transgender women

Source: National Eating Disorder Association, 2018

ELEVATED MORTALITY RISK & COMMON COMORBID CONDITIONS

Eating disorders have the highest mortality rate of all mental illnesses.



Research studies suggest that men with eating disorders have a

HIGHER MORTALITY RISK*

Men with eating disorders often suffer from comorbid conditions such as:


Anxiety


Depressive disorders


Bipolar disorder


Substance disorders

SUB-CLINICAL EATING DISORDER BEHAVIORS COMMON


 binge eating


 purging


 fasting


 eating disorders

Subclinical eating disorder behaviors are nearly as common among males as females.

HOSPITALIZATION & TREATMENT OF MEN WITH EATING DISORDERS

From 1991 to 2010 hospitalizations involving eating disorders for male patients decreased by:

53%

* SOURCE: NEDA'S 2018 SURVEILLANCE REPORT, A SUMMARY OF CURRENT RESEARCH & TREATMENT TRENDS IN EATING DISORDER CARE AND CLINICAL RECOMMENDATIONS.

* SOURCE: HOSPITALIZATION DATA FROM ICD-9-CM PLACES WHERE TREATMENT OF SUBCLINICAL OR UNDIAGNOSED EATING DISORDERS OCCURRED. SOURCE: NEDA/NEEDS. WWW.NEDA.ORG

GET SCREENED | www.NEDA.org/SCREENING
GET HELP | CALL (800) 931-2237
 TEXT NEDA TO 347561
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https://www.nationaleatingdisorders.org/sites/default/files/men_web.pdf

EATING DISORDERS & SUBSTANCE ABUSE

Multiple studies have demonstrated that many people with eating disorders also struggle with substance abuse, with a particularly significant crossover for those struggling with bulimia or binge eating disorder. Those struggling with both substance abuse and an eating disorder should receive comprehensive treatment from specialists with expertise in both issues.

SUBSTANCE ABUSE AND EATING DISORDERS

The substances most frequently abused by individuals with eating disorders or with co-occurring symptoms of these disorders include:

Alcohol

Tobacco

Drugs

Heroin

Cocaine

Prescription/over-the-counter medicines

Other prescription (over-the-counter)

SHARED-RISK FACTORS

Eating disorders and substance abuse share a number of common risk factors, including:

Genetics

Family history

Low self-esteem

Anxiety

Body image

Social pressures

SIGNIFICANT CO-OCCURRENCE OF EATING DISORDERS AND SUBSTANCE ABUSE

According to the National Center on Addiction and Substance Abuse (NCSAJ):

5X Higher than the general population!

80% OF INDIVIDUALS with eating disorders abused alcohol in their lives.

According to the National Center on Addiction and Substance Abuse (NCSAJ):

11X Higher than the general population!

80% OF INDIVIDUALS who abused or were dependent on alcohol or drugs had also had eating disorders in their lives.

PERCENTAGE OF THOSE WITH EATING DISORDERS WHO ABUSE SUBSTANCES*

37%
Bulimic women

33%
Binge eating women

37%
Bulimic men

* Compared to all men, women and men and women who do not abuse substances and who do not have eating disorders.

- Alcohol
- Cocaine
- Prescription & Over-the-Counter Medication
- Other Drugs/Prescription

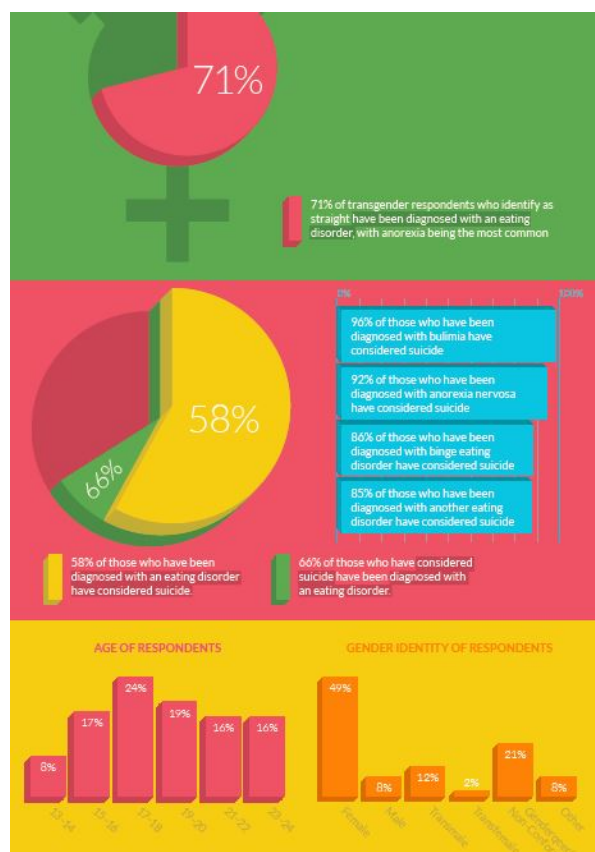
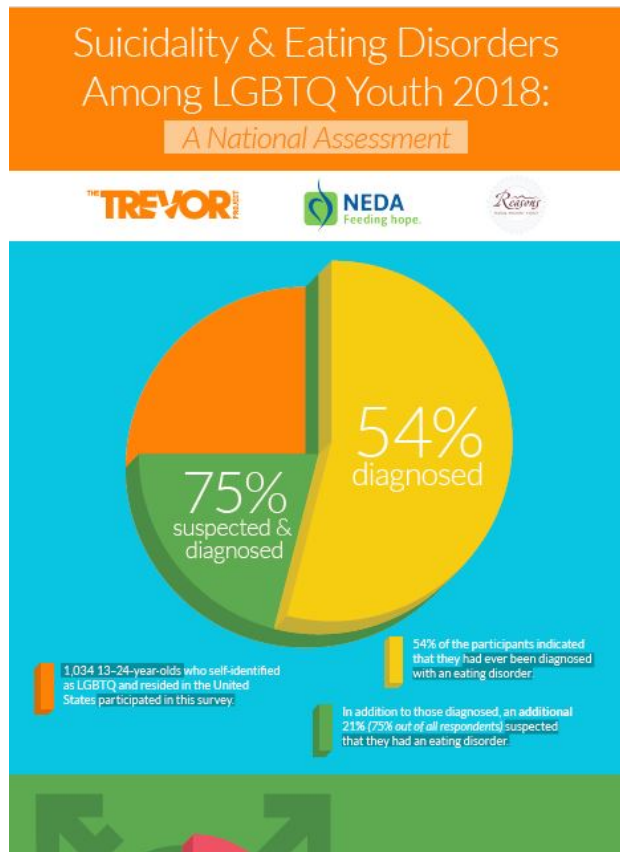
GET SCREENED | www.HYNECA.ORG/SCREENING

GET HELP | CALL (800) 931-2037
TEXT HELP TO 76101

(Source: www.nationaleatingdisorders.org)



https://www.nationaleatingdisorders.org/sites/default/files/substance_abuse_web.pdf



References:

- Williams PM1, Goodie J, Motsinger CD. Treating eating disorders in primary care. *Am Fam Physician*. 2008 Jan 15;77(2):187-95. http://www.aafp.org/link_out?pmid=18246888
- Gonzalez A, Kohn MR, Clarke SD. Eating disorders in adolescents. *AustFam Physician*. 2007 Aug;36(8):614-9. Review. [Free Article](#)
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- Robinson AL, Boachie A, Lafrance GA. Assessment and treatment of pediatric eating disorders: a survey of physicians and psychologists. *J Can Acad Child Adolesc Psychiatry*. 2012 Feb;21(1):45-52. PMID:22299014 [Free PMC Article](#)
- Kondo DG, Sokol MS. Eating disorders in primary care. A guide to identification and treatment. *Postgrad Med*. 2006 Sep-Oct;119(3):59-65. PubMed PMID: 17128646.
- Resmark, G., Herpertz, S., Herpertz-Dahlmann, B., & Zeeck, A. (2019). Treatment of Anorexia Nervosa-New Evidence-Based Guidelines. *Journal of clinical medicine*, 8(2), 153. doi:10.3390/jcm8020153
- Hay, P., Chinn, D., Forbes, D., Madden, S., Newton, R., Sugenor, L., ... Ward, W. (2014). Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for the treatment of eating disorders. *Australian & New Zealand Journal of Psychiatry*, 48(11), 977–1008. <https://doi.org/10.1177/0004867414555814>
- Martin Aigner, Janet Treasure, Walter Kaye, Siegfried Kasper & The WFSBP Task Force on Eating Disorders (2011) World Federation of Societies of Biological Psychiatry (WFSBP) Guidelines for the Pharmacological Treatment of Eating Disorders, *The World Journal of Biological Psychiatry*, 12:6, 400-443, DOI: [10.3109/15622975.2011.602720](https://doi.org/10.3109/15622975.2011.602720):