

Quadrant II – Transcript and Related Materials

Programme: Bachelor of Arts (Third Year)

Subject: Psychology

Course Code: PSC 105

Course Title: Understanding Psychological Disorders

Unit: 03

Module Name: Major Eating Disorders - Characteristics & Types (Part-1)

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Notes

Major Eating Disorders

Eating disorders are characterized by a persistent disturbance in eating behavior that impairs the health and ability to function well.

Types of major eating disorders;

- Anorexia Nervosa
- Bulimia Nervosa
- Binge Eating Disorder

Anorexia Nervosa

- Literally means “Lack of appetite induced by nervousness”
- However this definition is a Misnomer
- Pursuit of thinness – core feature
- Described since 1600s
- Richard Morton (1689)- First known medical account
- Sir William Gull used the term **Anorexia Nervosa** in 1873

Anorexia nervosa is a serious eating disorder involving the restriction of food intake, a weight below normal, a fear of gaining weight, a lack of recognition of the seriousness of the current body weight, and a distorted perception of one's body.

DSM-5 Criteria for Anorexia Nervosa

A. Restriction of energy intake relative to requirements, leading to significantly low body weight in the context of age, sex, developmental trajectory, and physical health.

B. Intense fear of gaining weight or of becoming fat, or persistent behaviour that interferes with weight gain, even though at a significantly low weight.

C. Disturbances in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or persistent lack of recognition of the seriousness of the current low body weight.

Subtypes of Anorexia Nervosa:

- **Restricting type**
 - Weight loss through dieting, fasting, and/or excessive exercise
- **Binge eating/purging type**
 - Episodes of overeating followed by self-induced vomiting
 - Use of laxatives, diuretics, or enemas
 - Excessive exercise or fasting
- Patients commonly deny having a problem.
- Be dishonest about their eating patterns
- Give reasons for their exercising and eating behaviours

- Obtaining history of weight (highest and lowest) and menstruation (in females) is important

Bulimia Nervosa

Is characterized by uncontrollable binge eating and efforts to prevent resulting weight gain by inappropriate behaviours such as self-induced vomiting and excessive exercise.

- G.F.M. Russell proposed the term in 1979
- Adopted into DSM in 1987
- Greek words Bous (ox/bull) and limos (hunger)
- A hunger of such proportions that the person "could eat an ox"

DSM-5 Criteria for Bulimia Nervosa

A. Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:

1. Eating in a discrete period of time an amount of food that is definitely larger than what most individuals eat.
2. A sense of lack of control over eating during the episode

B. Recurrent inappropriate compensatory behaviours in order to prevent weight gain, such as self-induced vomiting, misuse of laxatives, diuretics, or other medications, fasting or excessive exercise.

C. The binge eating and inappropriate compensatory behaviours both occur, on an average, at least once a week for 3 months.

D. Self-evaluation is unduly influenced by body shape and weight.

E. The disturbance does not occur exclusively during episodes of anorexia nervosa.

- Typically begins with dieting motivated by the desire to be slender
- After initial success - lose control and begin to overeat

- Fear of becoming fat and lack of control over eating leads them to look for ways to overeat without being fat at the same time
- This pattern then persists because though they are disgusted by their eating behaviour, the purging alleviates the fear of gaining weight
- People with anorexia nervosa and bulimia nervosa share a common preoccupation with their body shape and weight.

Differences;

- Individuals with bulimia nervosa are typically of normal weight or sometimes slightly overweight and individuals with anorexia nervosa are severely underweight.
- People with anorexia nervosa deny the seriousness of their disorder and are surprised by the shock and concern with which others view their condition. Whereas, people with bulimia nervosa are preoccupied with shame, guilt and self-deprecation and make efforts to conceal their behaviour.