Eating Disorder

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Key points

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The DSM-5 (Diagnostic & Statistical Manual of Mental Disorders, Fifth Edition) lists eating disorders under the category of "Feeding & Eating Disorders" and describes that they are "characterized by a persistent disturbance of eating or eating-related behavior that results in the altered consumption or absorption of food that significantly impairs physical health or psychosocial functioning.1

Eating disorders are health problems that were first reported in the 17th century but dramatically increased in the late 20th century. They initiated in Western countries and evolved, catching the attention of both Western and non-Western countries nowadays. Prior to the 20th century in America, the "ideal" body shape of a young woman was a full-figured woman. By the late 1960s, women had lost much of their curves. The media constantly presents us with images of the "ideal" body shape, for both men and women. As a result, numerous young females are inspired to be thin; some young men feel they need to lift weights exorbitantly to increase their muscle mass. These types of messages and social pressure may beget body dysmorphia, extreme dieting, and unhealthy weight control means, which eventually lead to the development of eating disorders.1

Eating disorders can affect people of all genders, ages, races, ethnicities, body shapes, weights, sexual orientations, and socioeconomic statuses. Females have a higher prevalence than males (2–3 times higher), conceivably due to greater body dissatisfaction and higher tendency to experience

depression, stress, and anxiety than males. More importantly, eating disorders catalyze a wide variety of health problems such as obesity, type-2 diabetes, hypertension, high cholesterol, heart disease, gallbladder disease, or even death. Fortunately, with treatment, 60% of patients can fully recuperate. However, only about half of people with an eating disorder will seek and receive professional help.2

Causes

Eating disorder/s is a multi-factorial illness. We still do not fully understand what causes them. Like any other complex disease, many factors are involved. Some factors are psychological such as lower self-esteem, depression, anxiety, feeling of loss of control or worthlessness, identity concerns, family communication problems, inability to cope with emotions, or perfectionism. Sociological factors include messages that indicate "to be happy and successful must be thin", dysfunctional families, sexual or physical abuse, domineering coaches, or controlling relationships. Other biological factors can be genetic factors, altered function of some hormones or neurotransmitters such as serotonin, norepinephrine, cortisol, neuropeptide-Y, peptide-YY, cholecystokinin-CCK, GABA-B, and newly discovered microbiome area.3

Impact of COVID-19 on eating disorders

The COVID-19 pandemic has led to the development and exacerbation of eating disorders. In one study, the eating disorder inpatient admission cases from 2018 to February 2021 were examined among adolescents and young adults (8–26 years old) in the US. Prior to the pandemic, the admission rates were stable at about 10%. After the pandemic, the admission rate has surged over time to about 20% in January 2021. In addition, during the COVID-19 period, there was more restricting eating, binge eating, and increased over-exercising behaviors reported in eating disorder patients in Australia.4

During COVID-19, eating disorders escalated with the social isolation from the disruption of daily activities, attending less treatment sessions, and spiraling anxiety and stress levels. In addition, there were many unfavorable changes documented in the eating habits and dietary environments. For example, there were increased snacking and emotional eating with boredom being associated with snacking. There was also increased eating in confinement. More than half of respondents in an Italian study reported that they were eating more during confinement; about 20% reported gaining weight, and 42.7% attributed their increase in food consumption to higher anxiety levels. In some cultures, health policy implemented as a countermeasure against COVID-19 such as "silent-eating

rule" or "mokusyoku rule" may negatively impact the mental health of children. These changes all trigger the development of new eating disorders and make the existing eating disorders worse.5

Comorbidities of eating disorder

Psychiatric disorders: Patients with eating disorders manifest high rates of psychiatric comorbidities. The most prevalent psychiatric comorbidities include mood and anxiety disorders, alcohol and substance abuse, and bipolar disorder. Lifetime suicidality rates also multiplied by 3–5 times in adolescent patients with eating disorders. The morbidities intensify eating disorder symptoms and influence treatment regarding recovery, level of care, and drop-out rates. Therefore, treatment should address co-existing conditions and eating disorders.6

Obesity: Obesity and eating disorders have a bidirectional footprint. On one hand, there are higher eating disorder risks in overweight or obese individuals, especially for BED. Some studies conducted in different populations all show similar results. For example, adolescents who are overweight or obese were at increased risk for developing eating disorders (28.2% higher with overweight and 33% higher with obese) than those who are not overweight or obese.5

Diabetes: Eating disorders and diabetes also have a bi-directional influence. Studies reported that eating disorders are more prevalent in people with type 1 diabetes mellitus (T1DM) than in controls. Teenager girls with T1DM are twice as likely to have eating disorders than those without T1DM. In another study, T1DM patients often experience diabulimia, which is the restriction and removal of insulin, due to the fear of gaining weight with insulin treatment. Moreover, 40–60% of the prevalence of eating disorders is associated with heritability, indicating that it runs in the family and resulting in a genetic link.5

Metabolic syndrome: Metabolic syndrome is an array of risk factors for diabetes and CVD including abdominal fat, high blood pressure, high blood sugar, and hyperlipidemia. Metabolic syndrome is a comorbidity of some eating disorders. For example, adolescent participants with metabolic syndrome were twice as likely to have abnormalities in eating behavior, e.g., restrictive eating or emotional eating than in patients without metabolic syndrome.6

Treatment and clinical guidelines of eating disorders: Effective treatment is crucial for full recovery. The treatment for eating disorders customarily consists of a combination of the management of medical complications, psychosocial/psychiatric therapy, and nutritional rehabilitation. Some typical psychotherapies include cognitive behavioral therapy (which focuses on the dysfunctional thoughts and behaviors involved in an eating disorder) and family-based therapy (which is an intensive outpatient program for children and teens involving the whole family). In family-based therapy, the core is centered around family meals, empowering parents to make decisions, and providing nutrient-dense meals. Medications include antidepressants, antiepileptic medications, anti-obesity medications, and stimulant medications.6,7

Conclusion

Eating disorders is not a choice. They are pressing mental and physical illnesses that involve complex and damaging relationships with food, eating, exercise, and body image. The comorbidities of eating disorders with metabolic diseases present new clinical and public health challenges which deserve more attention and further research. Early detection and intervention are important for the treatment of eating disorders.

References

1. Stephenson, T.; Schiff, W. Human Nutrition: Science for Healthy Living; McGraw-Hill Higher Education: New York, NY, USA, 2018.
2. Wilksch, S.M.; O'Shea, A.; Ho, P.; Byrne, S.; Wade, T.D. The relationship between social media use and disordered eating in young adolescents. Int. J. Eat. Disord. 2020, 53, 96–106.
3. Galmiche, M.; Dechelotte, P.; Lambert, G.; Tavolacci, M.P. Prevalence of eating disorders over the 2000–2018 period: A systematic literature review. Am. J. Clin. Nutr. 2019, 109, 1402–1413.
4. Javaras, K.N.; Hiripi, E.; Pope, H.G., Jr.; Kessler, R.C. Sex- and age-specific incidence of healthcare-register-recorded eating disorders in the complete Swedish 1979–2001 birth cohort. Int. J. Eat. Disord. 2015, 48, 1070–1081.
5. Hudson, J.I.; Hiripi, E.; Pope, H.G., Jr.; Kessler, R.C. The prevalence and correlates of eating disorders in the National Comorbidity Survey Replication. Biol. Psychiatry 2007, 61, 348–358.
6. Bourdier, L.; Orri, M.; Carre, A.; Gearhardt, A.N.; Romo, L.; Dantzer, C.; Berthoz, S. Are emotionally driven and addictive-like eating behaviors the missing links between psychological distress and greater body weight? Appetite 2018, 120, 536–546.
7. Peebles, R.; Sieke, E.H. Medical complications of eating disorders in youth. Child. Adolesc. Psychiatr. Clin. N. Am. 2019, 28, 593–615.