Basics of Mental Health and Clinical Psychiatry
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Lecture 19
Eating Disorders

Hello everyone, let us start with lecture number 19 eating disorders.

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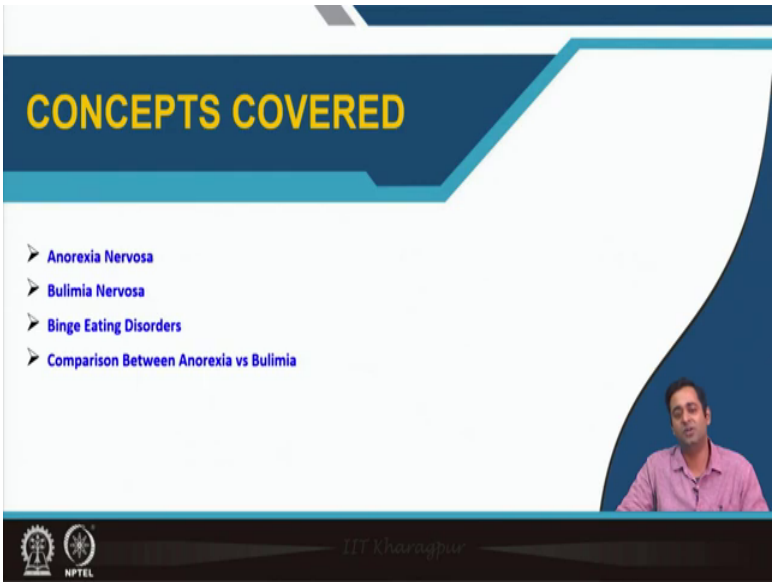

The concepts that we will be covering is anorexia nervosa, bulimia nervosa, binge eating disorder, and the comparison between the anorexia nervosa patients and the bulimic, bulimia nervosa patients.

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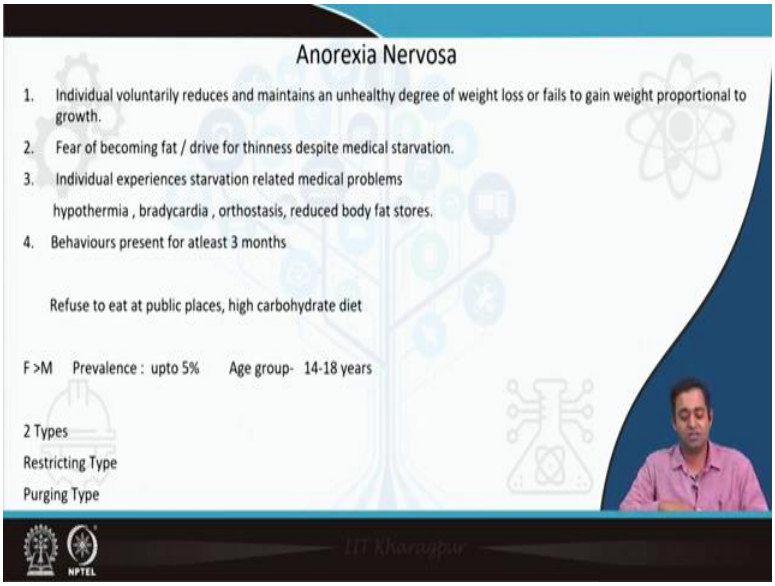

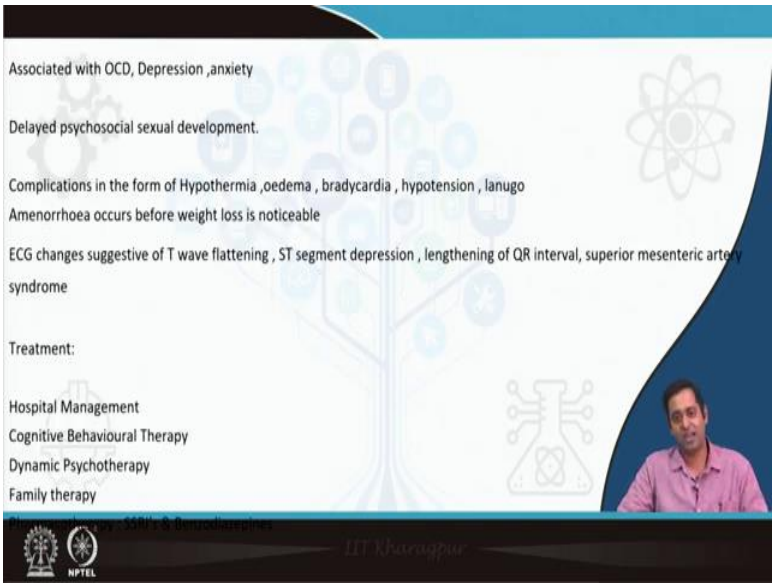

So, what is actually anorexia nervosa? These are the conditions where the most commonly affected population is the females, they are the aetiology which is commonly seen is. Social factors, psychological factors and psychodynamic factors.

For as social factors the neurotransmitters which is involved for this kind of patients are nonepinophrine, serotonin, and acetylcholine along with dopamine. Now, it has been seen that in the CSF levels when the patient CSF is been measured, the assessment of CSF is been done, the turnover of like nonepinephrine, the metabolite of norepinephrine that MHPG meta hydroxy phenylglycol levels, those are increased.

So, there has been seen that there is an inverse relationship between the patients who are having anorexia nervosa with the levels of metabolite of norepinephrine. So, that is why anorexia nervosa patients they are most commonly associated with depression. So, that is why there is an inverse relationship; if you are more depressed, the turnover of norepinephrine that is MHPG levels are decreased. The more the depressed patient is, the lesser the MHPG levels are and if the depression is more, the MHPG levels are less. If MHPG levels are more depression is less.

In terms of social issues, the society has this notion that they give more importance to the thinness. How is that happening? The belly dancers, if you look for go, see an example of belly dancers, their bodies very slim. So, there is a preference on the part of this female anorexic who are suffering from anorexia nervosa. There is these female patients, they give undue more importance to the slimness of the body.

Likewise in case of males, also it is not that males are not affected. So, females are most commonly affected, but males can also be affected. So, if the males are having an anorexia nervosa, those males are mostly the young, they belong to young age group and their sports activities are mostly wrestlers. So, for wrestlers, they have to acquire a (purse) particular range of weight, for which they are most often sought after for.

So, this persistence for slimness is actually given undue importance. So, in terms of psychological issues, if you see in this particular kind of sits at, this brain disease, this problem that it arises, because in order to gain autonomy and selfhood over your early age problems of your with the parents.

So, these cases are actually seen where the childhood experiences are not that much great with their parents, when the parents are actually there is harsh parenting, harsh and punitive parenting, they actually being punished or their relationships with the parents are not comfortable. So, they are being, so they are perceiving as their body as the where the mother, they think that the mother is having control over their body, the parents are having control over their body. So, in order to gain undue autonomy and selfhood, they try to eat and as well as purge simultaneously.

So, eating psychologically is eating is taken as you are trying to, when you are showing affection, when the body is being interjected as the case of objectified as a mother. So, you are giving emotional attachment to the mother. And at the same time when you purge, when you take pills, you go for diaeresis, you self-vomit and you try to maintain weight. So, this is when you try to reject your affection towards your, of your parents.

So, what are the diagnostic criterias? Individual voluntarily reduces and maintains an unhealthy degree of weight loss or fails to maintain gain proportional to growth. There is fear of becoming fat there is undue fear or drive for thinness, that despite medical starvation. Individual experiences starvation related to medical problems, that is hypothermia, bradycardia, orthostasis, and reduced body fat stores.

So, even though the patient's weight is less, but the perception is as such that the patient is having, the patient is having overweight. So, even though the weight is very less as compared to the age, constitutional age, there is this weight loss behaviour because the patient thinks that I am overweight. Now, it is all these phenomena should be present for at least 3 months, then only this patient can be diagnosed with suffering from anorexia nervosa. There is a

refusal to eat at public places and they secretly will try to eat all those food substances. There is special craving for carbohydrate diet.

As I told you, females are most commonly seen prevalences up to 5 percent and age group is the early part of adolescence that is 14 to 8; 18 years. There are basically of two types, restrictive type and purging type. Restrictive type is when the patient tries to restrict themselves from consuming any food there is no initiation or there is no like a desire on the part of patient to eat. So, they try to restrict, they try to inhibit themselves from going for eating.

And the second is purging type. Purging type is when you tend to abuse lots of laxatives, lots of pills, water pills, where you try to, you try to vomit, or you try to compensatory exercises. So, the moment you have this binge eating episode this full of food in a very short span of time and following that you have this compensatory phenomena, compensatory behaviour, purging behaviour, where you take this water pills, diuretic pills where water is lost without proper digestion and there is compensatory exercises which this, which is done on the part of patients, I have eaten this much. Now I have to go for gym, I have to burn my calories and all those things.

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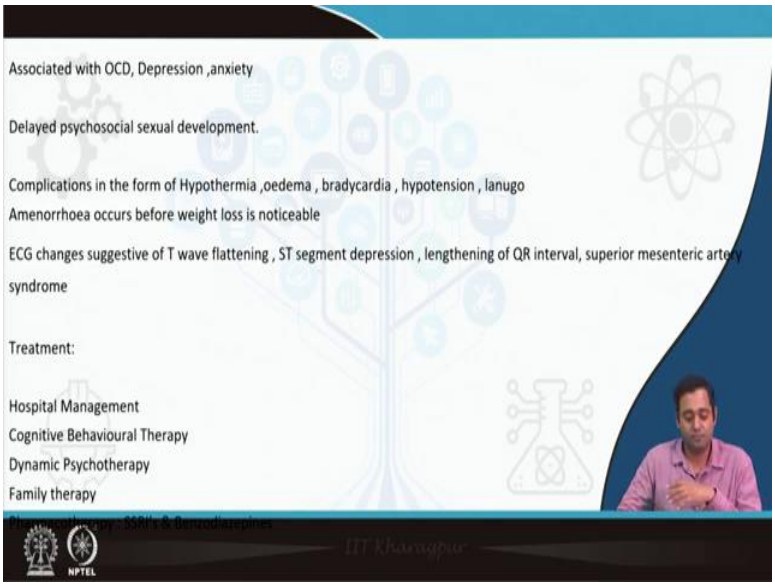

These all symptoms are associated with OCD, depression, and anxiety. Now the patients suffering from anorexia nervosa can be have also OCD, can be suffering from depression, can suffer from anxiety. Now because there is delayed psychosexual development, complications arise because there is, there is voluntarily ingestion of this medicines in order to purge and in order to compensate for the binge eating episode, the complication arises in the form of

hypothermia, oedema, bradycardia, hypotension, lanugo. Lanugo is childlike hairs, where it is devoid of nutrition's. Amenorrhea, which occurs before weight loss is noticeable.

ECG changes suggestive of T wave flattening, ST segment depression, lengthening of QR interval, superior mesenteric artery syndrome. So, all these pictures give a kind of, like it increases in intensity as the disease progresses and it makes the life miserable for the patient. How do you treat it?

Depending upon the severity, if the severity of the illness is very high and patient cannot be managed at home because he is not able, and he or she is not taking the medicines on time or as scheduled and not attending the sessions, they has to be hospitalised. Cognitive behavioural therapy. Again, cognitive restructuring remains the main theme of this CBT where the thoughts are being rationalised and analysed. And your thoughts are being restructured to have the alternative sources of solutions to the problem, present problem.

Dynamic psychotherapy is when you have conflicts in the early stage of your life where you have those conflictual relationships with the parents, the father, the mother, the grandfather, the grand, grandmother. So, the female actually have those conflicting relationships. So, that has to be sorted out. So, the therapist has to go back in time, deal with the situation, try to mend those problems, find out the conflict, where the conflict arises, what situations actually gives rise to this kind of problems?

So, try to give answers, solutions. The rationalising, try to rationalise. The therapist makes the patient to analyse those thought processes and rationalise those thought process, why was she behaving like that? Why was the behaviour so? So, can we do alternative forms of behaviour, can we change those ways in the way you look at the problem. So, those are the things that has to be looked after.

Family therapy also is one of the treatment modalities where whole family sits together, and the situation is put forward where the family members give their opinion, this particular problem can be dealt in this way. And the patient is asked to change his thought process rationalise the thought process and give a holistic picture of, holistic contribution of all the family members that can give rise to this situation which can be avoided.

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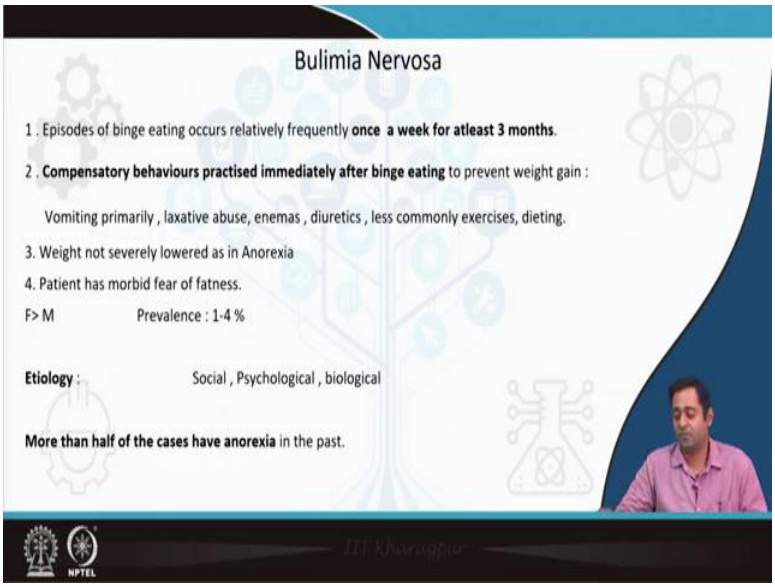

Next is bulimia nervosa. A bulimia nervosa is the aetiology for anorexia and bulimia remains the same. That is psychological issues, biological factors, psychological factors, and psychodynamic factors. Now for bulimia also the same is when the early childhood experiences are not so great, you have conflicting parent and child relationships. So, in order to gain autonomy, your adulthood or selfhood. So, this kind of behaviours is actually executed.

Now what is bulimia? How is it different from anorexia? Episodes of binge eating occurs relatively frequently once weekly for at least 3 months. So, there you have for last 3 months. Here you have once weekly for 3 months. Compensatory behaviours are practiced immediately after binge eating to prevent weight gain. Vomiting is primarily, laxative abuse, enemas, diuretics, less commonly exercises, and dieting.

Now, weight loss, weight not severely load as in anorexia. So, in anorexia nervosa, there is severe weight loss according to the age and weight is there is no coordination between them. But in bulimia nervosa, weight is not that much lower as compared to anorexia nervosa. Patient has morbid fear of fatness which was also presented anorexia nervosa. So, females here is also commonly seen to have to get affected. Prevalence is 1 percent to 4 percent. Now, more than half of the cases it has been seen that previously anorexia nervosa cases has been in those who are an anorexic in the past, they went on to develop and become bulimic.

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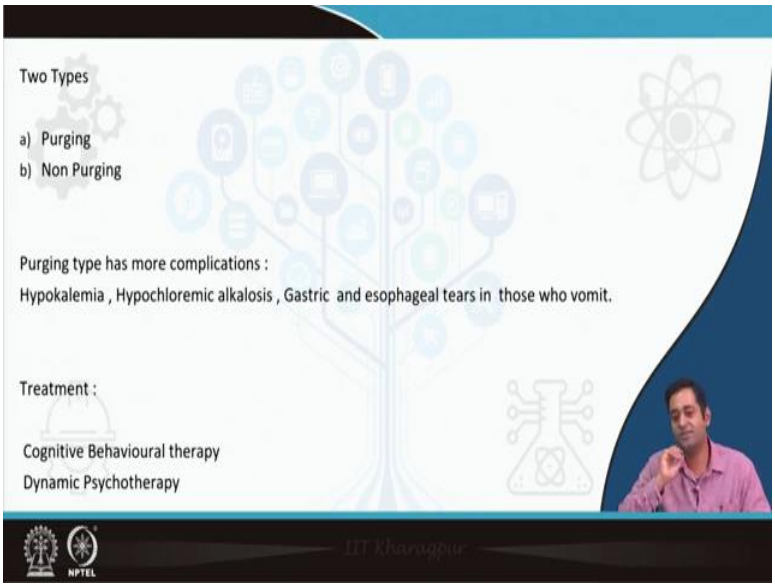

These are basically of two types as well. Purging type and the non-purging type. The purging type is associated with more complications. What are the more complication part hypokalemia, that is decreased potassium levels. Hypochloremic alkalosis, Gastric and esophageal tears in those who vomit. Treatment is with Cognitive Behavioural therapy and Dynamic Psychotherapy. Treatment pattern remains the same for them.

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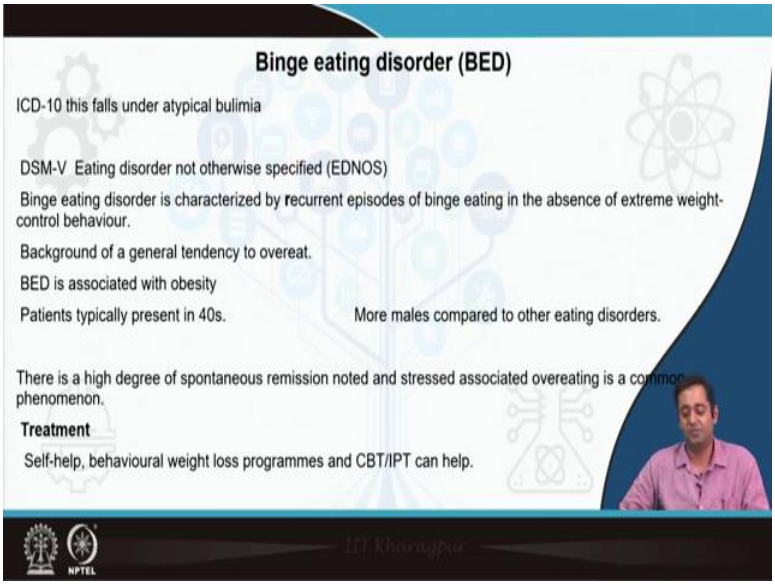

Now, what is a binge eating disorder? Binge eating disorder, you have two classificatory systems as we had like discussed previously. Since we have two classificatory systems, they both use different terminology for these bingeing eating disorder. In ICD, it falls under atypical bulimia. And in DSM-V it is Eating Disorders Not Otherwise Specified.

Now, binge eating disorder is characterised by recurrent episodes of binge eating in the absence of extreme weight-control behaviour. Background is of a general tendency to overeat, and it is associated with obesity the patient is actually obese overweight. Typically around 40 years, middle age, more males are compared to other eating disorders.

So, here like they are in anorexia, you have more females. In bulimia, you have more females. But in binge eating disorder, it is the males which are more commonly seen. There is a high degree of spontaneous remission noted and stress associated overeating is a complex phenomenon. So, these patients actually they are not necessarily mandatory needed to be treated. So, they can be spontaneously remitted. So, if you leave if you do not read them, they can remit spontaneously. Treatment is with self-help groups, behavioural weight loss programmes or regiments CBT and interpersonal therapies.

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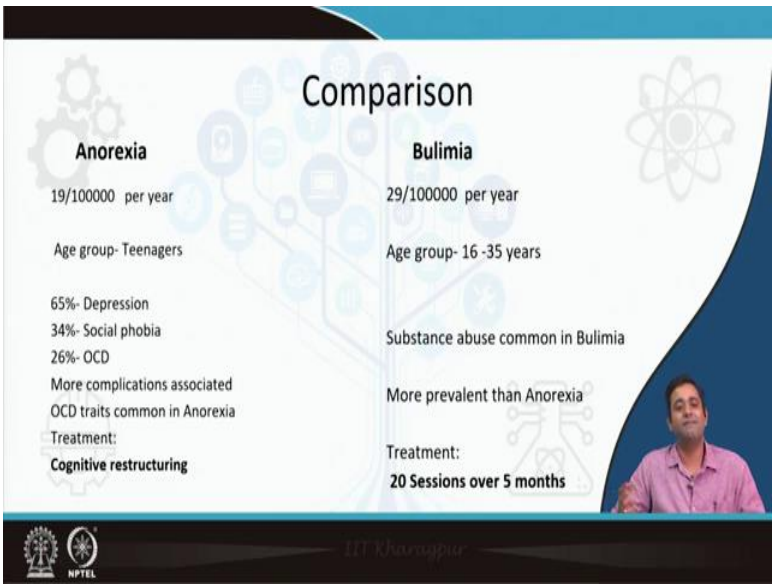

Now let us just compare the anorexia with bulimia. The anorexic females with the bulimic females. Now, the anorexic females, they most commonly acquire this disease in the early part of the adolescence. That has between 14 to 18 years those early teenage years. Likewise in bulimia it occurs mostly in the latter part of the life in 16 to 35 years. So, this occurs early, this occurs late.

Now, this anorexia patients they are mostly associated with depression of 35 percent, social phobia happens for 35 percent. Now, these are the figures which are given by epidemiological datas and 26 percent are associated with OCDs. Likewise in bulimia, they are more commonly associated with substance abuse, they are more like the predilection is more towards the substance they went on to take substance more as compared to anorexia.

One more thing I like to tell is that for bulimic patients, if you see the etiological part, if you see the phenomenology and if you see the past of the bulimic patient's bulimic females those who are suffering. In the past because of those conflicting parent and child relationships, the patient is not able to separate from the bonding, the attachment of the caregiver; the mother or the aunt or grandmother.

So, she is not able to detach herself from the bonding. And later in life, he/she has not developed a next bond with the spouse or with the child, her child or her daughter or anybody else. So, there is this which is making him, them feeling of, a feeling of hollow sensation. Hollow of feeling is actually there with the bulimic females.

So, more complications are associated with anorexic female patients because the purging types of anorexia is associated with more complications; the hypokalemias, the ECG related problems, the hypochloremic alkalosis, the various medical comorbidities that further adds to the complexity. That is why the anorexia nervosa has a more complex course. OCD treats traits are common in anorexia. The treatment is for anorexia, you know we have cognitive restructuring and for bulimics it is interpersonal therapy, which goes for 20 sessions in over 5 months.

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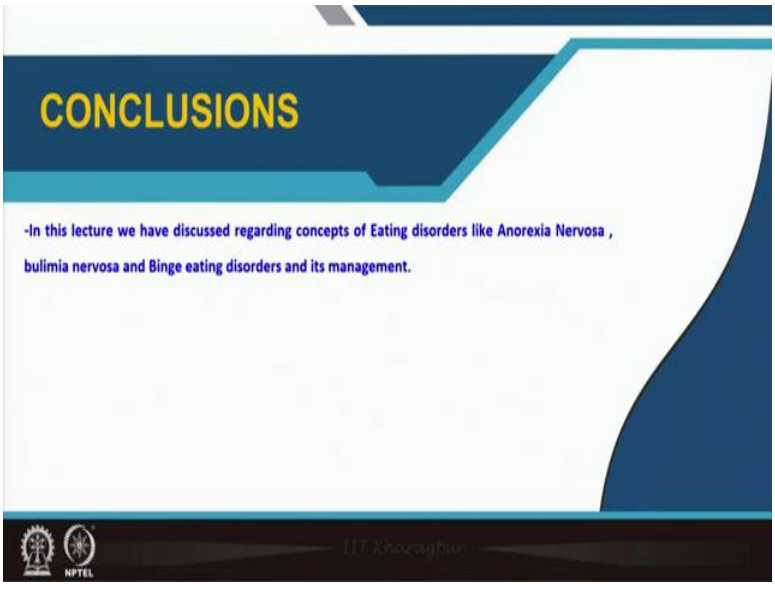

So, in this lecture, we have discussed regarding concepts of eating disorders like anorexia nervosa, bulimia nervosa, eating disorders, binge eating disorders and its management. Thank you.