12° Congresso Nazionale AME
Associazione Medici Endocrinologi

Bari,
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Early diagnosis: when to raise the suspicion?

*Dott.ssa **Giovanna Di Pede***
Psichiatra
Responsabile UOS "Servizio Disturbi del Comportamento Alimentare"
Dipartimento Salute Mentale-Azienda Sanitaria Matera

Eating Disorders

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Eating disorders are characterized by a
persistent abnormal eating behaviour and the presence of behaviours aimed at weight control and body shape
likely to cause damage to physical and significantly affect
psychosocial functioning

Feeding and Eating Disorders

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In the last Diagnostic and Statistical Manual of Mental Disorders, **DSM-V (May 2013)**, the entire class diagnostics of eating disorders has changed its name:
"Feeding and Eating Disorders"

Other disorders related to Anorexia and Bulimia are :

- **Pica** (consumption of non-edible food)

- the **rumination disorder** (regurgitation of ingested substances)

- the **avoidant/restrictive food intake disorder** (lack of sufficient interest to the ingestion of food)

- **binge-eating disorder-BED** (binge eating disorder, compulsive or binge eating disorder)

Other particular disorders are grouped in the category of "other specified feeding or eating disorders" in which we can find:

- **purging disorder** (the patient follows the eliminative conduct without eating a great quantity of food)

- **night eating syndrome** (excessive and/or disordered nocturnal eating)

Nervous Anorexia

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Often confused with a state of thinness, sometimes striking, with an anorexia disorder.
To be diagnosed it is necessary that a set of **diagnostic criteria** be respected **(DSM-IV):**

A. **Refusal to maintain body weight** at or above the minimum "normal“ according to weight and height by age (eg. Weight loss maintaining it below 85% compared to what is expected, or inability to achieve the expected weight during the period of growth, with the result that the weight remains below 85% compared to expected).

A. **Intense fear of gaining weight or becoming fat,** even though underweight.

B. **Alteration in the subject’s experiences of the weight or body shape**, excessive influence of body weight or shape regarding levels of self-esteem, or denial of the seriousness of the underweight condition.

A. **Amenorrhea ???** **(DSM-IV and DSM-V)**

Nervous Anorexia

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The diagnostic criteria for **amenorrhea** has been the subject of many debates.

Its **usefulness** is recognized in the fact that it is a clear, objective and an important indicator of the state of physical health.

The presence of amenorrhea also helps **prevent diagnostic errors**, allowing you to distinguish patients with NA from constitutionally underweight women that maintain their menstrual cycle.

A number of issues have pointed out the **problems of the inclusion** of this criteria in the diagnosis of NA, in particular the fact that **the absence of amenorrhea** in an underweight woman suffering DA **cannot assess the severity of the problem.**

Furthermore, maintaining this criteria, **the diagnosis of Nervous Anorexia** (NA) **is not applicable to males, postmenopausal women**, **women who use contraceptives**, to those **not yet menstruating** and those who have a **recent onset of the disorder** (less than three months).

Dalle Grave R, Calugi S, Marchesini G. Is amenorrhea a clinically useful criterion for the diagnosis of anorexia nervosa? Behav Res Ther2008.

Epidemiology

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Incidence of nervous anorexia is estimated to have **at least 8 new cases for every 100,000 people per year**, among **women**, while it is understood **between 0.02 and 1.4 new cases for every 100,000 people**, per year, among **men**.

In the general population that **exceed 18 years** old it has been estimated that **life-time prevalence rates** **of 0.9% for nervous anorexia among women, while the corresponding rates in men were found to be 0.3%.**

In women aged between 18 and 24, the rates are 2.0%.

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Gender

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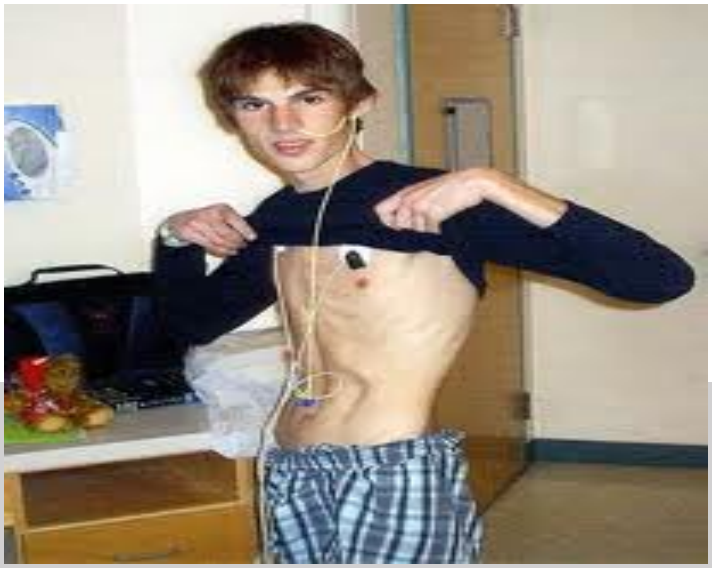
Eating disorders are **more common in women** than in men.

In the studies of clinical populations, **men accounted for 5-10%** of all cases of Anorexia.

Men with eating disorders do not seem to differ materially from women:

- age at onset
- dissatisfaction with one's body
- methods of weight control
- clinical characteristics and evolutionary



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Male

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In males the concerns about weight and body shape are often influenced by the commitment to athletic activities .

Physical activity as a whole is more intense, while the improper use of laxatives is less frequent.

Sometimes there is a real **“dependence" to extreme physical exercise** (" **athletic anorexia**“). In some patients we can observe, that rather than an obsession with thinness, it is an extreme **focus on shape and dimensions of the muscles.**

One consequence of this focus can be the use of anabolic steroids to "shape the body ".

The long term use of these substances can induce prostatic hypertrophy, increased levels of cholesterol, and depression.

The obsession with exercise and extreme concern for dimensions of the muscles have also been indicated with the term " **VIGORESSIA**" .

The age in which it manifests

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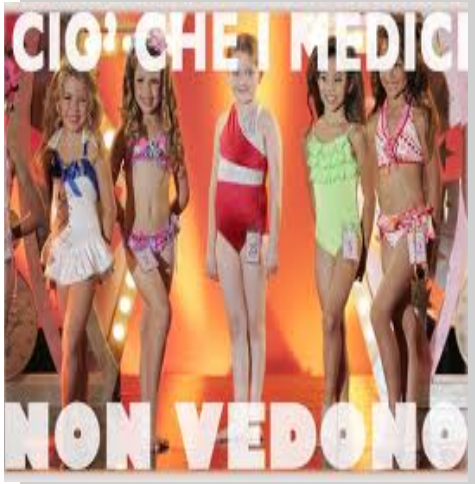
In nervous anorexia, the age group in which the onset occurs most often is between

15-19 years old

Some clinical observations have reported a recent **increase** of **early-onset cases**.

This increase is partly explained in the decrease of the age of menarche, observed in recent decades, but also by anticipating the age at which adolescents are exposed to the socio-cultural pressures to be thin, through media such as the Internet.



Cases of **late-onset** nervous anorexia are not uncommon, although still poorly studied.

In general, late age at onset seems to be associated with a higher risk of chronic and greater presence of other psychiatric disorders, especially anxiety and depression.

ANOREXIA

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However the word **anorexia** is used improperly, as it indicates

absence of hunger.

Instead, the anorexic patient **retains appetite**,
even if they do everything to change it: they study diets and calories,
they hide and throw away the food, collect recipes and prepare elaborate meals for other people.

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Specific signals for Nervous Anorexia

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The onset of nervous anorexia is often gradual and insidious, with a **gradual reduction of food intake**.

Epidemiological data suggests a link between **frequently being " on a diet "** and the appearance of an eating disorder.

Many studies have found that the majority of individuals with eating disorders report **having started a diet** before acquiring a "disturbed" eating disorder.

A recent survey promoted by the Italian Ministry of Health and the Youth Department of the Presidency of the Council of Ministers , in the " Gaining health " , has highlighted the **role of media** in enhancing the negative effects of the diet industry, which **promotes the discriminatory use of "do it yourself " diets**.

Often diets related to the subsequent occurrence of eating disorders are **imbalanced in the quality and quantity of nutrients** and are characterized by the exclusion of entire categories of foods or by abolishing breakfast.

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Specific signals for Nervous Anorexia

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The decrease in caloric intake is implemented by the subject with a reduction in portions or through the **exclusion of certain foods and skipping meals**.

In the initial period we observe a phase of **subjective well-being**, due to weight loss, to improve its image and also to the feeling of omnipotence produced by the ability to control hunger, while awareness of the problem is poor and lacks a call for help (so-called "honeymoon" with the disorder).

With time the patients become **more irritable**, **depressed** and socially isolated. **Obsessive-compulsive symptoms** worsen.

The **relationship with family members** can become **difficult**, sometimes frankly hostile and critical comments by family members may adversely affect the course of the disorder.

In most cases these symptoms are progressive and probably consequent to the reduction in calorie-intake and weight, however, in a minority of cases, psychiatric symptoms arise prior to the eating disorder.

Specific signals for Nervous Anorexia

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Hunger resistance

Patients, especially women, **reject food**, **but they are hungry**.

People's resistance to hunger from the first sensation of euphoria, the capacity of keeping control and frequently this sensation is the beginning of the pathology.

The subject thus begins to eat very little quantitative of food, also eliminating high caloric foods.

Often this is associated with **intense physical activity.**

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Specific signals for Nervous Anorexia

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Exagerated attention for food and body shape

As a result, **concerns about body shape and weight** becomes pronounced and the **fear of gaining weight** does not decrease with weight loss.

The use of **excessive exercise** is common, **frequently measuring weight** and the constant comparison with the size of clothes, the scale and the bodies of other people.

To reduce the weight, some people resort to **self-induced vomiting** or **misuse of laxatives**, **diuretics**, or, more rarely, **anorectic agents**.

Some food rituals are also common, such as cutting **food into small pieces and eating slowly**.

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Specific signals for Nervous Anorexia

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Exagerated attention for food and body shape

The **thought of food is persistent** and **obsessive**, and many patients **collect recipes, count calories, can take hours to eat and worry about the eating habits of family members**.

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Specific signals for Nervous Anorexia

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Other processes can be contributed to the maintenance of the eating disorder such as:

"Social isolation, the occurrence of binge eating favored by food restriction, the negative effects of binge eating regarding weight and the shape of the body and the sense of control and symptoms of malnutrition, which increases the need to control food intake".

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Specific signals for Nervous Anorexia

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DISCREPANCY IN THE BODY IMAGE

Continuous evaluation of the body in front of the mirror

Anorexia creates a discrepancy between the actual body image and perceived body image, the first characteristic symptom of anorexia nervosa is a "body image disorder".

The same person evaluates predominantly or exclusively on the basis of weight and shape of the body, often over-estimates the size of their body, denies the consequences of the weight loss and adopts dysfunctional behavior control (**body checking**), how to measure weight frequently, repeatedly looking in the mirror at specific body parts, measuring the various circumferences of the body, taking in hand the folds of fat, comparing the shape of the body with that of other people.

Most people do not recognize the danger determined by weight loss even when it is clearly expressed by doctors and manifest disinterest or open opposition in respect to the treatment.

Specific signals for Nervous Anorexia

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BODY IMAGE DISTORTION

So far research on eating disorders and body perception have focused mainly on the **conscious level of perception** (body image).

Instead new research investigates the concept of body image - a correct representation of the body scheme with the help of information on the senses of movement.

By **body scheme** we can understand the psycological representation of the body in its spatial layout and correct position influenced by related feelings.

Body image means an additional level of integration of the body scheme with the cognitive-emotional context (it is the idea that we have of our body inferred not only afferent but also from all of the cognitive assets, realistic and fantastic).

The **body scheme** is a "three-dimensional image that everyone has of himself"

Schilder P. (2002). Immagine di sé e schema corporeo. Franco Angeli

Specific signals for Nervous Anorexia

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Conclusions

In order to be anorexic you must have:

- Significant weight loss
- Relevant reduction of the quantity and quality of food and the frequency of meals.
- The food restriction becomes the center of discussions with family and friends.
  Sense of well-being, pleasure and control in dieting.
- Refusal to gain weight.
- Denial of hunger and ingestion of small amounts of food with fewer calories.
- Anxiety because it sees "fat" even if you lose weight continuously.

- Invent excuses to avoid any situation in which they eat (pizzerias, parties, gatherings of friends).
- Adopting eating habits like cutting food into smaller pieces and consuming 10 packs of gum per day or drinking gallons of light drinks.
- Collecting recipes and cooking for others but avoid eating.
- The amount of exercise, for example aerobics, swimming, dancing and sometimes neglecting friends.
- Complain of the cold and dress in layers with clothing inappropriate with respect to seasonal temperature.

Specific signal for Nervous Anorexia

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Conclusions

In order to be anorexic you must have:

- Be very methodical and not love the unexpected changes.
- Losing hair.
- Body hair growth (lanugo).
- Constant complaining of digestive difficulties, epigastric pain or abdominal pain, especially after eating small amounts of food.
- Palms and inside of the feet with yellow-orange colour

- Exaggerated attention to food and body shape.
- Altered perception of their body (seeing fat, think about having too much of a belly, when you do not).
- Often there are purging: induced vomiting, medications, excessive exercise).
- Underweight: BMI less than 18.5 kg/ m2

Emergency signals for Nervous Anorexia

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Definition of «**emergency**»: every situation that requests immediate attention to avoid death or severe damage

- Suicidal thoughts.
- Suicide attempt.
- Cardiac arrhythmias, chest pain, numbness in the limbs, shortness of breath, sensitivity to light, sudden fainting.
- Binge eating and vomiting many times a day.

- Inability to eat without vomit.
- Presence of self-harm.
- Severe abdominal pain.
- Vomiting of blood.
- Edema in the legs.

Thank you for your attention!!!

Bari,
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