CHAPTER 1

What Are Eating Disorders and Obesity?

Defining Eating Disorders

In this program, we are going to discuss evidence-based treatment planning for eating disorders and obesity. Let's begin by looking at the criteria for eating disorders according to the *Diagnostic and Statistical Manual of Mental Disorders* (DSM). Eating disorders are characterized by clinically significant disturbances in eating behavior. There are two major eating disorders recognized in the *DSM*: Anorexia Nervosa (AN) and Bulimia Nervosa (BN). The essential feature of AN is a refusal to maintain a minimally normal body weight. BN is characterized by repeated episodes of binge eating, as well as problematic compensatory behaviors aimed at preventing weight gain. Binging is defined as the uncontrolled consumption of abnormally large amounts of food in a discrete period. Examples of compensatory behaviors aimed at preventing weight gain include purging the body of the food through self-induced vomiting or misuse of laxatives, diuretics, enemas, or other medications. Fasting and excessive exercise are examples of nonpurging compensatory behaviors.

Long recognized by patients, clinicians, and researchers as a clinically significant eating problem, Binge-Eating Disorder (BED) was not a recognized diagnosis in the *DSM-IV*. It has been proposed as one for the next edition of the manual, *DSM-5*. BED is characterized by frequent episodes of binge eating, but unlike BN, BED is not associated with the compensatory behaviors aimed at preventing weight gain. Consequently, most individuals with BED are overweight, suffer negative emotional consequences as a result of the uncontrolled behavior, and engage in ongoing attempts to diet.

Defining Obesity

Obesity is defined as an excess of body weight, relative to height, that is attributed to an abnormally high proportion of body fat. Because it predisposes individuals to an increased risk of several diseases and medical conditions, obesity is included

in the *International Classification of Diseases* (or ICD) as a general medical condition. It does not appear in the *DSM* as an eating disorder because it is not consistently associated with a psychological or behavioral syndrome. It is, however, a highly prevalent medical issue, influenced by psychological and behavioral factors, and has proven to be responsive to psychological treatment. Therefore, we are including obesity in our discussion of psychotherapy treatment planning for eating disorders, although technically speaking it is not an eating disorder.

DSM Diagnostic Criteria for Anorexia Nervosa

Those with AN refuse to maintain a minimally normal body weight, which is defined diagnostically as less than 85% of normal expected weight. Even though they are underweight, people with AN have an intense fear of gaining weight or becoming what they see as fat. Most have a distorted perception of their body shape, seeing it as bigger, heavier, or "fatter" than it is. Many also overvalue body weight and shape in their self-concept, or deny the seriousness of their low body weight. Females with anorexia suffer amenorrhea caused by weight loss, which is defined diagnostically as having missed three consecutive menstrual cycles. Some clients with AN engage in binge eating and purging, whereas others do not. These two subtypes are to be specified when making the diagnosis by indicating whether it is the Binge-eating/Purging Type or the Restricting Type.

The *DSM-IV* Diagnostic Criteria for AN are summarized in Figure 1.1

Figure 1.1

DSM Diagnostic Criteria for Anorexia Nervosa

A. Refusal to maintain body weight at or above a minimally normal weight for age and height
B. Intense fear of gaining weight or becoming fat, even though underweight
C. Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight
D. In postmenarcheal females, amenorrhea (i.e., the absence of at least three consecutive menstrual cycles)

Specify type:

- Binge-Eating/Purging Type: During the current episode of Anorexia Nervosa, the person has regularly engaged in binge-eating or purging behavior.
- Restricting Type: During the current episode of Anorexia Nervosa, the person has not regularly engaged in binge-eating or purging behavior.

Epidemiology of Anorexia Nervosa

Selected epidemiological information for AN is summarized in Figure 1.2.

Figure 1.2

Anorexia Nervosa Epidemiology

- Lifetime prevalence: .5%
- Gender distribution: 90% female
- Age of onset: 14–18 years
- Long-term mortality: ~10%
- Common causes of death: Starvation, suicide, electrolyte imbalance

DSM Diagnostic Criteria for Bulimia Nervosa

The first essential feature of BN is binge eating a large amount of food in which there is a sense of lack of control over the eating. Second, BN is characterized by inappropriate compensatory behaviors to prevent weight gain. For diagnostic purposes, the episodes of binge eating and compensatory behavior should occur, on average, at least twice a week for three months. As with AN, the BN sufferer's self-evaluation is unreasonably influenced by his or her perceived body shape and weight.

Finally, because binging and purging can occur within anorexia nervosa, it is important to rule out that these behaviors are not occurring within the context of that disorder—where body weight is severely compromised and menstrual periods have ceased. The *DSM* asks the diagnostician to distinguish between two subtypes of BN: the Purging Type and the Nonpurging Type. As we have noted, the purging subtype would indicate the use of self-induced vomiting or misuse of laxatives, diuretics, enemas, or other medications to rid the body of food. Nonpurging compensatory behaviors include fasting and excessive exercise.

The *DSM-IV* diagnostic criteria for BN are summarized in Figure 1.3.

Epidemiology of Bulimia Nervosa

Selected epidemiological information for BN is summarized in Figure 1.4.

Criteria for Binge-Eating Disorder

BED is currently not a recognized diagnosis in the *DSM*, but it is proposed as one for the next edition, *DSM-5*. The following are the proposed criteria for the diagnosis, and they reflect its long-recognized clinical features. As its name implies, BED is

Figure 1.3

DSM Diagnostic 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 (e.g., within any two-hour period), an amount of food that is definitely larger than most people would eat during a similar period and under similar circumstances.

   (2) A sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating).

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

C. The binge eating and inappropriate compensatory behaviors both occur, on average, at least twice a week for three months.

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

E. The disturbance does not occur exclusively during episodes of Anorexia Nervosa.

Specify type:

- Purging Type: During the current episode of Bulimia Nervosa, the person has regularly engaged in self-induced vomiting or the misuse of laxatives, diuretics, or enemas.
- Nonpurging Type: During the current episode of Bulimia Nervosa, the person has used other inappropriate compensatory behaviors, such as fasting or excessive exercise, but has not regularly engaged in self-induced vomiting or the misuse of laxatives, diuretics, or enemas.

Figure 1.4

Bulimia Nervosa Epidemiology

- Lifetime prevalence: 1–3%
- Gender distribution: 90% female
- Average age of onset: 18

characterized by recurrent episodes of binge eating. Binge-eating episodes are often characterized by eating more quickly than usual, eating until uncomfortably full, or eating large amounts of food when not physically hungry. Those with BED often eat alone, out of embarrassment, and they often feel disgusted, depressed, or guilty after a binging episode. BED causes marked distress in the individual, and for diagnostic purposes needs to occur, on average, at least weekly for three months or more. Unlike bulimia, BED is not associated with attempts to counteract

the effects of binge eating, such as purging. Consequently, most individuals with this disorder are overweight and engage in ongoing attempts to diet.

The proposed diagnostic criteria for BED are summarized in Figure 1.5.

Figure 1.5

Proposed Diagnostic Criteria for Binge-Eating Disorder

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

   (1) Eating, in a discrete period (for example, within any 2-hour period), an amount of food that is definitely larger than most people would eat in a similar period under similar circumstances

   (2) A sense of lack of control over eating during the episode (for example, a feeling that one cannot stop eating or control what or how much one is eating)

B. The binge-eating episodes are associated with three (or more) of the following:

   (1) Eating much more rapidly than normal

   (2) Eating until feeling uncomfortably full

   (3) Eating large amounts of food when not feeling physically hungry

   (4) Eating alone because of feeling embarrassed by how much one is eating

   (5) Feeling disgusted with oneself, depressed, or very guilty afterward

C. Marked distress regarding binge eating is present.

D. The binge eating occurs, on average, at least once a week for 3 months.

NOTE:

- In BED, there are no compensatory behaviors.
- Most people with BED are overweight.
- There are often multiple attempts at dieting.

Epidemiology of Binge-Eating Disorder

Selected epidemiological information for BED is summarized in Figure 1.6.

Figure 1.6

Binge-Eating Disorder Epidemiology

- Lifetime prevalence: 3.5% females, 2.0% males
- Gender distribution: 60% female, 40% males
- Age of onset: 16–24

Criteria for Obesity

As we have noted, obesity is defined as an excess of body fat, relative to height, that is attributed to an abnormally high proportion of body fat. A common metric used to calculate the presence and degree of obesity is the body mass index (BMI). For adults, a BMI of 25–29.9 is classified as overweight. A BMI over 30 constitutes obesity. While there is no scientifically accepted definition of obesity in children and adolescents, pediatric overweight is typically defined as a BMI-for-age meeting or exceeding the 95th percentile; the 85th percentile marks the point at which a child or adolescent is considered at risk for being overweight.

Overweight and obesity are established risk factors for several medical complications and diseases, including high blood pressure, diabetes, and coronary artery disease. Obesity is not an eating disorder per se, but rather a medical condition. It is, however, strongly influenced by psychological and behavioral factors and has been shown to be responsive to psychological treatment.

The diagnostic criteria for obesity are summarized in Figure 1.7.

Figure 1.7

Diagnostic Criteria for Obesity

An excess of body weight, relative to height, that is attributed to an abnormally high proportion of body fat. Excess defined by BMI:

- Body Mass Index (BMI) Formula: weight in kilograms/height in meters^2 or (weight in lbs./height in inches^2) x 703
- A BMI of 30 or more is considered obese. For children, a BMI-for-age meeting or exceeding the 95th percentile is considered obese.

Epidemiology of Obesity

Selected epidemiological information for obesity is summarized in Figure 1.8.

Figure 1.8

Obesity Epidemiology

- Prevalence by gender is 32% of adult men and 35% of adult women.
- Obesity rate in children ages 2 to 19 is estimated at 17%.

Key Points

- Eating disorders are characterized by clinically significant disturbances in eating behavior.
- The essential feature of AN is a refusal to maintain a minimally normal body weight.
- BN is characterized by repeated episodes of binge eating, as well as problematic compensatory behaviors aimed at preventing weight gain.
  - Binging is defined as the uncontrolled consumption of abnormally large amounts of food in a discrete period.
  - Examples of compensatory behaviors aimed at preventing weight gain include purging the body of food through self-induced vomiting or misuse of laxatives, diuretics, enemas, or other medications. Fasting and excessive exercise are examples of nonpurging compensatory behaviors.
- BED is characterized by frequent episodes of binge eating, but unlike BN, BED is not associated with the compensatory behaviors aimed at preventing weight gain.
- Obesity is not an eating disorder per se, but rather a medical condition. It is, however, strongly influenced by psychological and behavioral factors and has been shown to be responsive to psychological treatment. Obesity is defined as an excess of body weight, relative to height, that is attributed to an abnormally high proportion of body fat.

Chapter Review

1. What are the diagnostic criteria for Anorexia Nervosa?
2. What are the diagnostic criteria for Bulimia Nervosa?
3. What are proposed diagnostic criteria for Binge-Eating Disorder?
4. How is obesity defined medically?

Chapter Review Test Questions

1. Which of the following best differentiates bulimia nervosa (BN) from binge-eating disorder (BED)?

   A. BED is not associated with the compensatory behaviors aimed at preventing weight gain characteristic of BN.
   B. BN is not associated with the binge eating characteristic of BED.
   C. In BED, body weight is significantly lower than normal relative to BN.
   D. There are more attempts to diet in BN than in BED.

2. True or False? Binge eating is characteristic of bulimia nervosa and binge-eating disorder, but is not seen in anorexia nervosa (AN).

References

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text rev.). Washington, DC: American Psychiatric Association.

American Psychiatric Association. DSM-5 Development. At www.dsm5.org