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Silence as an accomplice: Feeding and eating disorders [1]

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This week the National Eating Disorders Screening Program is taking place. For a free confidential online screening visit: http://screening.mentalhealthscreening.org/neda.

Traditionally, eating disorders have been considered an issue for middle-upper class white females. However, we now know that these disorders do not discriminate by race/ethnicity, socioeconomic status, age or gender.

What are feeding and eating disorders?

According to the latest version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) of the American Psychiatric Association, there are six different diagnostic classifications for feeding and eating disorders: pica, rumination, avoidant/restrictive food intake disorder, anorexia nervosa, bulimia nervosa, and binge eating disorder. This publication will be devoted to discussing three of these disorders (anorexia, bulimia, and binge eating disorder), which have been the subject of my clinical research in the Puerto Rican population and in the Latino population in the United States.

It is quite possible that you are familiar with anorexia, bulimia and binge eating disorder due to the exposure of these disorders in the media. However, it is very common for the general population to have difficulty recognizing the difference between them. The reality is that a person may have symptoms associated with more than one eating disorder, yet each disorder has distinct symptoms.

Anorexia nervosa is characterized by an intense fear of gaining weight, so the person restricts their food intake. They can start limiting certain food groups (eg. Carbohydrates, fats, etc.), but it can develop to the point where the restriction can be generalized to all types of food. Also, it is presenting with body image distortion, i.e. they see themselves as having more weight than they actually have, sometimes with distortions in specific areas such as the abdomen, arms, thighs, face, among others.

On the other hand, in **bulimia nervosa** the person has episodes of binge eating followed by compensatory behaviors such as induced vomiting, misuse of laxatives and/or diuretics, fasting, or excessive exercise. Episodes of binge eating are characterized by eating large amounts of food (e.g. 2 or 3 servings) in a short period of time (e.g. 2 hours) accompanied by a sense of lack of control over eating (what or how much they're eating). Their weight and body shape have a marked influence on how people feel about themselves. People with bulimia nervosa may range from normal weight to obese.

Binge eating disorder was officially recognized as a distinct disorder in the DSM-5 version**.** It is characterized by episodes of binge eating without any compensatory behavior. Usually, people who suffer from binge eating disorder may be more overweight although people of different body sizes can suffer from this disorder. Episodes of binge eating are followed by intense guilt, shame and disgusting feelings and discomfort.

What is the prevalence of these disorders in the Latino population?

The lifetime estimated prevalence among Latinos in the United States for anorexia nervosa is 0.08% in women and 0.03% in men, 1.9% for bulimia nervosa in women and 1.3% in men, and of binge eating disorder is 2.3% in women and 1.6% for men.[1] Although the prevalence among

Latinos is comparable with the Caucasian population, access to treatment services for this population is limited. Latinos with a history of eating disorders are less likely to utilize mental health services [2] and to be referred for further evaluation by health care providers in comparison to Caucasians.[3,4]

In Puerto Rico, there is no national prevalence data for eating disorders, but a survey of freshmen students in nine campuses of the University of Puerto Rico system, found that 3.24% of students reported symptoms associated with bulimia nervosa and 9.59% reported symptoms of distorted eating behaviors, exceeding clinical cutoff points on questionnaires to assess behaviors associated with these disorders. Interestingly, it was found that men reported having binge eating and compensatory behaviors, like induced vomiting or misuse of laxatives, more frequently than women. [5, 6]

What factors contribute to the development of eating disorders?

Multiple factors may be responsible for the development of an eating disorder. The combination of genetic, social, family and personal factors may contribute to a person developing one of these disorders in a specific moment of their lives. In the specific case of anorexia nervosa, there are international efforts exploring the genetic factors that contribute to its development and persistence. Moreover, individual characteristics (e.g. perfectionism, low self-esteem, rigid thinking), social pressures (e.g. social cult of thinness, emphasis on diets), environmental stressors (e.g. a victim of "bullying", trauma, sexual abuse) are factors that have been associated with eating disorders, although not a single one, by itself, is the cause of these.

Treatment and Prognosis

Because of its complex etiology, these disorders require a multidisciplinary treatment team approach. A treatment team should include a therapist, nutritionist, psychiatrist and any other medical specialist depending on the specific needs of each patient. Also, depending on the level of severity, the patient may require different levels of treatment.

Bulimia nervosa and binge eating are handled mostly on an outpatient basis, but sometimes, due to the severity of the behaviors, more intensive treatment may be recommended, e.g. a partial program. Meanwhile, in anorexia nervosa, if the patient is at a low weight (e.g. body mass index below 17.5 kg/m^2) they would require hospitalization or partial treatment if their health was compromised.

Early diagnosis and treatment can improve the overall prognosis of these disorders. A patient with bulimia nervosa may take more than seven years to seek help, so the chronicity of the condition can be a challenge at the time of treatment. Early treatment and carried out by eating disorder specialists are factors in favor of a recovery process. However, there are other factors (e.g. depression, anxiety, post-traumatic stress, etc.) that play an important role in the prognosis of the condition.

For more information, connect to the following links:

- Page of the National Institutes of Health [3] (NIH)

- Page of the National Eating Disorder Association [4] (NEDA)

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Tags:

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- national eating disorder screening week [7]
- binge eating [8]
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