# Cognitive behavioral therapy in eating disorders – Theory and practise – Anorexia Nervosa

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1. **Eating disorders** – „Include extreme emotions, attitudes, and behaviors surrounding weight and food issues. Eating disorders are serious emotional and physical problems that can have life-threatening consequences for females and males".

   www.nationaleatingdisorders.org

2. T**ypes of eating disorders:**

   - anorexia nervosa,
   - bulimia nervosa,
   - orthorexia,
   - purging,
   - bigorexia,
   - pregorexia
   - body dissasisfaction,
   - dieting,
   - extreme picky eating,
   - extreme underwaight, ,
   - wight eating,
   - obestity

### 3. Spectrum of eating disorders include:

- Waight control practices (healty -> dieting -> unhealthly waight control behaviours -> anorexia nervosa or bulimia nervosa)
- Psychisical activity behaviours (moderate pchisical activity -> minima or excesive activity -> Lack of ore obessive pchisical activity (anorexia atletica)
- Body image (body acteptance -> mild body dissatisfaction -> moderate body dissatisfaction -> severe body dissatisfaction )
- Eating behaviours (regular eating -> errative eating behaviours -> binge eating -> binge eating dis order)
- Weight status (health body weight -> mildy owerwaight or underwaight -> owerwaight and underwaight -> sewere waight and owerwaight)

### 4. Classification

ICD-10 Classification. (*The international Clasiffication of Diseases*), current version 10 th.

F50-F59

Behavioral syndromes associated with physiological disturbances and physical factors

F50.0 Anorexia nervosa
F50.1 Atypical anorexia nervosa
F50.2 Bulimia nervosa
F50.3 Atypical bulimia nervosa
F50.4 Overeating associated with other psychological disturbances
F50.5 Vomiting associated with other psychological disturbances
F50.8 Other eating disorders
F50.9 Eating disorder, unspecified

F50.0 - Anorexia Nervosa

„A disorder characterized by **deliberate weight loss**, induced and sustained by the patient. It occurs most commonly in adolescent girls and young women, but adolescent boys and young men may also be affected, as may children approaching puberty and older women up to the menopause. The disorder is associated with a specific psychopathology whereby a **dread** of fatness and flabbiness of body contour persists as an intrusive overvalued idea, and the patients impost a low weight threshold on themselves. There is usually **undernutrition** of varying severity with secondary endocrine and metabolic changes and disturbances of bodily function. The symptoms include restricted dietry choice, excessive exercise, induced vomiting and purgation, and use of appetite suppressants and diuretics"

**Age of onset of Anorexia Nervosa is typically early to late adolescence (10-20 years old)**

5. What can influance of eating disorders:

- Weight concerns,
- internalisation of thin ideal,
- body dissatisfaction,
- social comparision,
- Neuroticism,
- Negative affect,
- poor interoceptive awareness,
- media influences,
- early feeding and eating patterns,
- parental restriction of child's eating,
- peer teasin,
- peer modeling,
- parental comments,
- maternal comments/modeling,
- child sexual abuse,
- self weighing,
- genetics

6. Unhealthy weight control behaviors[1]:

- Fasting
- Skipping Breakfast
- Eating very little
- Using a food substitute
- Skipping meals (e.g. skip breakfast)
- Smoking more cigarettes
- Taking diet pills
- Self-vomiting
- Using diuretics, laxatives

**7.** Personality traits

-perfectionism
-ego-oriented (showing strong fokus on autcome rather process)
-low self-esteem
-overemphesize weight and size
-alexithymia (inability to identyfy and Express feelings)
-a strong need for control
-extreem behavior to take underweight
-individuals: (OCD) or narcisism

(Encyclopedia of eating disorders)

Therapy:

„Cognitive-behavioral aproches – which view many behaviours, including those which fall within the realm of personality, as being acquiared throught learning. They also emphasize the effect the mental processes, such as beliefs, thoughts and perceptions, have on behaviour"

Wilkinson, 2012

This changes influence on:

„the overevaluation of the importance of shape and weight and their control. Whereas most people judge themselves on the basis of their perceived performance in a variety of domains of life (such as the quality of their relationships, their work performance, their sporting prowess), for people with eating disorders self-worth is dependent largely, or even exclusively, on their shape and weight and their ability to control them. This psychopathology is peculiar to the eating disorders (and to body dysmorphic disorder)."

Four stages of CBT

1. „to engage the patient in treatment and change, to derive a personalized formulation (case conceptualization) with the patient, to provide education about treatment and the disorder, and to introduce and implement 2 important procedures: collaborative "weekly weighing" and "regular eating." The changes made in this first stage of treatment form the foundation on which other changes are butli".

2. „Stage one, the therapist and patient take stock and conduct a joint review of progress, the goal being to identify problems still to be addressed and any emerging barriers to change, to revise the formulation if necessary, and to design Stage three. The review serves several purposes. If patients are making good progress they should be praised for their efforts and helpful changes reinforced. If patients are not doing well, the explanation needs to be understood and addressed. If clinical perfectionism, core low self-esteem or relationship difficulties appear to be responsible, this would be an indication for implementing the broad version of the treatment."

3. „Its aim is to address the key processes that are maintaining the patient's eating disorder. The mechanisms addressed, and the order in which these are tackled, depend upon their role and relative importance in maintaining the patient's psychopathology”

For example:

*Enhancing the importance of other domains for self-evaluation*

Addressing body checking and avoidance

Addressing “feeling fat”

*Exploring the origins of overevaluation*

Addressing Dietary Rules

Addressing Event-related Changes in Eating

Addressing Clinical Perfectionism, Low Self-esteem, and Interpersonal Problems

*Addressing core low self-esteem*

4. Stage four, the final stage in treatment, is concerned with ending treatment well. The focus is on maintaining the progress that has already been made and reducing the risk of relapse. Typically there are 3 appointments about 2 weeks apart. During this stage, as part of their preparation for the ending of treatment, patients discontinue self-monitoring and begin weekly weighing at Home

8. Techniques:

- keeping a diary of significant events associated feelings, thoughts, and behaviour

- questioning and testing cognitions, Assumption, evaluations, and beliefs might be unhelpful an unrealistic

- gradually, facing activiteis chich May have been avoided

- trying out New ways of behaving and reacting, Relaxation, mindfulness and distraction techniques are also common uses.

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