

***EATING DISORDER-
ANOREXIA
NERVOSA***

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Counselling
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1. DEFINITION OF ANOREXIA

TERM

- “Anorexia Nervosa” (Latin): Literally means nervous loss of appetite.

THEORIES

- ***Medicine and bioscience:***

Physical problem, predisposition or illness

- **Psychology:**

Consequence of self-Esteem, body image distortion, a compulsive desire for thinness.

- **Feminist Writers:**

Consequence of social, cultural and political circumstances.

ICD-10

DIAGNOSTIC CRITERIA

- **The International Classification of Diseases (ICD)** is the standard diagnostic tool for epidemiology, health management and clinical purposes and came into use in WHO Member States as from 1994.



ICD-10 Version:2010

Search

- ▼ ICD-10 Version:2010
 - ▶ Certain infectious and parasitic diseases
 - ▶ Neoplasms
 - ▶ Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism
 - ▶ Endocrine, nutritional and metabolic diseases
 - ▼ Mental and behavioural disorders
 - ▶ Organic, including symptomatic, mental disorders
 - ▶ Mental and behavioural disorders due to psychoactive substance use
 - ▶ Schizophrenia, schizotypal and delusional disorders
 - ▶ Mood [affective] disorders
 - ▶ Neurotic, stress-related and somatoform disorders
 - ▼ Behavioural syndromes associated with physiological disturbances and physical factors
 - ▶ Eating disorders
 - ▶ Nonorganic sleep disorders

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 **symptoms** include restricted dietary choice, excessive exercise, induced vomiting and purgation, and use of appetite suppressants and diuretics.

DSM-5

Diagnostic Criteria

Diagnostic and Statistical Manual of Mental Disorders (DSM) is the standard classification of mental disorders used by mental health professionals in the USA and other countries.



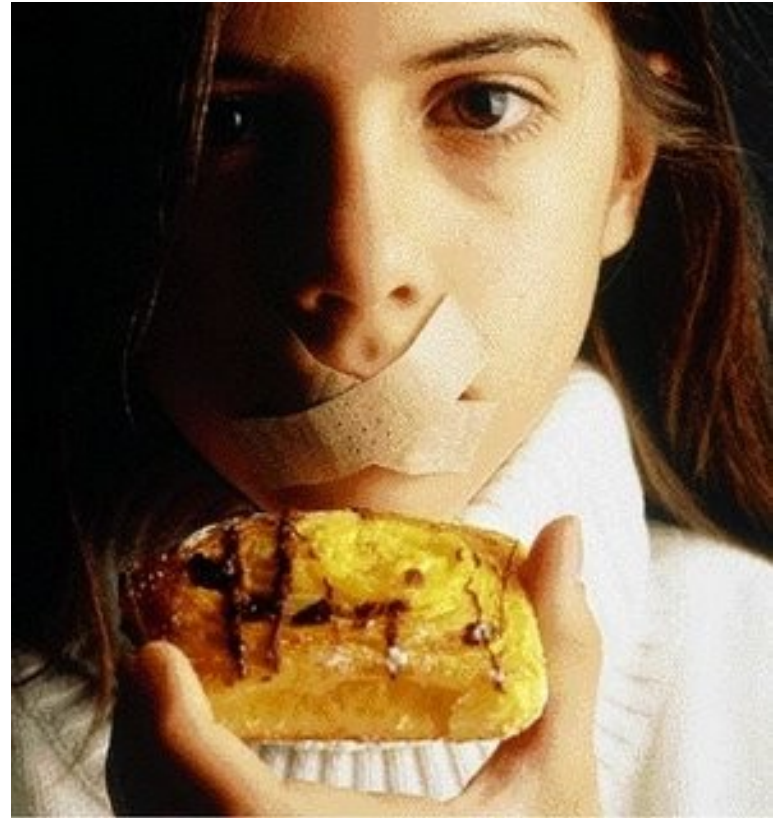
Diagnostic of Anorexia (DSM-IV)

- Refusal to maintain a minimum weight of at least 85% expected for the person's age and height
- Intense fear of becoming fat
- Misperception of one's weight and shape
- Cessation of menstruation (i.e. amenorrhea)



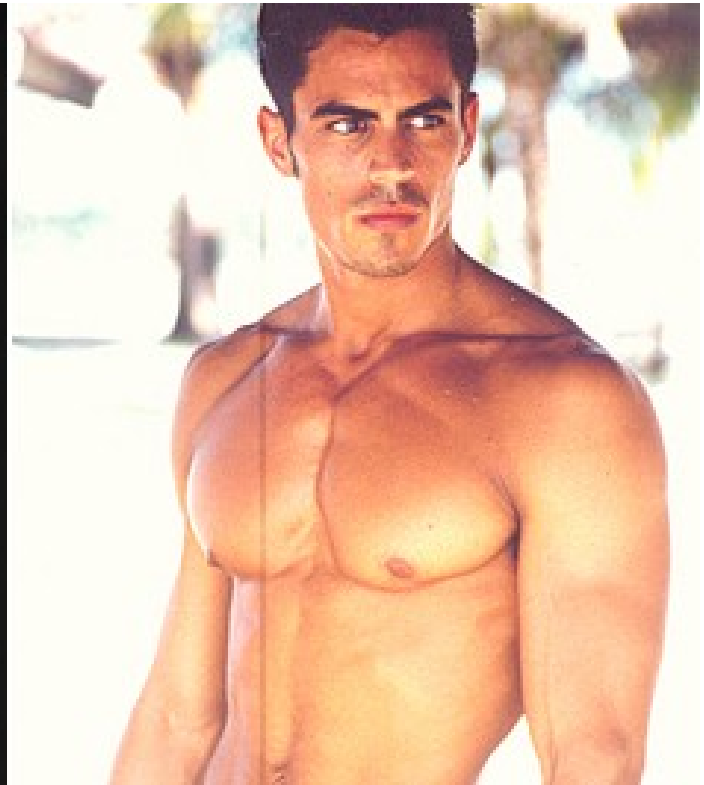
Subtypes of Anorexia Nervosa

- *RESTRICTOR TYPE:*
Limit food and exercise
- *“BINGE-EATING/
PURGING EATING”
ANOREXIA:*
Laxatives or vomits
(*Not confused with
bulimia)



It affects men too

“Jeremy Gillitzer, male eating disorder sufferer, dead at 38”



2. HISTORY OF ANOREXIA

- From the fourth century

- **Religious interpretations:** Demonic possession or demonstration of devotion and self-sacrifice

In 1964, first medical reference

But was **Willian Gull-19th century.**

Conference in Oxford

In the early 19th century, anorexia nervosa begins to be viewed from an endocrinological perspective and in 1914 a German pathologist, describes a cachectic patient who at autopsy was found to have **pituitary destruction.**



During the next 30 years, **confusion prevailed among pituitary failure and anorexia nervosa.** From the 30s, anorexia nervosa passes mainly studied from the psychological point of view, being forgotten ancient discussions of endocrine or psychological disorder.



3. FOOD CHOICE

DEVELOPMENT MODEL

- EXPOSURE
- SOCIAL LEARNING
- ASSOCIATIVE LEARNING

COGNITIVE MODEL

- ATTITUDES
- SOCIAL NORMS
- PERCEIVED OF CONTROL
- AMBIVALENCE

PSYCHOPYSIO- LOGICAL MODEL

- NEUROCHEMICALS
- CHEMICAL SENSES
- FOOD AND MOOD
- STRESS

4.CAUSES

A) Cultural Socialization



Brass neck rings worn in the traditional style of the Padaung tribe of northern Thailand.



Woman wearing corset, showing off her very tiny waist, 1899.

Cultural messages also express **gender-based expectations**, tying “femininity” and “masculinity” to certain physical attributes.



3. Changes in the canons of beauty

- In **primitive societies** preferred the fat woman, because it was a symbol of fertility, prestige and high status.
- During the **Middle Ages**, was the fact fatten symbol of wealth and health. The appeal focused on the external ornamentation and not in the body.

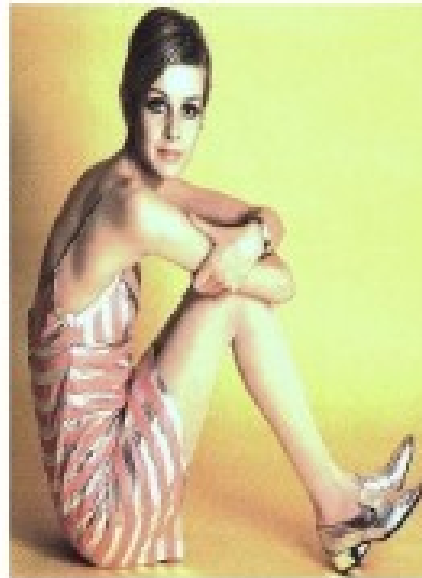


- In the **XV to XVII centuries** is still assessing the plump woman with big hips



XX Century

- In the **20th** curves to appreciate what is left straight.
- In the **50th** curves back.
- In the furor caused **70th** "Twiggy" (thin model) phenomenon is implanted until our days.



MASS MEDIA

- Lose weight effortlessly. Media also contribute to **advertising** clothing, cosmetics etc. and the presence of entertainers and fashion models that leads many women to think "if she looks like that I'll also" (at any cost, even that of one's health).





CIBELES, BEFORE AND AFTER SETTING A MINIMUM WEIGHT. At left, a model on the catwalk in 2004. To the right, a mannequin parade in 2006.



Example of
advertising
campaign of
H&M

B) Personality factors

- Poor self-esteem.
- Lack of social support.
- Perfectionism.
- Public body-consciousness (body surveillance).
- Insecure interpersonal attachment system.
- Gender-role attitudes and values.



C) Educational Factors

- The family plays a very important role here, **excessive protectionism** leaves little initiative to the individual, so that the children are not educated to learn to face life, is encouraged by the **lack of skills** to take progressively more important decisions.



5.TREATMENT

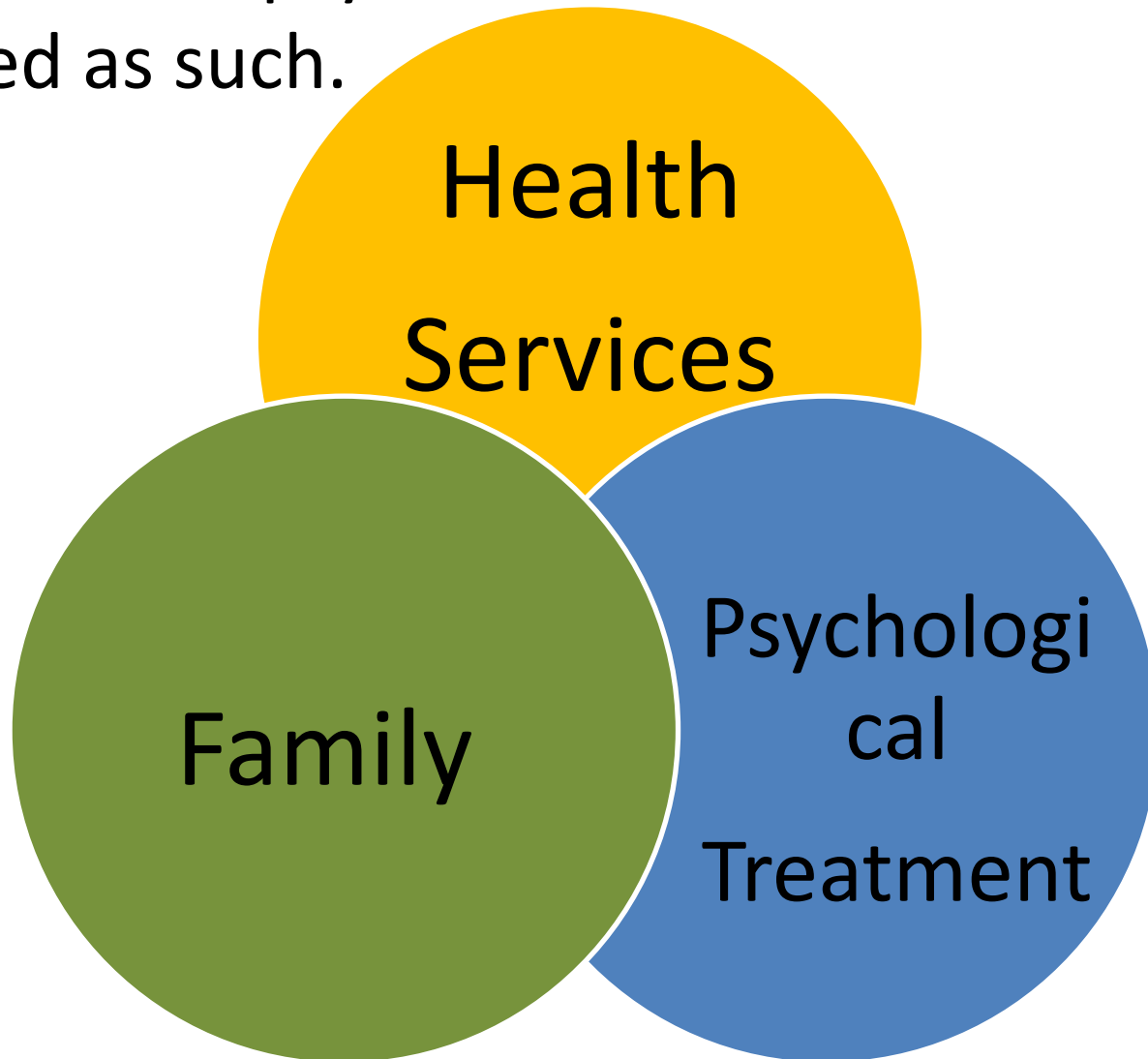
- Correction of malnutrition and mental disorders patient

STEP 1

- **First**, the objective is to achieve a rapid weight gain and recovery of eating habits, as they may carry an increased **risk of death.**

TREATMENT

- Anorexia is a psychiatric illness and should be treated as such.



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THANK YOU FOR YOUR ATTENTION!!

