

## Understanding Eating Disorders



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**Q** Anorexia and Bulimia Nervosa: Why are they lumped together and seen as somehow related?

**A** Anorexia Nervosa and Bulimia Nervosa are disorders in which people have extremes of eating. They either restrict eating or restrict eating alternates with overeating, followed by purging. These disorders are lumped together because family and twin studies have shown that that Anorexia and Bulimia

occur in the same families are often cross-transmitted in families. That is, having a family history of Bulimia can increase the risk for Anorexia and vice versa.

**Q** What are some of the differences between anorexia and bulimia?

**A** These are both disorders that occur predominantly in females. People with anorexia nervosa have low body weight, restrict their eating, are over self-controlled and have a rigid, restricted mood. Bulimics usually have a weight in the normal range, they either restrict or binge, have a high or low level of self-control and unstable moods where they either minimize or exaggerate.

**Q** Can you tell us a little about the course of anorexia and bulimia?

**A** Both of these disorders usually become apparent during adolescence. Early on, people with these problems are often resistant to treatment and deny they have a problem. They are obsessed with body image, weight and food. Obsessive perfectionism, negative affect and harm avoidance are common. These symptoms are exaggerated by malnutrition, but persist with recovery. Anorexia has the highest death rate of any psychiatric disorder. Ten percent of Anorexics die and thirty percent more suffer chronically.

**Q** Are there twin studies, identical twins reared apart that can help us understand if it is genes or jeans? Do these studies exist for anorexia and bulimia?

**A** We would really like to do that. The rate of twins and the rate of anorexia are so small that it is hard to find enough people for large-scale studies. Only about .5% (1/2 of one percent) of the population has Anorexia. For Bulimia, which occurs in 1% to 3 % of the population, it is a little easier to show genetic links. Three large community based twin studies have been conducted so far. Eating disorders are often thought of as being due to psychosocial factors. New studies now show that genes contribute to causing eating disorders. Thus genes contribute to eating disorders, similar to how genes contribute to other psychiatric disorders such as major depression, bipolar disorder, obsessive-compulsive disorder, autism and schizophrenia.

**Q** Are there factors that make some individuals more susceptible to eating disorders?

**A** Childhood anxiety disorders commonly precede both Anorexia and Bulimia. Negative self-evaluation and perfectionism are often present before anorexia. Bulimics usually have a history of risk factors for dieting before they develop Bulimia. The current thought is that both Bulimics and Anorexics have disturbances of the neurotransmitter serotonin before they develop Bulimia. The current thought is that both Bulimics and Anorexics have regional disturbances in the neurotransmitter serotonin.

**Q What is obesity? Is it related to either or both?**

A Obesity is a condition of being overweight that is usually measured in terms of BMI (Body Mass Index). BMI is a measure that includes a person's weight and height. Overweight includes people with BMI's of 25 or more. People with BMI's of 30 or more are usually considered obese. Obesity is probably not related to Anorexia or Bulimia. It is not clear whether some vulnerability to obesity occurs in bulimics, but the two are probably independent.

**Q How about addiction?**

A There is a high rate of co morbid substance abuse and eating disorders, but so far large-scale community, family and twin studies of eating disorders and substance abuse are showing that the two are independently transmitted.

**Q Dr. Steve Hyman, Director of the National Institutes for Mental Health recently said that medications thus far were a bit disappointing for Bulimia and Anorexia, any hope of improvements?**

A Medications have been disappointing thus far. We are hoping for improvements. For example, we are seeing that once a healthy bodyweight is obtained, medication can significantly reduce the risk of relapse.

**Q Are there any cultures without anorexia? How about without bulimia?**

A These eating disorders are most prominent in persons of European and Japanese decent. Their occurrence in other cultures is less clear. Whether this is due to culture or genes is not known.

**Q Has fMRI been able to separate these eating disorders in to any relevant groups? Are biological grouping possible?**

A Right now there is too little data available. Preliminary brain imaging studies are showing that Anorexics and Bulimics have altered serotonin receptor binding in different areas of the brain.

**Q Does forced feeding make anorexia worse? Do any medications make it worse?**

A No one likes to be forced to something. However, people with anorexia nervosa often starve themselves to death. While it can be unpleasant to force and anorexic to eat, it can be done in a gentle way. They need to gain weight to stay alive. Some substances that can make anorexia worse include appetite suppressants, smoking, caffeine and stimulants.

**Q Is it addict-like denial or a delusion that anorexia patients think that they are fine and do not need help?**

A We do not know yet. We do know there is some distortion and that they are generally not psychotic.

**Q When do you think hospitalization is important...necessary?**

A Inpatient treatment is important and necessary when the condition has become life threatening, when the patient has other dangerous or lethal behaviors and patient cannot gain weight or is resistant to treatment on an outpatient basis.

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