

EATING DISORDERS

- Is the condition which effect any individual eating habit either as result of their owing doing (self-inflicting) or as body reaction to consumption of food .

* eating disorder can range from mild mental anguish to life threatening .it can affect every day exercise .

Anorexia nervosa and bulimia nervosa

* are the most common eaten disorder with significant overlap between two together AN&BN are estimated 5% - 7% of female in US .

- other eaten disorder like :

* **rumination syndrome .**

* **compulsive overeating .**

* **selective eat disorder .**

* **binge eating disorder .**

ANOREXIA NERVOSA :

- cc by low body weight , intense to wish to be thin , in women amenorrhea " most patient young women who have distorted body image believing themselves to be fat even really severely underweight .

- most cases of AN begin in late adolescent and few after age of 30 yrs .

Epidemiology :

- the highest rate ----- among school girls and female university student account about 1% - 2 %

- nearly all 95% patient are females from high social class in group such as **gymnast** **خيير الجمباز** and **ballet dancer**

CLINICAL FEATURE "

- excessive concerned with shape and weight .
- pursuit of thinness with consequence low body weight .
- diet and avoid carbohydrate .
- self-induced vomiting .
- excessive exercise and purging .
- being eating in some patient .
- amenorrhea .
- consequence of starvation .
 - * constipation .
 - * low blood pressure .
 - * brady-cardia and hypothermia .
- consequence of vomiting and laxatives abuse
 - * alkalosis and hypokalemia .

PHYSICAL CONSEQUENCES :

- amenorrhea is secondary to weightless
- low BP .
- sensitivity to cold .
- hypothermia .
- hypokalemia lead to epilepsy .
- cardiac arrhythmia lead to death .

Etiology :

- combination of individual predisposition .
- social factors that encourage dieting .
- school children and female colleges student .
- low self-esteem and pre-occupation with their appearance .
- increase A.N among ballet and actors .
- aggression against predominate mothers .

Course and prognosis :

- A.N run in fluctuation course with period of remission
- 1\5 patient full recovery .
- other patient remaining severity .

ASSESSMENT OF A.N

- most patient reluctant to see psychiatric
- history of development disorder and presence pattern of control of eating disorder.

-MSE :

- * depressive symptoms .
- * personality disorder .

- physical examination .

Distribution of body hair (lanugo hair) normal in AN and abnormal in pituitary failure .

- sign of vitamin deficiency .
- sign of vomiting and purgative effect .

TREATMENT OF AN

- making good relation with patient .
- family should be informed about hazard of disease .
- gaining of adequate weight is first priority .
- simple supportive measure .
- admission to hospital if patient weight is dangerous (less than 5%) and in case of severe depression .

Hospital treatment :

- ideal body weight in comparism to length is necessary .
- daily diet at least 300 calories \ e meal .
- reassure patient that she can without loss of body weight and avoid vomiting .

BULIMIA NERVOSA :

- refers to episodes of uncontrolled and excessive eating .some time symtpoms of BN similar is to AN .

* BN syndrome has two main component :

- 1- bulimia
- 2- behavior intended to prevent weight gain

Usually ----- * dietary resistance .

* self-induced vomiting .

* excessive exercise .

* abuse of purgative .

* the balance between these type of behavior such as patient usually of normal weight .

* most patient are female and they have normal menses .

- * patient severely concerned of body weight .
- * unlike AN patient with BN accept treat .
- * episode predispose by stressful event .
- * they extreme lack of control over eating that distinguish BN from AN and enormous amount of food are consumes .
- * at beginning of event eat episode patient feel happy than develop guilt .

PHYSICAL CONSEQUENCE OF BN :

- repeat vomiting lead to several potassium depletion us serious . lead to weakness and arrhythmia and lead to renal damage and UTI
- tetany and epilepsy .
- teeth pitting by repeated vomiting .
- parotid gland enlargement .

*** epidemiology ***

- prevalence up to 10% of young women .
- more frequent in developed country .
- prognosis most patient persist for many years .

Treatment :

- assessment of B.W
- assessment of depression symptoms (use TCA)
- most patient treated as out patient .
- cognitive behavior therapy by self-monitoring .
- avoid sudden emotional change

Compulsive overeating (Bing eating BE) :

- obsessive compulsive overeating is one of most common mental disorder that related to obsessive compulsive disorder .
- consumed thousands of calories in one sitting . unlike BN food is not vomiting of the body .

Epidemiology :

- compulsive overeating become obese .
- 2% of adult in USA develop BE .
- most common in young adult .

Etiology :

- high percent of depress among BE .
- BE patient indulge with alcoholism and other .
- impulsive behavior (such are not thinking before acting out) .

Clinical picture :

- patient difficult to discuss his problems .
- more health problems .
- difficult in sleeping at night .
- joint , muscle pain , headache .
- suicide thought .
- patient trying to hiding the fact of disease

