
UNIT 3 EATING DISORDERS

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3.0 INTRODUCTION

In this unit we will be dealing with different types of eating disorders, their causes, symptoms and treatment. The unit begins with defining eating disorders and elucidating its characteristic features. This is followed by presenting different types of eating disorders such as anorexia nervosa, bulimia nervosa and the binge eating disorders. The causes are then given in detail for each of these disorders followed by treatment interventions which include psychotherapy, cognitive therapies and medications.

3.1 OBJECTIVES

After completing this unit, you will be able to:

- Define eating disorders;
- Elucidate the characteristics of eating disorders;
- Describe the various types of eating disorders;
- Elucidate the Symptoms of eating disorders;
- Explain the causes of eating disorders; and
- Describe the treatment interventions for each of the eating disorders.

3.2 DEFINITION AND CONCEPT

Eating disorders have been one of the increasing disorders in the developed and developing countries. The drive for thinness not only affects the actress but the young, middle aged and older adults. This disorder generally refers to a group of conditions characterised by abnormal eating habits which may involve insufficient or excessive food intake in the body of the individual.

The disorder afflicts millions of people, thousands of whom may die from them yearly. The history of eating disorders has been in existence even from the ancient Roman times. The ancient Romans were known for many accomplishments as well as decadences and one of these was the overindulgence or known as 'orgy'. Romans were the first orgy who used to eat more .

It is well known that in this disorder, particularly in serious conditions, one finds that individuals are preoccupied with are food and weight. There is no specific reason for this disorder to come about, however it can involve many environmental and familial conditions and situations. Studies have shown that females have greater chance of developing eating disorders as compared to males especially in the adolescent years. It is often marked by extremes and manifests itself in the form of severe disturbances in eating behaviour, like extreme reduction of food intake or overeating or feelings of extreme distress or concern about body weight or shape etc. Person starts with eating small or large amount of food than usual but at the same time urge to eat less or more spirals out of control. It is very complex and despite different scientific research the illness remains elusive in terms of understanding the psychodynamics underlying the problem.

It frequently appears during adolescence or young adulthood but some reports indicate that they can also develop during childhood or in later adulthood. People with eating disorders suffer from a number of physical problems like heart or kidney failure and many other severe gastro intestinal or cardio vascular disorders which may eventually lead to death. This disorder coexists with other psychiatric disorders, and clearly with the potentially life threatening conditions it has become a growing, intricate and complex problem.

Despite the collective label, these disorders are not about food. It is a way of coping with a deeper problem that a person finds too difficult or painful to deal with directly. These are the complex conditions that signal difficulties with identity, self concept and self esteem. Eating disorders are cross cultural, and have racial and socio economic boundaries which affect men and women almost equally.

Eating disorder is a serious psychological condition in which the sufferer is obsessed with food, diet and often body image to the point where their quality of life suffers and their health is at extreme risk from long term poor or inadequate diet. This disorder is not a sign of a person mentally ill etc., but the problem is of intake of food and the disorder is actually only the symptom of some underlying problem in that person's life.

In addition there are many cases of abnormal eating that have the same features of eating disorders which have been diagnosed. Obesity is classified as a general medical condition and not as an eating disorder because it is not consistently associated with psychological or behavioural problems. Thus millions of people suffer from this eating disorder which starts mainly from the age of twenty or even adolescent years and continues. This condition as illness is often hidden so sometimes it becomes difficult to diagnose. This typically affects young women than men with a pattern of eating less or over eating. Obviously the amount of fat deposited is related to the energy absorbed from the food and by the hormonal changes which generally occur in the young age.

3.2.1 Definition of Eating Disorder

Eating disorder is defined as a psychological disorder centering on the avoidance, excessive consumption or purging of food. It is also said regarding eating disorder that it is a type of dependency. Eating becomes the object of dependency and disturbs the balance of daily life. Others define eating disorders as an illness that causes a person to adapt harmful eating habits. These disorders are more common amongst teenage girls and young women. Eating disorder is defined by psychologists as a psychological disorder that impairs normal eating behaviour. Over eating, anorexia and bulimia are examples of eating disorders.

3.2.2 Characteristics of Eating Disorder

This disorder is marked by extremes. It is present when a person experiences a severe disturbance in eating behaviour such as extreme distress or concern about body weight or shape. Unlike hysteria eating disorder does not so much mimic a physical illness but manipulates food intake and becomes obsessive about one’s own body’s shape and weight. It has been also found that eating disorder is a personality disorder.

When a patient has a personality disorder and an eating disorder, the therapist would do well to first tackle the eating disorder. Personality disorders are intricate and intractable. They are rarely curable (though certain aspects, like obsessive-compulsive behaviours, or depression can be ameliorated with medication or modified). The treatment of personality disorders requires enormous, persistent and continuous investment of resources of every kind by everyone involved.

From the patient’s point of view, the treatment of her personality disorder is not an efficient allocation of scarce mental resources. Neither are personality disorders the real threat. An eating disorder is both a signal of distress (“I wish to die, I feel so bad, somebody help me”). This is where we can and should begin to help the patient by letting her regain control of her life. The family or other supporting figures must think what they can do to make the patient feel that she is in control, that she is managing things her own way, that she is contributing, has her own schedules, her own agenda, and that she, her needs, preferences, and choices matter.

Further problems about accepting a psychological explanation for the eating disorder are first that many women have found after careful testing to have a normal personality and second the personality scores of normal people and those who suffer from eating disorder overlap considerably. Psychological explanations have been suggested one of which is the concept that some obese women use eating as a substitute for love. A person who feels lonely, empty and unloved unless she has constant company may eat to compensate. From this it follows that psychological factors may be involved in explaining why individuals who have an eating disorder persist with their eating disorder.

<p>Self Assessment Questions</p> <p>1) Discuss the concept of eating disorder.</p> <p>.....</p> <p>.....</p> <p>.....</p>
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2) Define in your own words eating disorder and cite a few examples.

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3) What are the typical characteristics of eating disorders?

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3.3 TYPES OF EATING DISORDERS

Eating disorders are basically of three types and these are presented below:

- Anorexia nervosa
- Binge eating disorders
- Bulimia nervosa

Let us deal with each of these in detail.

3.3.1 Anorexia Nervosa

This term has been in use since 1700 especially for a condition in which a person refused to maintain a healthy body weight. Much later, as per medical opinion anorexia nervosa was considered to be the result of an endocrine disturbance, which possibility remains even today and it is said that this condition is due to a disorder of the hypothalamus. The term anorexia nervosa literally means “nervous lack of appetite”, in which people with anorexia lack in appetite and battle with hunger every day.

Person suffers from the fear of becoming fat is an anorectic’s faulty perception of her body. In reality anorectics self esteem is clearly tied to this distorted view of her body. Continued weight loss is considered by anorectics to be a sign of achievement and self discipline while any weight gain even if it brings them close to a healthy body weight is considered a sign of weakness of lack of self control. It can cause menstruation to stop and often leads to bone loss, loss of skin integrity etc. The risk of death is greatly increased in the individual with this disease.

It is a variety of external and internal conflicts like stress, anxiety, unhappiness and feelings of life being out of control. Not eating or anorexia is a negative way to cope with emotions, feel happy and satisfied. Problems range from frequent infections and general poor health to life threatening conditions. Research suggests that anorexia nervosa has the highest death rate of any psychiatric disorder.

Generally people with this disorder are characterised by an irrational dread of becoming fat coupled with a relentless pursuit of thinness. Even though they do not eat and starve, they appear to have excessive energy to go on working in the usual manner. These persons not only maintain a dangerously low body weight but also carry on their work as if there is nothing wrong with them.

It also attempts to deal with perfectionism and desire to control things by strictly regulating food and weight. Mainly young women and more so in industrialised countries appear to be afflicted by this disorder where cultural expectations encourage women to be thin.

The key symptoms are:

- i) Refusal to sustain a minimal normal body weight
- ii) Intense fear of gaining weight
- iii) Distorted view of one's body or weight
- iv) Severe starvation
- v) Obsession in regard to Food and weight
- vi) Intense and overwhelming fear of gaining weight
- vii) Thinning of hair
- viii) Dry skin
- ix) Low blood pressure
- x) Fatigue and exhaustion
- xi) Loss of memory to an extent.
- xii) Obsessive Compulsive behaviour
- xiii) Depression
- xiv) Osteoporosis
- xv) Fast heart rhythms
- xvi) Anxiety
- xvii) Low self esteem

Thus people with anorexia continue to think that they are over weight even after they become extremely thin, and are very ill and near death condition. Although idealisation of thinness in a certain culture plays a vital role in the development of anorexia, there are other contributing factors like genetics, personality traits and family environment which all contribute to the development of this disorder.

Causes

- 1) **Biological causes:** It has been suggested by psychologists that genetic predisposition to anorexia plays a major role. If a young girl has a sibling with anorexia she is 10 to 20 times more likely than the general population to develop anorexia. People with anorexia have high levels of cortisol, brain hormone most related to stress, decreased levels of neurotransmitters such as serotonin and norepinephrine which are associated with feelings of well being.

Studies of twins have shown a higher rate of eating disorders when they are identical. Samples of DNA, substance inside cells that carry genetic information, have all shown in research studies that there are abnormalities in the structure or activity of the hypothalamus, causing the concerned problem. A brain structure becomes responsible for irregular eating behaviour. Abnormal neuro transmitter levels have been shown to exist in people with anorexia.

ii) **Psychological causes:** People with anorexia are emotionally driven not only in weight loss but also in other areas of their life like career, school work or fitness. It includes the psychological disturbances like:

- Low self esteem
- Depression
- Anxiety
- Irritability
- Mood swings

People appear to have it all together on the surface inside they feel helpless, inadequate and worthless. Generally anorexics feel harshly critical and have no confidence thus some of the traits that occur in anorexics may be a result rather than a cause of the disorder.

iii) **Family and social pressure:** Anorexia develops as a struggle for independence and individuality. It is likely to surface in adolescence when new demands for independence occur. Sometime family and other members become responsible for a member to become anorexic by showing attitudes towards the person the following:

- i) Overprotection
- ii) Rigid
- iii) Extreme closeness
- iv) Criticizing the child's weight
- v) Sexually abusive
- vi) Overvaluing appearance

All these negative stressful life events trigger anorexia and the disorder develops as a struggle for independence and individuality.

iv) **Cultural pressure:** Standards of beauty for women in societies and bombarded messages from the media push women to diet for meeting the standards. This idealised ultra thin body shape is almost impossible for most women to achieve since it does not fit with the biological and inherited factors that determine natural body weight. Certain occupations like modeling, sports, running etc. pressurise the individual to maintain specific body weight.

Life transitions

This also triggers anorexia in those who are already vulnerable because of the factors like

- i) Beginning of adolescence
- ii) Beginning or failing in school
- iii) Breakup of a relationship
- iv) Death of a loved ones

These factors make it more difficult to stop from and makes individual obsessive in continuing their anorexic thoughts.

Treatment:

The types of treatments are being used as follows:

i) **Individual psychotherapy**

It is the major step especially for people who are beyond adolescence. In this cognitive behavioural approach helps in developing healthy ways of thinking and pattern of behaviour and reenter in new relationship.

ii) **Family therapy**

It is important for family members who also push the individual towards the tendency of anorexic. This approach can assess the impact of the disorder on the family help members in overcoming from certain guilt and inferiority. This helps the individual to develop practical strategies for overcoming.

iii) **Group therapy**

This is important in the hospital or in intensive day treatment. Some groups are task oriented and may focus on eating food, body image, etc. The other group may aim at understanding the psychological factors that may lead to the development.

iv) **Medication**

In comparison to other interventions medication can prove effective. Depression and other emotional problems are often a result of starvation, it is best to focus on weight gain rather than medication.

v) **Support group**

It is generally led by non professionals which can be useful in different circumstances. This provides support to people with anorexia and their families with mutual support and advice about how to cope with disorders.

3.3.2 Bulimia Nervosa

It is an overeating characterised by retaining of food intake. This results in feelings of guilt and low self esteem.

This term is appropriate on many levels as bulimia is a repeated cycle of binge eating and purging. Binge eating is the abnormal over intake of large amount of food that she or he has eaten by either making herself to vomit, taking an excessive amount of laxatives, diuretics or engaging in fasting and or excessive exercise. People with bulimia known as bulimica engage in such behaviour at least two times a week for a period of six months or more.

It is generally associated with depression and other psychiatric disorders. Sometimes the symptom may also be associated with anorexia nervosa. Many people with bulimia can maintain a normal weight and be able to keep their condition a secret for years. Bulimics are usually ashamed of their behaviour and attempt to hide their illness from others. If it is not treated bulimia can lead to nutritional deficiencies and may have fatal complications.

Symptoms of Bulimia include the following:

- i) Binge eating of high carbohydrate foods
- ii) Eating until painfully full
- iii) Dehydration
- iv) Constipation, nausea, abdominal pain
- v) Bad breath
- vi) Sore throat
- vii) Depression
- viii) Excessive exercising
- ix) Alternative eating
- x) Using laxatives
- xi) Frequent mood fluctuations
- xii) Lack of energy
- xiii) Bloating or fullness
- xiv) Feelings of Guilt
- xv) Suicidal tendencies

Currently with these symptoms no particular or specific known cause has been found. Usually individual suffering from bulimia have low self esteem, feelings of helplessness etc.

Causes

- i) **Culture:** Culture does play a role in determining whether or not someone will develop bulimia. For example, women in the different countries and in different advertisements are bombarded with images of the “ideal” or “perfect” woman, and these women are always thin. Seeing this often enough can make it difficult for an ordinary woman to ever see herself as beautiful. Men are even starting to suffer from the same sort of self image problems as women.
- ii) **Low self-esteem:** This is a major factor when it comes to developing bulimia and is one of the causes of bulimia. It is not surprising that people who see themselves as worthless and unattractive are at high risk. Growing up and living in an environment conducive to abuse, criticism, pushing for perfection and depression can contribute to people becoming bulimic.
- iii) **Dieting:** Dieting can actually be one of the causes of bulimia. This happens because dieting too much can lead to developing an eating disorder. Drastic dieting can bring about the deprivation that may be a trigger to binge eating. Once this happens binge and purge cycle will start and continue.

- iv) **Genetic involvement:** Many people who are bulimic have mothers or sisters who also have bulimia. Someone with parents who over value looks and judge the ways their children look are more likely to develop bulimia or some other eating disorder. These types of parents definitely belong on the list of causes of bulimia. There is also research that shows low levels of serotonin may play a part.
- v) **Major life changes:** Major life changes such as going to a hostel for higher studies or taking up a modeling job etc., have been found to be one of the causes of bulimia. Episodes can be triggered by stressful situations such as relocating or the end of a relationship. The binge and purge cycle can be a way to try to handle the stresses these events bring. Traumatic events such as rape can also be a trigger. People who **are in professions or activities that require an attractive appearance** may become bulimic. Professions such as ballet dancers, gymnasts, models, actors, wrestlers, or runners are at high risk of developing bulimia.

Treatment

i) Breaking the binge and purge cycle

This is the phase of treatment which focuses on stopping the vicious cycle of bingeing and purging and restoring normal eating patterns. The person learns to monitor his or her eating habits, avoid situations that trigger binges, cope with stress in ways that do not involve food, eat regularly to reduce food cravings, and fight the urge to purge.

ii) Changing unhealthy thoughts and patterns

The second phase of bulimia treatment focuses on identifying and changing the dysfunctional beliefs about weight, dieting, and body shape. The person is helped to explore attitudes about eating, and rethink the idea that self worth is based on weight.

iii) Solving emotional issues

The final phase of bulimia treatment involves targeting emotional issues that caused the eating disorder in the first place. Therapy may focus on relationship issues, underlying anxiety and depression, low self-esteem, and feelings of isolation and loneliness.

3.3.3 Binge Eating Disorder

Binge eating is a pattern of disorder which consists of episodes of uncontrollable eating. In such binges, a person rapidly consumes an excessive amount of food. Most people who have eating binges try to hide this behaviour from others, and often feel ashamed about being overweight or depressed about their overeating.

Eating binges can be followed by the so called compensatory behaviour, that is acts by which the person tries to compensate for the effects of overeating. Although people who do not have any eating disorder may occasionally experience episodes of overeating, frequent binge eating is often a symptom of an eating disorder.

Binge eating is a central feature of bulimia nervosa and binge eating disorder. It is also practiced by some people with an eating disorder not otherwise specified or anorexia nervosa. Binge eating symptoms are also present in bulimia nervosa.

Additionally, bulimics are typically of normal weight, are underweight but have been overweight before, or are slightly overweight. Those with binge eating disorder are more likely to be overweight or obese.

Binge eating disorder is similar to, but distinct from, compulsive overeating. Those with Binge eating disorder do not have a compulsion to overeat and do not spend a great deal of time fantasizing about food.

On the contrary, some people with binge eating disorder have very negative feelings about food. As with other eating disorders, binge eating is an “expressive disorder”, a disorder that is an expression of deeper psychological problems.

Some researchers believe that Binge eating disorder is a milder form or subset of bulimia nervosa, while others argue that it is its own distinct disorder. Currently, the DSM-IV categorises it under Eating disorder not otherwise specified (EDNOS), an indication that more research is needed.

Symptoms

- i) The person does not have control over consumption of food.
- ii) Eats an unusually large amount of food at one time, far more than a normal person would eat in the same amount of time.
- iii) Eats much more quickly during binge episodes than during normal eating times.
- iv) Eats until physically uncomfortable and nauseated due to the amount of food just consumed.
- v) Eats when depressed or bored.
- vi) Eats large amounts of food even when not really hungry.
- vii) Usually eats alone during binge eating episodes, in order to avoid discovery of the disorder.
- viii) Often eats alone during periods of normal eating, owing to feelings of embarrassment about food.
- ix) Feels disgusted, depressed, or guilty after binge eating.
- x) Rapid weight gain, and/or sudden onset of obesity.

Causes

i) Developmental aspect

It is the belief that pressure to look a certain way and fit in through being thin is greatest during the period of adolescence. Girls are more affected by inner turmoil at this time low self esteem, anxiety and being self conscious. This approach suggests that boys usually find forming an identity somewhat easier than girls. Society also recognises continually changing in terms of expectations of the female role.

ii) Cognitive aspect

It is all about identifying and challenging negative behaviours, feelings and thoughts and beliefs about oneself. Emphasis comes on learning to interrupt destructive behaviour or thought patterns which serve to keep the vicious cycle. This includes misusing laxatives, diet pills and diuretics.

iii) **Genetic aspect**

Genetic element associated with the mental health conditions. Some individuals develop bulimia even due to genetic risk and responsible for triggering the conditions. With these factors family systems, socio cultural models and individual factor also play a major role in developing bulimia disorders.

Treatment

People who suffer from bulimia are less likely to end up in hospitals as in patients. They can all be treated as outpatients with the help of medications and pharmacology. They are generally invidually treated which in turn gives the patient positive outcome and a healthy balanced life.

Other methods of psychological treatment include psychotherapy, cognitive therapy etc.

i) **Psychotherapy**

Psychotherapy and cognitive behavioural technique prove to be more effective for modifying thoughts and engaging in behavioural changes. In CBT, records are maintained as to how much food they eat and periods of vomiting etc. Thesen records help in identifying and avoiding emotional fluctuations that bring on episodes of bilumia on regular basis.

ii) **Nutritional Counseling**

This focuses on health rather than weight. A nutritionist or dietician can help those with eating disorders to understand adequate nutritional needs and to change eating behaviours. Dietary counseling may involve having the person keep a food diary to facilitate a return to normal dietary intake or to become aware of triggers for bingeing.

iii) **Medical Treatment**

This involves careful monitoring of the person with an eating disorder, such as weight, fluid and electrolyte balance, cardiac status, growth and development (such as bone growth) and vital signs. It may involve injecting intravenous fluids or in very serious cases, feeding against the will of the person.

iv) **Pharmacology**

It is especially for those with eating disorders. This consists of antidepressants medication and with vitamins and mineral supplements.

<p>Self Assessment Questions</p> <p>1) What are the major types of eating disorders?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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2) Discuss the causes underlying the various eating disorders.

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3) Differentiate and show the similarity of bulimia and binge eating disorder.

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4) What are the main causes in binge eating disorder?

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5) What treatment interventions are available for these disorders?

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Thus the approach of the therapist or psychologist is to offer encouragement, support throughout the treatment process and help in overcoming it fast.

Other common types of eating disorders are:

- i) Binge eating disorder (Bulimia)
- ii) Obesity
- iii) Childhood obesity

With the overall study it is clear that researchers are using tools to better understand eating disorders. New studies currently underway however are aiming to remedy the lack of information available about treatment. Severe imbalances in eating behaviours, such as severe and unhealthy decrease of food intake or extreme

overeating, in addition to these the feelings of depression, distress, or extreme concern over body shape and weight.

An eating disorder can in general be expressed as a condition where a person's nutrition is not managed correctly, which can cause severe harm to the body. The types of eating disorders develop in adolescence or in early stages of adulthood. However in rare cases, it develops in childhood or at later stages of adulthood.

Females are more likely than males to develop an eating disorder. Only about 5% to 15% are male anorexics or bulimics and 35% are binge eaters.

3.4 LET US SUM UP

Eating disorders are one of the most difficult mental illnesses to diagnose and cure. There appears to be a connection between all the major types of eating disorders and this is depression. Furthermore all these disorders are marked by extremes in behaviour. Also, this person experiences severe disturbances in eating behaviour such as extreme reduction of food intake or extreme overeating or feeling of extreme distress or concern about body shape. It is all interrelated and focuses on some factual cause but still remains elusive for all.

Whatever the source of the psychological needs, control and comfort are the two words that probably best sum up the needs that are filled by eating disorders. Trauma a big upset or long term turbulence in life, can also influence a person to do whatever they can to bring control to life, and food and weight can be easy targets for control. Under eating and overeating have been shown to activate calming brain chemicals, which may be why those experiencing emotional pain turn to these eating patterns.

Furthermore, "Mastery" is also an important aspect of eating disorder psychology. This is the sense that one can reach an achievement that others can not even if that "achievement" is a too strict a diet.

Personalities: According to psychologists at the National Institute of Mental Health, most people with eating disorders share these personality characteristics such as low self-esteem, perfectionism, feelings of helplessness, and anxiety. They have overly high expectations and have "all-or-nothing" thinking patterns. One can see how these traits connect to over control eating. The problem is, disordered eating patterns aren't triggered by these characteristics, but they may make it more difficult to recover.

Emotional causes: Anger and other emotions that are not expressed easily can feed a disorder. In fact, therapists believe that eating disorders are more about trying to relieve uncomfortable feelings and solving life problems than they are about food. The person often is afraid to express these emotions verbally and directly, so he or she does it indirectly through disordered eating patterns. For some, a strong emotion will trigger an eating binge. Others may overeat to mask and numb out difficult emotions. Non eaters are able to feel something, even if it's physical pain, which may be easier to deal with than their actual emotions.

3.5 UNIT END QUESTIONS

- 1) Describe the overall concept of eating disorder.
- 2) Discuss anorexia nervosa with its symptoms and causes.
- 3) Elaborately write important treatment tips for eating disorder patients.
- 4) Whether anorexia nervosa disorder can be controlled– Explain.
- 5) What is bulimia nervosa? Put forward the characteristic features of the same.
- 6) What are the various treatment interventions to overcome bulimia?
- 7) What is binge eating? Elucidate.

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