

Adolescent Eating Disorders



Update on Definitions, Symptomatology, Epidemiology, and Comorbidity

Beate Herpertz-Dahlmann, MD

KEYWORDS

- Anorexia nervosa • Bulimia nervosa • Binge-eating disorder • Adolescence
- Epidemiology • Comorbidity • Diagnostic classification

KEY POINTS

- Eating disorders are some of the most prevalent disorders in adolescence, often taking a chronic and disabling course.
- Most eating disorders imply a deep dissatisfaction with the subject's own body and shape; everyday life is often unduly preoccupied by eating and weight-control practices.
- There have been major changes from DSM-IV to DSM-5, leading to an increasing prevalence of anorexia and bulimia nervosa and a decreasing prevalence of eating disorders not otherwise classified. According to DSM-5, binge-eating disorder (BED) enters a distinct category of its own.
- In adolescence and childhood, the rates of eating disorders are on the increase. Every clinician working with this age group should be familiar with their symptomatology and medical/psychiatric assessment.
- Eating disorders are associated with high and sometimes life-threatening medical and psychiatric comorbidities.
- Severe and prolonged starvation, characteristic of chronic anorexia nervosa, can have profound consequences on brain and bone development.

INTRODUCTION

Eating disorders are the third most common chronic illness among adolescents, after obesity and asthma¹; the peak age of onset occurs between 14 and 19 years. In this article, 5 categories of eating disorder are described according to the *Diagnostic and*

Disclosure: Dr B. Herpertz-Dahlmann has received industry research funding from Vifor and research funding from the German Ministry for Education and Research (Grants 01GV0602 and 01GV0623).

Department of Child and Adolescent Psychiatry, Psychosomatics, and Psychotherapy, RWTH Aachen University, Neuenhofer Weg 21, Aachen 52074, Germany

E-mail address: bherpertz-dahlmann@ukaachen.de

Child Adolesc Psychiatric Clin N Am 24 (2015) 177–196

<http://dx.doi.org/10.1016/j.chc.2014.08.003>

childpsych.theclinics.com

1056-4993/15/\$ – see front matter © 2015 Elsevier Inc. All rights reserved.

Abbreviations	
ADHD	Attention-deficit/hyperactivity disorder
AN	Anorexia nervosa
BED	Binge-eating disorder
BMI	Body mass index
BN	Bulimia nervosa
DSM-5	<i>Diagnostic and Statistical Manual of Mental Disorders</i> , 5th edition
EDNOS	Eating disorders not otherwise specified
LOC	Loss of control of eating
OCD	Obsessive-compulsive disorder
OSFED	Other specified feeding or eating disorders

Statistical Manual of Mental Disorders, 5th edition (DSM-5)²: Anorexia Nervosa (AN), Bulimia Nervosa (BN), Binge-Eating Disorder (BED), Other Specified Feeding or Eating Disorders (OSFED), and Unspecified Feeding or Eating Disorders. All of these disorders are thought to exist within a broader spectrum, and patients frequently move among them.³ Recent epidemiologic studies have suggested higher prevalence rates in youth than previously thought,^{4,5} with a substantial increase in unspecified eating disorders over recent years. Although approximately 10% of the general population suffers from some type of eating disorder, only a minority of these individuals ever seek treatment.⁶ Children and adolescents often become adults in whom these disorders persist: the chronic and disabling courses of these conditions generate high somatic and psychiatric comorbidity rates, along with substantial personal and societal costs.

This article provides an overview of the recent developments in definitions and diagnoses, including new classification issues, medical and psychiatric comorbidities, and current trends in the prevalence of the spectrum of eating disorders.

DEFINITION AND CLASSIFICATION

Definition of Eating Disorders
Most of the spectrum of eating disorders, especially AN, BN, and some OSFED, is characterized by a fear of fatness and a pathologic preoccupation with weight and shape. Self-evaluation is predominantly based on the perception of one's own body, and everyday life is unduly influenced by weight-control practices. In BED, negative feelings related to body weight and shape are also frequently prevalent.

Anorexia Nervosa

AN is a severe psychiatric disorder with substantial morbidity and the highest mortality of all mental disorders. The standardized mortality rate for AN is approximately 6,⁷ which is higher than that for asthma and diabetes mellitus type 1.⁸ About one-fifth of those who die commit suicide.⁷

Extreme dissatisfaction with the size or shape of one's body or some body parts leads to weight phobia and food aversion. Whereas some patients perceive their bodies as being fat despite of severe starvation, others are able to recognize their emaciated figures but find it attractive. Low body weight is the result of a strict diet and/or excessive hyperactivity. It is pursued beyond the bounds of reason and to the exclusion of age-appropriate activities. In very young patients, especially in those

Download English Version:

<https://daneshyari.com/en/article/4150542>

Download Persian Version:

<https://daneshyari.com/article/4150542>

[Daneshyari.com](https://daneshyari.com)