Disorder	Anorexia Nervosa	Bulimia Nervosa	Binge Eating Disorder
General	Pts are preoccupied with their weight, body image & being thin, often assoc. with OCPD ***2 Types:*** - Restricting: Wt. loss is achieved through diet, fasting & excessive exercise - Binge/purging: binge eating followed by self-induced vomiting/ laxatives or diuretics use (some purge after small amounts of food)	Binge eating combined with behaviors intended to counteract weight gain (induced vomiting, laxatives, diuretics, enemas, excessive exercise) * pts are embarrassed by their binge eating	Binge eating with emotional distress, but they don't try to control by purging or restricting food + not fixated on their body shape & weight
DSM Criteria	* Restriction of energy intake leading to Low body weight * Intense fear of gaining weight * Disturbed body image Symptoms last for 3 months	* Recurrent binge eating eps. * Recurrent attempts to compensate overeating * Once a week for 3 months * Self-worth is influenced by body wt. & image * Not during anorexia nervosa episode	* Recurrent binge eating (eating excessive amount of food in 2 hrs with lack of control) + 3 of: - Eating very rapidly - Eating until uncomf. Full - Eating large amounts when not hungry - Eating alone (embarrassed) - Guilt/disgust feeling > eating * Severe distress * Once a week for 3 months * No compensatory behaviors
BMI	Low (<18.5)	Normal or high	High
Epidemiology, Etiology & Course	- F:M = 10:1 - Bimodal age of onset (13-14 => hormonal, 17 -18 => environmental influence) - Common in industrialized countries & sports/jobs that involve thinness - Etiology: Genetic/ psychodynamic & social - Chronic & relapsing illness, most remit in 5 years - Mortality rate is cumulative (5% per decade) due to starvation/ cardiac failure & suicide	- F:M = 10:1 - Onset: adolescents, early adulthood - MC in developed countries - Comorbid with Mood disorders, anxiety, impulse control, substance, abuse & borderline personality disorder - Etiology: Genetic/ psychodynamic & social + childhood obesity - Chronic & relapsing illness, 50% fully remit - Better prognosis than anorexia - increased suicide risk	- F:M = 2:1 - Increased prevalence among those who seek wt. loss treatment - Runs in families - Onset: adolescents, early adulthood - Remission rates are highest
Treatment	* Food * Admission if (BMI <15, medical & psych. Complications) * CBT, Family therapy (Maudsley approach) * SSRIs AREN'T effective * Olanzapine can promote wt. gain	* SSRI's (Fluoxetine 60-80mg/d <<highest dose of Fluox>>) * Psychotherapy * Nutritional counselling & education * Avoid bupropion => lowers seizure threshold	* SSRI's (1st line) * CBT/ Interpersonal psychotherapy

Anorexia

PHYSICAL FINDINGS AND MEDICAL COMPLICATIONS

- The medical complications of eating disorders are related to weight loss and purging (e.g., vomiting and laxative abuse).
- Physical manifestations: Amenorrhea, cold intolerance/hypothermia, hypotension (especially orthostasis), bradycardia, arrhythmia, acute coronary syndrome, cardiomyopathy, mitral valve prolapse, constipation, lanugo (fine, soft body hair typically found in newborns), alopecia, edema, dehydration, peripheral neuropathy, seizures, hypothyroidism, osteopenia, osteoporosis.
- Laboratory/imaging abnormalities: Hyponatremia, hypochloremic hypokalemic alkalosis (if vomiting), arrhythmia (especially QTc prolongation), hypercholesterolemia, transaminitis, leukopenia, anemia (normocytic normochromic), elevated blood urea nitrogen (BUN), increased growth hormone (GH), increased cortisol, reduced gonadotropins (luteinizing hormone [LH], follicle-stimulating hormone [FSH]), reduced sex steroid hormones (estrogen, testosterone), hypothyroidism, hypoglycemia, osteopenia.

Bulimia

PHYSICAL FINDINGS AND MEDICAL COMPLICATIONS

- Patients with anorexia and bulimia may have similar medical complications related to weight loss and vomiting.
- Physical manifestations: Salivary gland enlargement (sialadenosis), dental erosion/caries, callouses/abrasions on dorsum of hand ("Russell's sign" from self-induced vomiting), petechiae, peripheral edema, aspiration.
- Laboratory/imaging abnormalities: Hypochloremic hypokalemic alkalosis, metabolic acidosis (laxative abuse), elevated bicarbonate (compensation), hypernatremia, increased BUN, increased amylase, altered thyroid hormone, cortisol homeostasis, esophagitis.

Binge

PHYSICAL FINDINGS AND MEDICAL COMPLICATIONS

Patients are typically obese and suffer from medical problems related to obesity including metabolic syndrome, type 2 diabetes, and cardiovascular disease.