Chapter 8
Eating and Sleep Disorders

Eating Disorders: An Overview

- Two Major Types of DSM-IV Eating Disorders
  - Anorexia nervosa and bulimia nervosa
  - Both involve severe disruptions in eating behavior
  - Both involve extreme fear and apprehension about gaining weight
  - Both have strong sociocultural origins – Westernized views

Bulimia Nervosa: Overview and Defining Features

- Binge Eating – Hallmark of Bulimia
  - Binge – Eating excess amounts of food
  - Eating is perceived as uncontrollable
- Compensatory Behaviors
  - Purging – Self-induced vomiting, diuretics, laxatives
  - Some exercise excessively, whereas others fast
- DSM-IV Subtypes of Bulimia
  - Purging subtype – Most common subtype (e.g., vomiting, laxatives, enemas)
  - Nonpurging subtype – About one-third of bulimics (e.g., excess exercise, fasting)

Bulimia Nervosa: Overview and Defining Features (cont.)

- Associated Features
  - Most are over concerned with body shape, fear gaining weight
  - Most have comorbid psychological disorders
  - Purging methods can result in severe medical problems
  - Most are within 10% of target body weight

Anorexia Nervosa: Overview and Defining Features

- Successful Weight Loss – Hallmark of Anorexia
  - Intense fear of obesity and losing control over eating
  - Anorexics show a relentless pursuit of thinness, often beginning with dieting
  - Defined as 15% below expected weight
- DSM-IV Subtypes of Anorexia
  - Restricting subtype – Limit caloric intake via diet and fasting
  - Binge-eating-purging subtype – About 50% of anorexics
- Associated Features
  - Most show marked disturbance in body image
  - Methods of weight loss can have severe life threatening medical consequences
Most are comorbid for other psychological disorders

**Binge-Eating Disorder: Overview and Defining Features**

- Binge-Eating Disorder – Appendix of DSM-IV
  - Experimental diagnostic category
  - Engage in food binges, but do not engage in compensatory behaviors
- Associated Features
  - Many persons with binge-eating disorder are obese
  - Share similar concerns as anorexics and bulimics regarding shape and weight

**Bulimia and Anorexia: Facts and Statistics**

- Bulimia
  - Majority are female, with onset around 16 to 19 years of age
  - Lifetime prevalence is about 1.1% for females, 0.1% for males
  - 6-8% of college women suffer from bulimia
  - Tends to be chronic if left untreated
- Anorexia
  - Majority are female and white, from middle-to-upper middle class families
  - Usually develops around age 13 or early adolescence
  - Tends to be more chronic and resistant to treatment than bulimia

**Causes of Bulimia and Anorexia: Toward an Integrative Model**

- Media and Cultural Considerations
  - Being thin = Success, happiness....really?
  - Cultural imperative for thinness translates into dieting
  - Standards of ideal body size change as much as clothes
  - With improved nutrition, media standards of the ideal are difficult to achieve
- Psychological and Behavioral Considerations
  - Low sense of personal control and self-confidence
  - Food restriction often leads to a preoccupation with food
- An Integrative Model
An integrative causal model of eating disorders

Medical and Psychological Treatment of Bulimia Nervosa

- **Drug Treatments**
  - Antidepressants can help reduce binging and purging behavior
  - Antidepressants are not efficacious in the long-term

- **Psychosocial Treatments**
  - Cognitive-behavior therapy (CBT) is the treatment of choice
  - Interpersonal psychotherapy results in long-term gains similar to CBT

Medical and Psychological Treatment of Anorexia Nervosa

- **Medical Treatment**
  - There are none with demonstrated efficacy

- **Psychological Treatment**
  - Weight restoration – First and easiest goal to achieve
  - Treatment involves education, behavioral, and cognitive interventions
  - Treatment often involves the family
  - Long-term prognosis for anorexia is poorer than for bulimia

Other Eating Disorders

- **Rumination Disorder**
  - Chronic regurgitation and reswallowing of partially digested food
  - Most prevalent among infants and persons with mental retardation

- **Pica**
  - Repetitive eating of inedible substances
  - Seen in infants and persons with severe developmental/intellectual disabilities
Treatment involves operant procedures

**Feeding Disorder**
- Failure to eat adequately, resulting in insufficient weight gain
- Disorder of infancy and early childhood
- Treatment involves regulating eating and family therapy

**Sleep Disorders: An Overview**

- Two Major Types of DSM-IV Sleep Disorders
  - Dyssomnias – Difficulties in getting enough sleep, problems in the timing of sleep, and complaints about the quality of sleep
  - Parasomnias – Abnormal behavioral and physiological events during sleep

- Assessment of Disordered Sleep: Polysomnographic (PSG) Evaluation
  - Electroencephalograph (EEG) – Leg movements and brain wave activity
  - Electrooculograph (EOG) – Eye movements
  - Electromyography (EMG) – Muscle movements
  - Includes detailed history, assessment of sleep hygiene and sleep efficiency

**The Dyssomnias: Overview and Defining Features of Insomnia**

- Insomnia and Primary Insomnia
  - One of the most common sleep disorders
  - Difficulties initiating sleep, maintaining sleep, and/or nonrestorative sleep
  - Primary insomnia – Means insomnia unrelated to any other condition (rare!)

- Facts and Statistics
  - Insomnia is often associated with medical and/or psychological conditions
  - Females reported insomnia twice as often as males

- Associated Features
  - Many have unrealistic expectations about sleep
  - Many believe lack of sleep will be more disruptive than it usually is

**The Dyssomnias: Overview and Defining Features of Hypersomnia**

- Hypersomnia and Primary Hypersomnia
  - Problems related to sleeping too much or excessive sleep
  - Person experiences excessive sleepiness as a problem
  - Primary hypersomnia – Means hypersomnia unrelated to any other condition (rare!)

- Facts and Statistics
  - About 39% have a family history of hypersomnia
  - Hypersomnia is often associated with medical and/or psychological conditions

- Associated Features
  - Complain of sleepiness throughout the day, but do sleep through the night
The Dyssomnias: Overview and Defining Features of Narcolepsy

• Narcolepsy
  – Daytime sleepiness and cataplexy
  – Cataplectic attacks – REM sleep, precipitated by strong emotion

• Facts and Statistics
  – Narcolepsy is rare – Affects about .03% to .16% of the population
  – Equally distributed between males and females
  – Onset during adolescence, and typically improves over time

• Associated Features
  – Cataplexy, sleep paralysis, and hypnagogic hallucinations improve over time
  – Daytime sleepiness does not remit without treatment

The Dyssomnias: Overview of Breathing-Related Sleep Disorders

• Breathing-Related Sleep Disorders
  – Sleepiness during the day and/or disrupted sleep at night
  – Sleep apnea – Restricted airflow and/or brief cessations of breathing

• Subtypes of Sleep Apnea
  – Obstructive sleep apnea (OSA) – Airflow stops, but respiratory system works
  – Central sleep apnea (CSA) – Respiratory systems stops for brief periods
  – Mixed sleep apnea – Combination of OSA and CSA

The Dyssomnias: Overview of Breathing-Related Sleep Disorders (cont.)

• Facts and Statistics
  – More common in males, occurs in 1-2% of population

• Associated Features
  – Persons are usually minimally aware of apnea problem
  – Often snore, sweat during sleep, wake frequently, and have morning headaches
  – May experience episodes of falling asleep during the day

Circadian Rhythm Sleep Disorders

• Circadian Rhythm Disorders
  – Disturbed sleep (i.e., either insomnia or excessive sleepiness during the day)
  – Problem is due to brain’s inability to synchronize day and night

• Nature of Circadian Rhythms and Body’s Biological Clock
  – Circadian Rhythms – Do not follow a 24 hour clock
  – Suprachiasmatic nucleus – The brain’s biological clock, stimulates melatonin

• Types of Circadian Rhythm Disorders
  – Jet lag type – Sleep problems related to crossing time zones
  – Shift work type – Sleep problems related to changing work schedules
Medical Treatments

• Insomnia
  – Benzodiazepines and over-the-counter sleep medications
  – Prolonged use can cause rebound insomnia, dependence
  – Best as short-term solution

• Hypersomnia and Narcolepsy
  – Stimulants (i.e., Ritalin)
  – Cataplexy is usually treated with antidepressants

Medical Treatments

• Breathing-Related Sleep Disorders
  – May include medications, weight loss, or mechanical devices

• Circadian Rhythm Sleep Disorders
  – Phase delays – Moving bedtime later (best approach)
  – Phase advances – Moving bedtime earlier (more difficult)
  – Use of very bright light – Trick the brain’s biological clock

Psychological Treatments

• Relaxation and Stress Reduction
  – Reduces stress and assists with sleep
  – Modify unrealistic expectations about sleep

• Stimulus Control Procedures
  – Improved sleep hygiene – Bedroom is a place for sleep and sex only
  – For children – Setting a regular bedtime routine

• Combined Treatments
  – Insomnia – Short-term medication plus psychotherapy is best
  – Lack evidence for the efficacy of combined treatments with other dyssomnias

The Parasomnias: Nature and General Overview

• Nature of Parasomnias
  – The problem is not with sleep itself
  – Problem is abnormal events during sleep, or shortly after waking

• Two Classes of Parasomnias
  – Those that occur during REM (i.e., dream) sleep
  – Those that occur during non-REM (i.e., non-dream) sleep

The Parasomnias: Overview of Nightmare Disorder

• Nightmare Disorder
– Occurs during REM sleep
– Involves distressful and disturbing dreams
– Such dreams interfere with daily life functioning and interrupt sleep

• Facts and Associated Features
  – Dreams often awaken the sleeper
  – Problem is more common in children than adults

• Sleep Terror Disorder
  – Involves recurrent episodes of panic-like symptoms
  – Occurs during non-REM sleep

  **The Parasomnias: Overview of Nightmare Disorder (cont.)**

• Facts and Associated Features
  – Problem is more common in children than adults
  – Often noted by a piercing scream
  – Child cannot be easily awakened during the episode and has little memory of it

• Treatment
  – Often involves a wait-and-see posture
  – Antidepressants (i.e., imipramine) or benzodiazepines for severe cases
  – Scheduled awakenings prior to the sleep terror can eliminate the problem

  **The Parasomnias: Overview of Sleep Walking Disorder**

• Sleep Walking Disorder – Somnambulism
  – Occurs during non-REM sleep
  – Usually during first few hours of deep sleep
  – Person must leave the bed

• Facts and Associated Features
  – Difficult, but not dangerous, to wake someone during the episode
  – Problem is more common in children than adults
  – Problem usually resolves on its own without treatment
  – Seems to run in families

• Related Conditions
  – Nocturnal eating syndrome – Person eats while asleep
An integrative multidimensional model of sleep disturbance

Figure 8.7

Summary of Eating and Sleep Disorders

- All Eating Disorders Share
  - Gross deviations in eating behavior
  - Fear or concern about weight, body size, appearance
  - Heavily influenced by social, cultural, and psychological factors

- All Sleep Disorders Share
  - Interference with normal process of sleep
  - Interference results in problems during waking
  - Heavily influenced by psychological and behavioral factors

- Incidence of Eating and Sleep Disorders Is Increasing
- More Effective Treatments for Eating and Sleep Disorders Are Needed

Discussion Group 7 - Questions

- **How would you differentiate Anorexia and Bulimia Nervosa?**

- **What are some risk factors associated with Eating Disorders?**

- **Describe one of the sleep disorders, as well as a potential treatment approach for this condition.**