Vicenza, 4 novembre 2016

REGIONE DEL VENETO ULSS 6 VICENZA

Corso di formazione

Corso di formazione sugli ambulatori nutrizionali dei Servizi di Igiene degli Alimenti e Nutrizione della Regione Veneto

obesitá e disturbi dell'alimentazione

Massimo Cuzzolaro

già Università di Roma Sapienza

Editor-in-Chief di *Eating and Weight Disorders. Studies on Anorexia Bulimia Obesity*

global human population growth

(http://www.worldometers.info/world-population/#pastfuture)

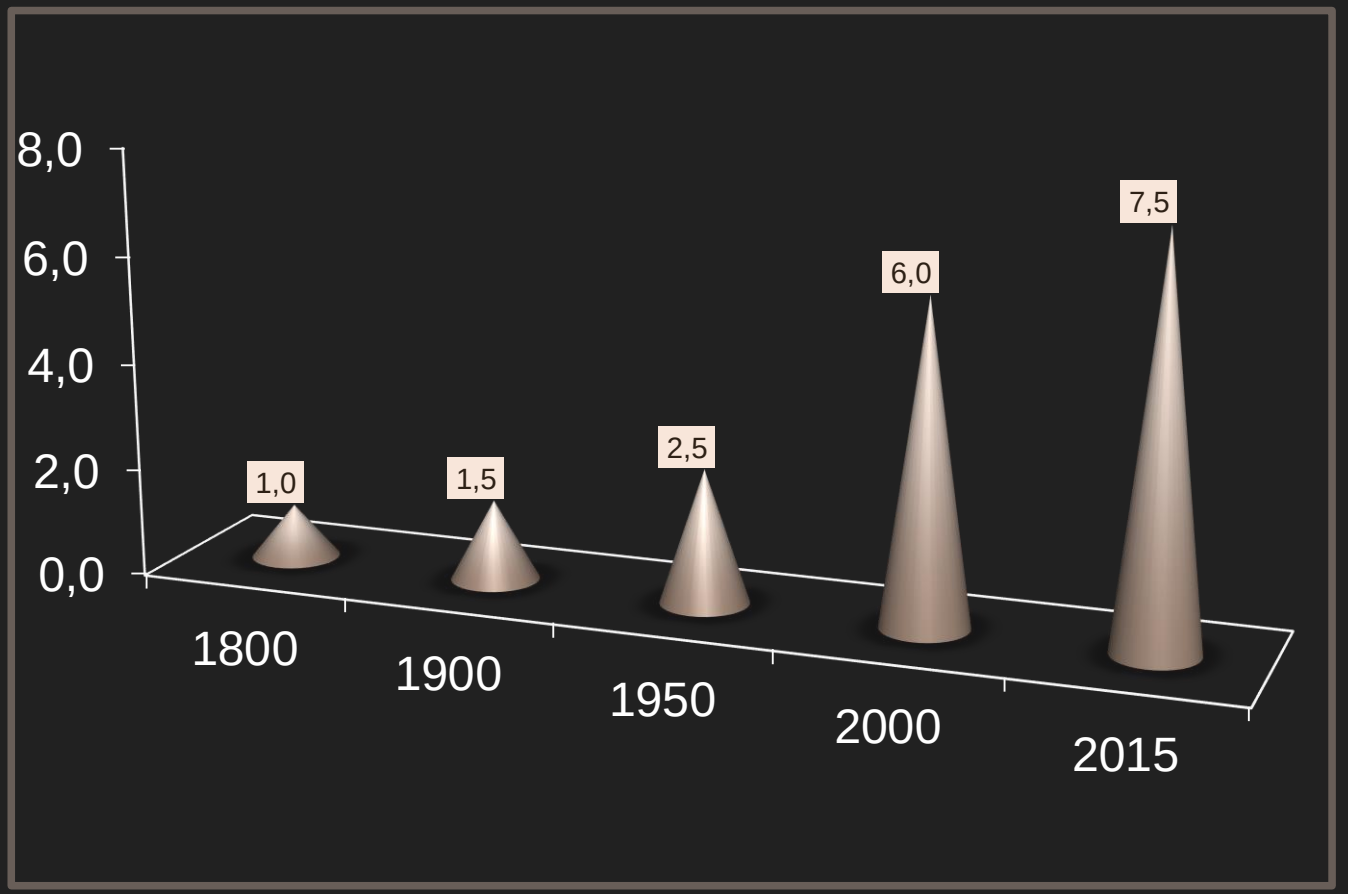
2015 world population: about 7.5 billion

•

It is currently growing (births – deaths) at 2.4 people per second

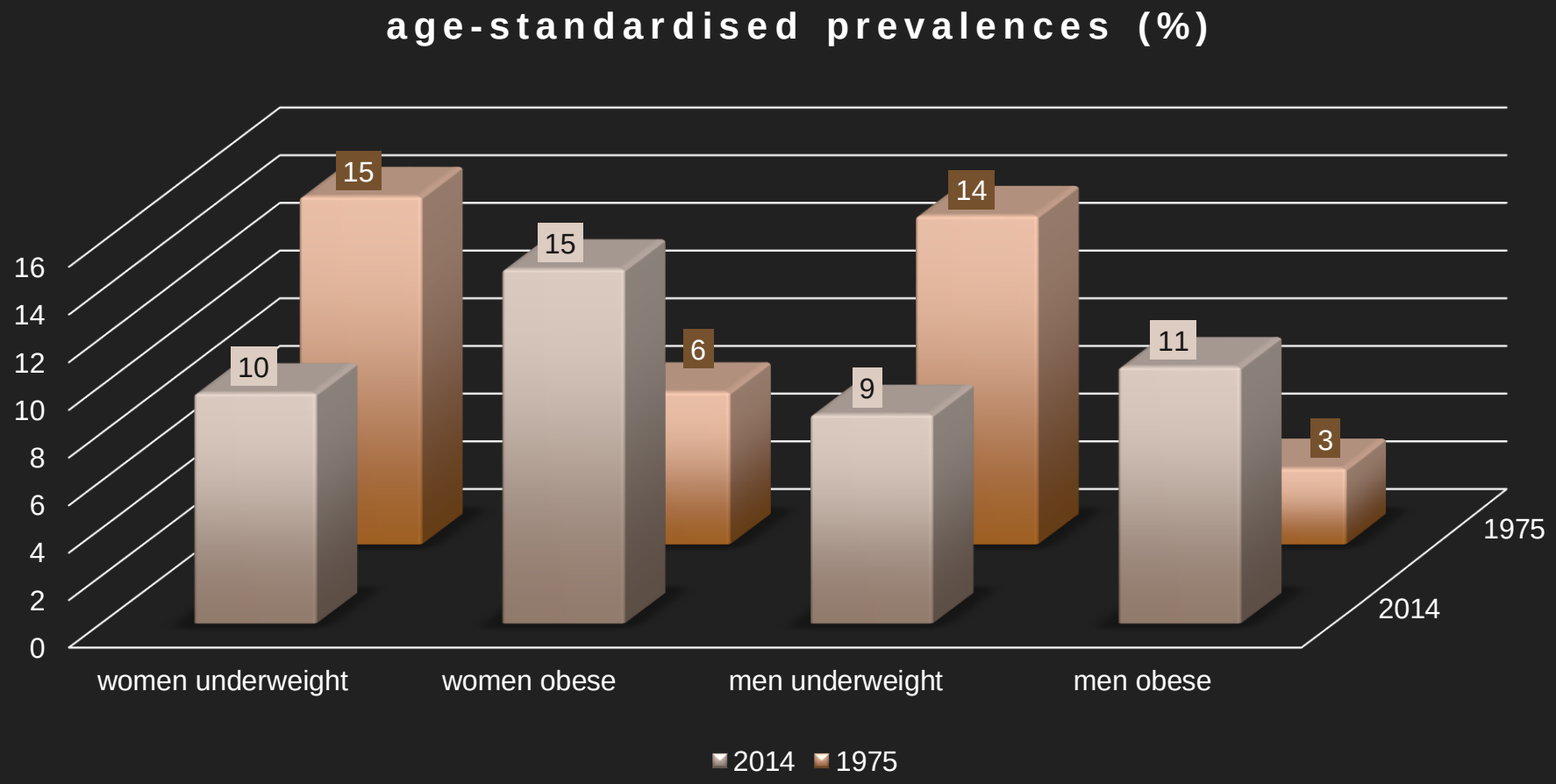
•

will we be 9.6 billion people by 2050?



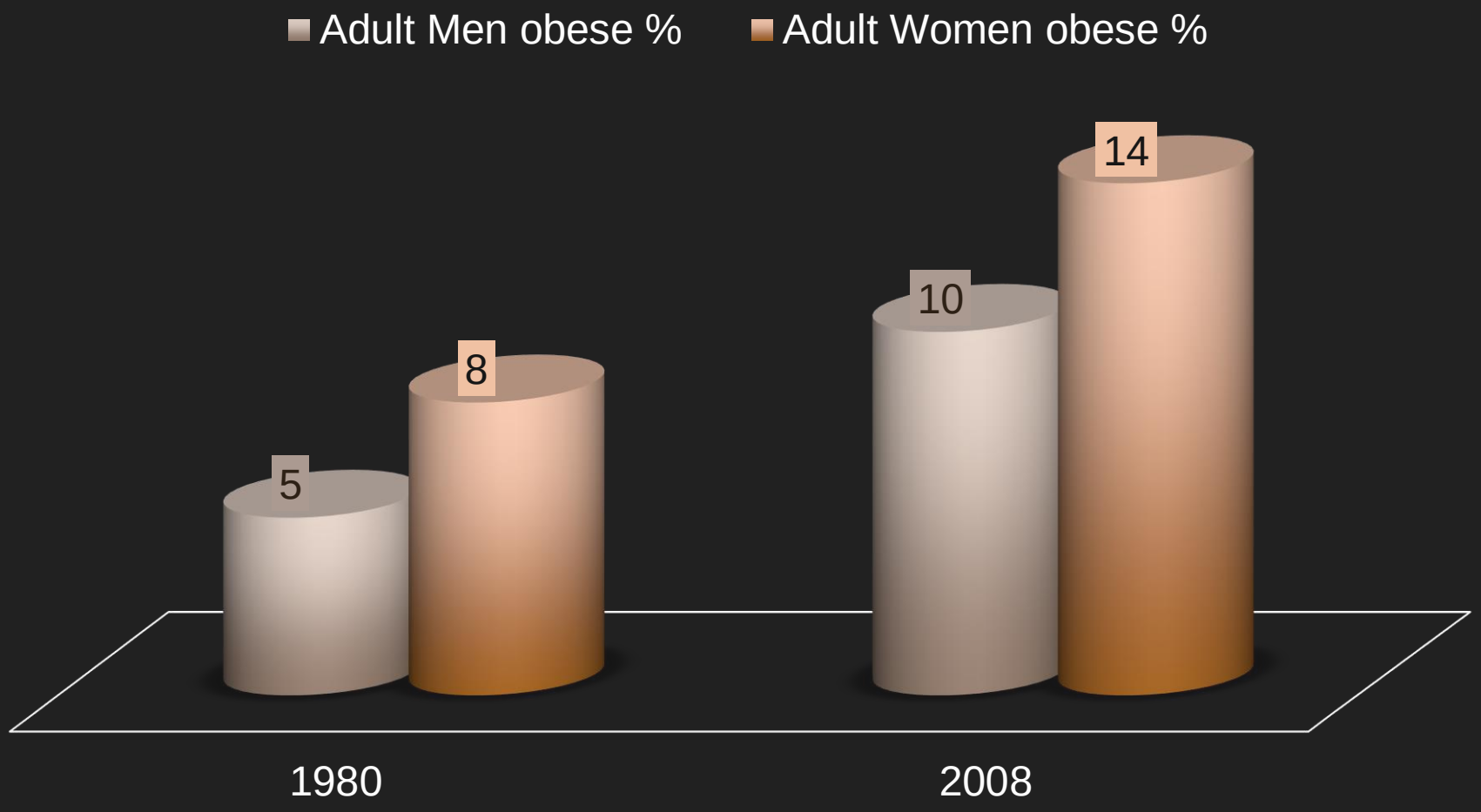
obesity is now more common than underweight worldwide

(NCD Risk Factor Collaboration, *Lancet*, 2016)



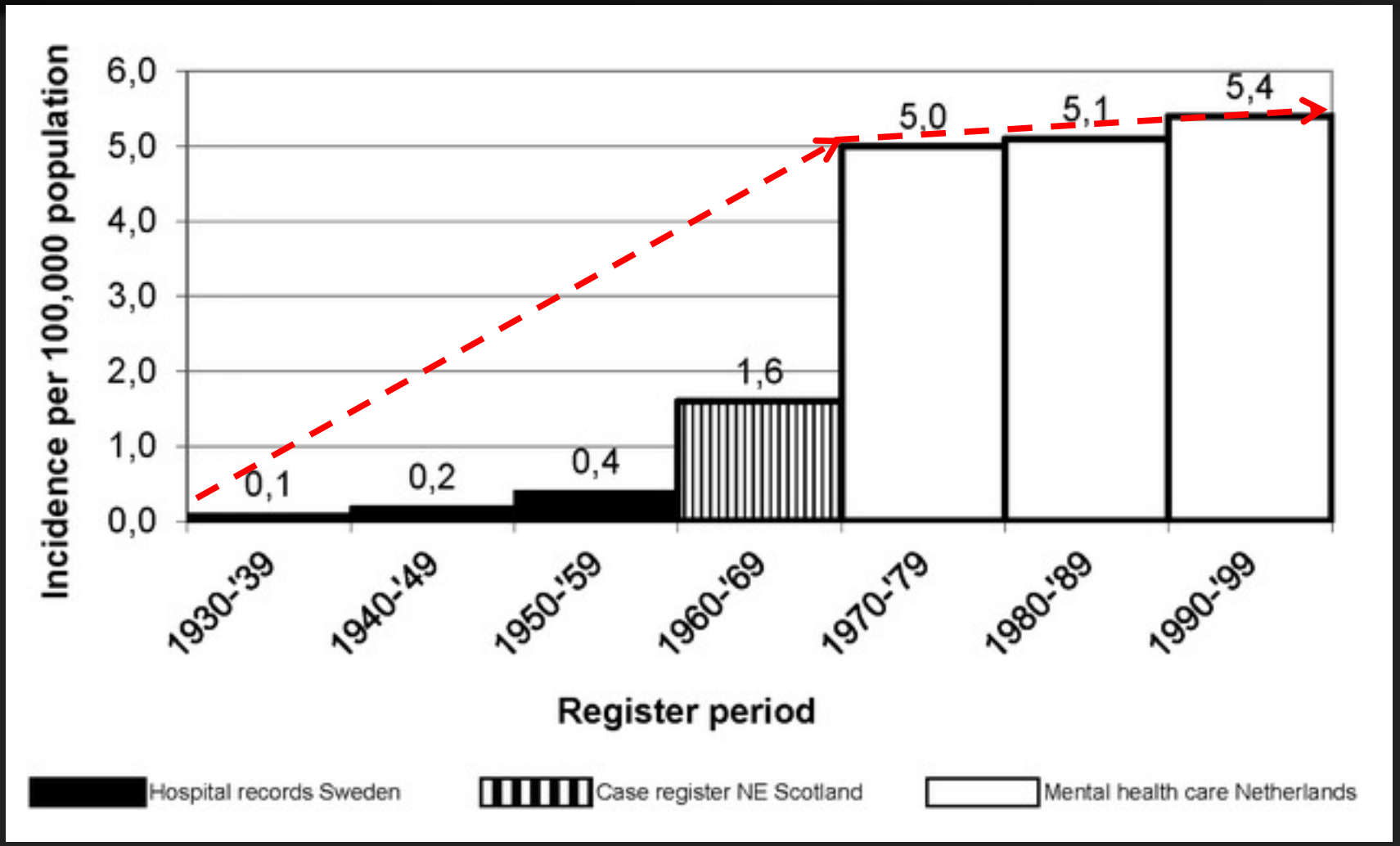
global trends in BMI

(Finucane MM, Stevens GA,Cowan MJ et al, *Lancet*, 2011)



Northern Europe • registered yearly incidence of AN

(Frédérique R Smink *et al*, *Current Psychiatry Reports*, 2012)



eating disorders in Europe: incidence (2015-half 2016)

(Anna Keski-Rahkonen & Linda Mustelin, *Current Opinion in Psychiatry*, 2016)

Anorexia Nervosa

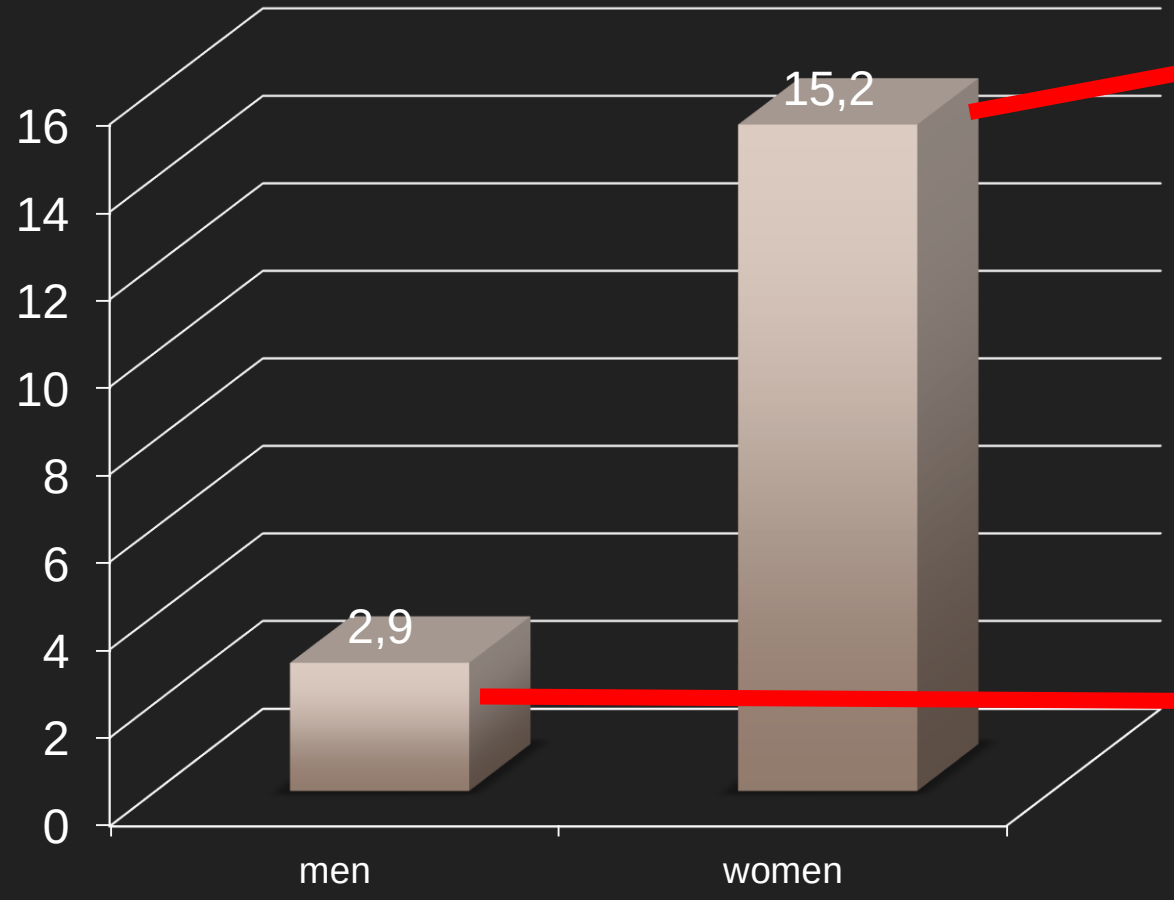
incidence stable

Bulimia Nervosa

incidence declining

Australia • DSM-5 EDs: one-month prevalence

(Karina L Allen *et al*, 2013)



Australian men and women 20 years old: one-month prevalence %

most BN or BED

mostly OSFED

EDs in Europe: psychiatric comorbidity (2015-half 2016)

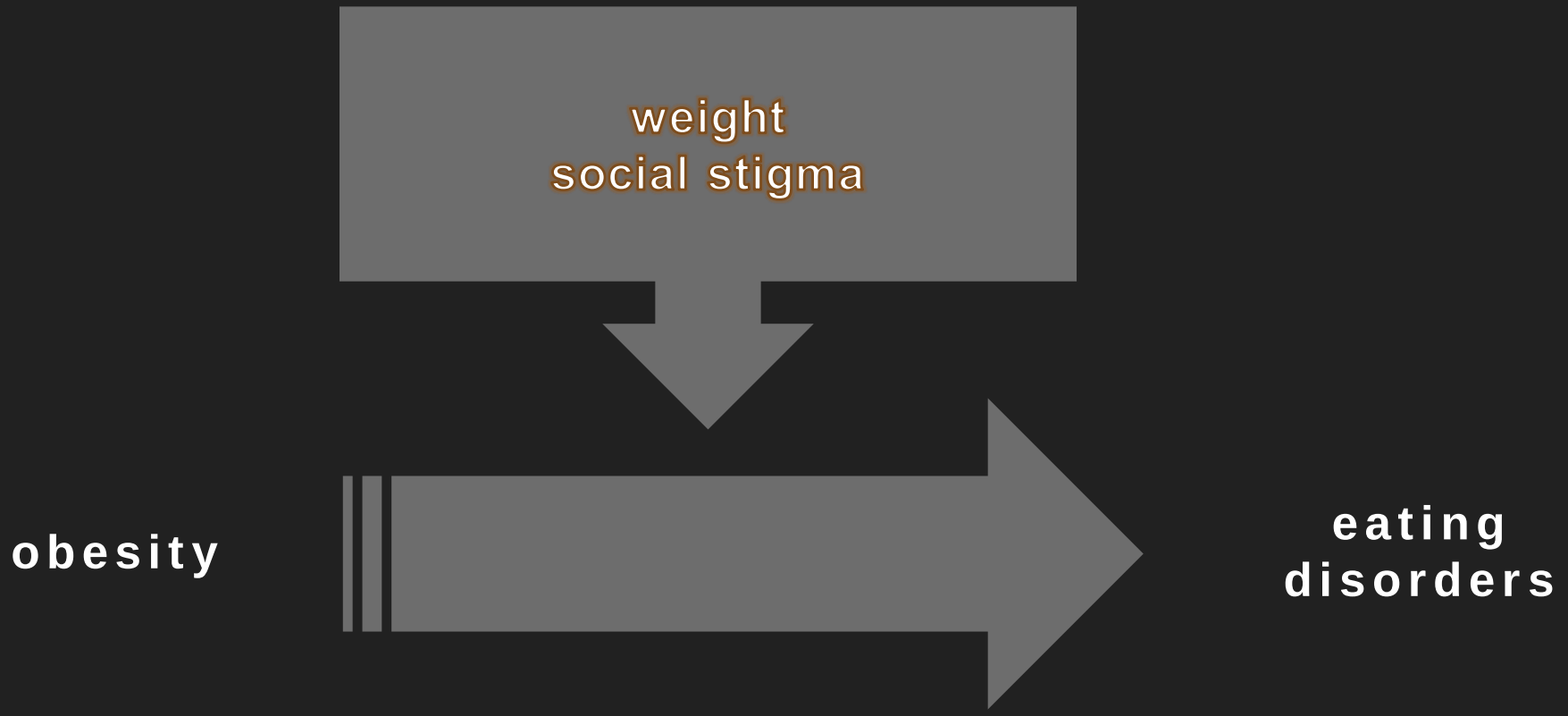
(Anna Keski-Rahkonen & Linda Mustelin, *Current Opinion in Psychiatry*, 2016)

anxiety disorders	> 50 %
mood disorders	> 40 %
self-harm	> 20 %
substance use disorders	> 10 %

main risk factors

- parental psychiatric disorders
- prenatal maternal stress
- various family factors
- childhood overweight
- body dissatisfaction in adolescence

obesity ... ED



i disturbi dell'alimentazione nel DSM-5

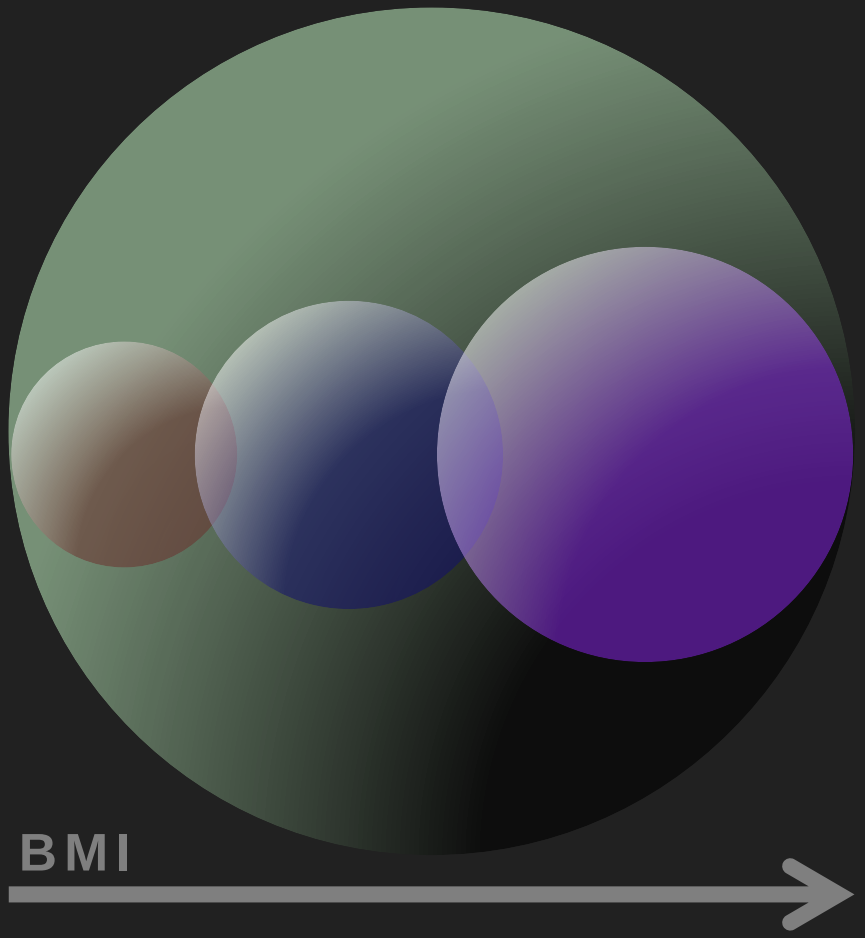
DSM-5 feeding and eating disorders

(American Psychiatric Association, 2013)

- Pica
- Rumination Disorder
- Avoidant/Restrictive Food Intake Disorders
- Anorexia Nervosa
  - restricting
  - binge-eating/purging
- Bulimia Nervosa
- Binge Eating Disorder
- Other Specified Feeding or Eating Disorders
- Unspecified Feeding or Eating Disorders

DSM-5 • three major eating disorders

(American Psychiatric Association, 2013)



ANr - ANbp

BN

BED

OSFED

atypical anorexia nervosa not underweight

atypical anorexia nervosa not underweight ✦ definition

(Whitelaw M *et al*, 2014; Sawyer SM *et al*, 2016)

Adolescents
with atypical anorexia nervosa
have lost significant weight
but
are not underweight

✦

They are presenting to
pediatric eating disorder services
at an increasing rate

Atypical AN considerably affects
physical and psychological functioning,
despite adolescents presenting
within or above
the normal weight range

✦

The morbidity
of adolescents with atypical AN
does not appear less severe
than that
of adolescents with full-threshold AN

atypical AN not underweight vs. typical AN ✦ increasing rate of inpatients

(Whitelaw M *et al*, 2014)

	2005	2009	2010
atypical AN ——— typical AN	8%	47%	43%

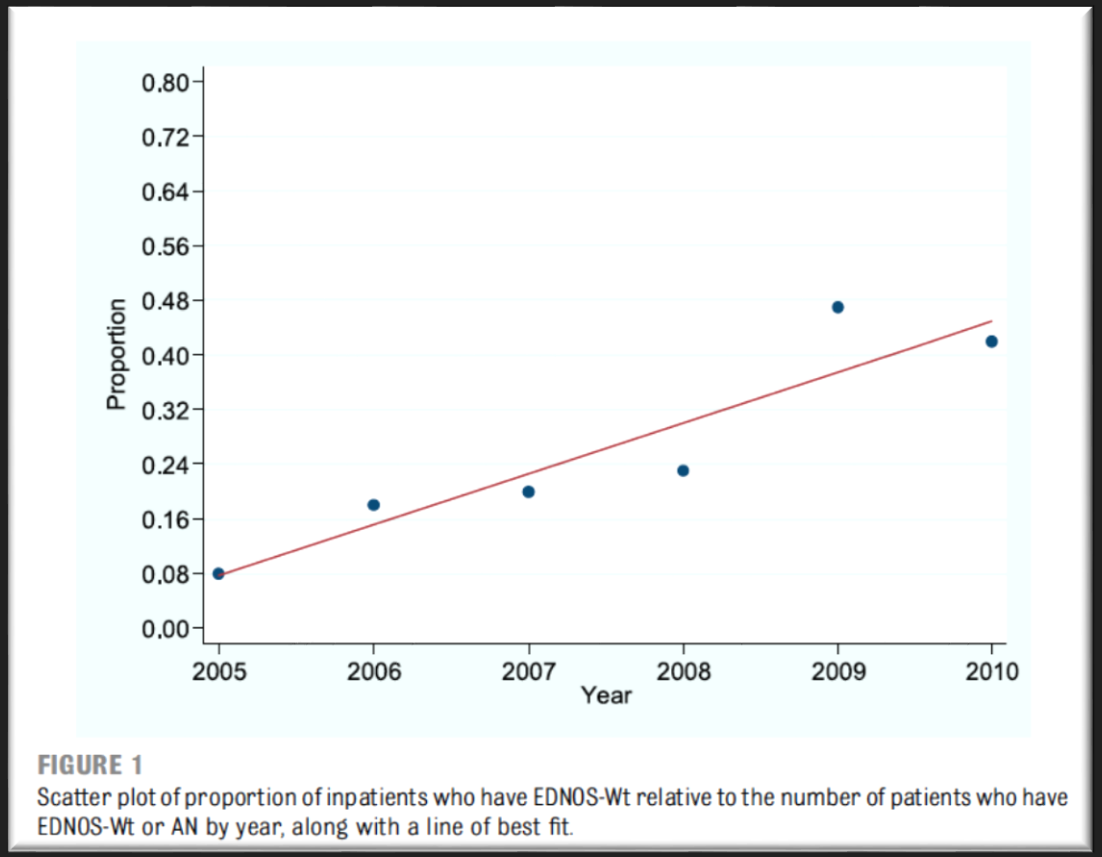


FIGURE 1
Scatter plot of proportion of inpatients who have EDNOS-Wt relative to the number of patients who have EDNOS-Wt or AN by year, along with a line of best fit.

atypical AN vs. typical AN ✦ physical features - a

(Sawyer SM *et al*, 2016)

	atypical AN	typical AN	p
age	15.5	15.4	ns
female gender	88%	88%	ns
current BMI	21.4	16.0	< .001
currently overweight or obese	17%	0%	< .001
highest premorbid BMI	27.7	20.1	< .001
overweight or obese in the past	71%	12%	< .001
loss of weight kg	17.6	11.0	< .001
age at menarche	11.9	12.4	.05
amenorrhea	32%	61%	.003

atypical AN vs. typical AN ✦ physical features - b

(Sawyer SM *et al*, 2016)

	atypical AN	typical AN	p
bradycardia (< 50 bpm)	24%	33%	ns
orthostatic instability (> 20 bpm, > 10 mm Hg)	43%	38%	ns
hypothermia (< 35.5ºC)	10%	13%	ns
admitted to hospital at presentation	41%	52%	ns
age at menarche	11.9	12.4	.05
amenorrhea	32%	61%	.003

atypical AN vs. typical AN ✦ psychological features

(Sawyer SM *et al*, 2016)

	Atypical AN		AN		OR or Mean Difference	(95% CI)	*P*
	M (SD) or *n* (%)	(95% CI)	M (SD) or *n* (%)	(95% CI)			
Compulsive exercise	30 (73%)	(56.1 to 85.3)	68 (59%)	(44.8 to 63.8)	1.93	(0.88 to 4.21)	.10
Psychiatric comorbidity	16 (38%)	(23.8 to 52.4)	53 (45%)	(36.4 to 53.4)	0.76	(0.37 to 1.55)	.44
Psychotropic medication	4 (9%)	(2.4 to 19.0)	14 (12%)	(5.9 to 17.8)	0.78	(0.24 to 2.52)	.68
Self-harm/Suicidal ideation	17 (43%)	(27.5 to 57.5)	46 (39%)	(30.8 to 47.9)	1.14	(0.55 to 2.36)	.72
Depressive symptoms (CDI)	22.76 (12.17)	(19.03 to 26.94)	18.98 (11.92)	(16.68 to 21.09)	3.78	(–0.78 to 8.34)	.10
Self-Esteem (RSE)	22.24 (7.69)	(19.78 to 24.64)	24.81 (7.36)	(23.40 to 26.40)	–2.57	(–5.40 to 0.26)	.08
Obsessive compulsiveness (CY-BOCS)	6.14 (8.06)	(3.69 to 8.69)	4.12 (7.35)	(2.81 to 5.61)	2.03	(–0.88 to 4.94)	.18
Eating/weight-related obsessive compulsiveness (YBC-EDS)	15.74 (9.10)	(12.57 to 18.80)	13.63 (9.07)	(11.84 to 15.49)	2.11	(–1.40 to 5.62)	.24

atypical AN vs. typical AN ✦ EDE

(Sawyer SM *et al*, 2016)

Eating Disorder Examination	Atypical AN	Typical AN
Restraint	3.48	2.72
Eating concerns	2.55	1.78
Shape concerns	3.91	2.50
Weight concerns	3.55	2.16
Global score	3.37	2.29
Self-induced vomiting	22%	21%
Laxative misuse	5%	3%
Self-harm/suicidal ideation	43%	39%

The weight
adolescents with atypical AN
are currently at
is still higher
than the weight they
would secretly like to be.

✦

Being
overweight or obese before
they developed the ED
could fuel a "fear of fatness"
and perpetuate the disorder itself.

atypical anorexia nervosa: not underweight

(Sawyer SM *et al*, 2016)

Adolescents
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The morbidity
of adolescents with atypical AN
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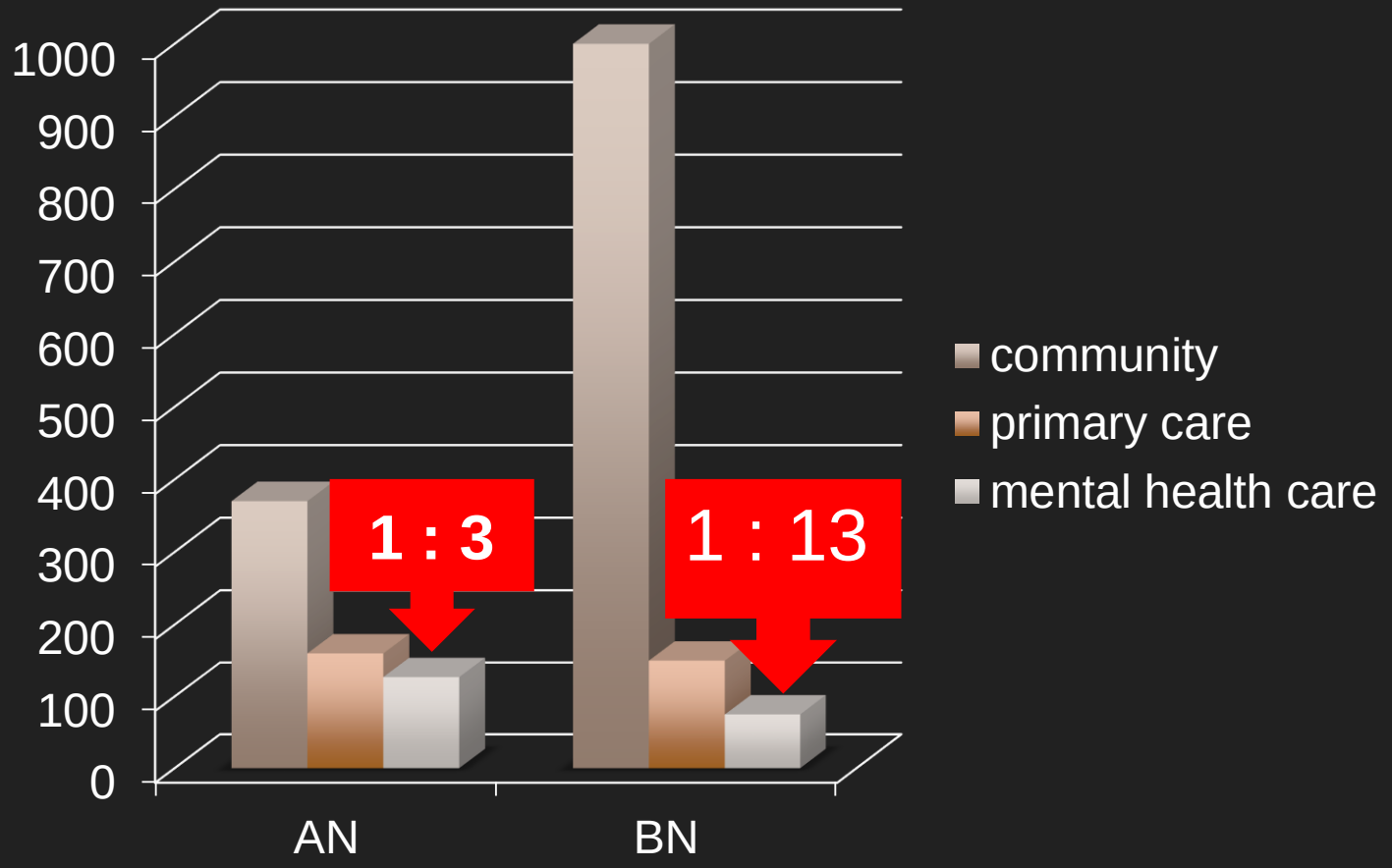
one-year prevalence rates at different levels of care

(Frédérique R Smink *et al*, *Current Psychiatry Reports*, 2012)



anorexia nervosa by proxy

(Münchausen by proxy syndrome)

anorexia nervosa by proxy

(Katz RL *et al*, 1985)

Katz RL, Mazer C, Litt IF

Anorexia nervosa by proxy.

J Pediatr
107 (2):247-248, 1985

anorexia nervosa by proxy - a
(Honjo S, 1996)

Honjo S

A mother's complaints of overeating by her 25-month-old daughter: a proposal of anorexia nervosa by proxy.

Int J Eat Disord
20 (4):433-437, 1996

a case of a 25-month-old girl
brought in by her mother
with complaints of overeating.

The mother indicated
the patient to have begun
overeating
before the age of 1 year.

anorexia nervosa by proxy - b

(Honjo S, 1996)

However,
the patient was
of
low height
and
low body weight,
and appeared underfed

The issue was
the mother placing
severe restrictions
on the child's diet,
pathologically afraid
of the child overeating.

anorexia nervosa by proxy
(Sirois F, 2011)

Sirois F

Anorexie mentale par procuration : une présentation inhabituelle.

La Presse Médicale
40 (5): 547-550, 2011

anorexia nervosa by proxy - c

(Honjo S, 1996)

The mother seemed
to have been suffering
from
a disorder similar to
anorexia nervosa,
although not typical.

Her fear that

her child might eat too much

appeared as

a projection

of the fat phobia

characteristic of anorexia nervosa

on to her child,

which would justify labeling

the child's condition

anorexia nervosa by proxy

anorexia nervosa by proxy - a

(Russell G *et al*, 1998)

Russell GF, Treasure J, Eisler I

Mothers with anorexia nervosa who underfeed their children: their recognition and management.

Psychol Med
28 (1):93-108, 1998

Women with anorexia nervosa

have a reduced fertility

but they may have borne children

before the onset of their illness

or after partial recovery.

Little is known on how to identify the

anorexic mothers who underfeed their children

and how to manage them.

anorexia nervosa by proxy - b

(Russell G *et al*, 1998)

Eight such mothers
were identified
as a result of obtaining
serial measurement
of the children's weights
and heights over time.

Nine children

(eight boys and one girl)

were found to have suffered food deprivation:

with

severe reduction in weight-for-age in six

and

in height-for-age in eight.

Five siblings were not affected.

anorexia nervosa by proxy - c

(Russell G *et al*, 1998)

The mechanisms
underlying
the privation
of the children
stem
from the mother's
abnormal concerns
with body size
extending
to her children.

The children
may become
unduly accepting
of the underfeeding.

anorexia nervosa by proxy - d

(Russell G *et al*, 1998)

It is essential
to obtain
the confidence
of mothers
suspected of underfeeding
their children
and
to adopt
a whole family approach
to treatment.

Long-term treatment

of one mother,

combining

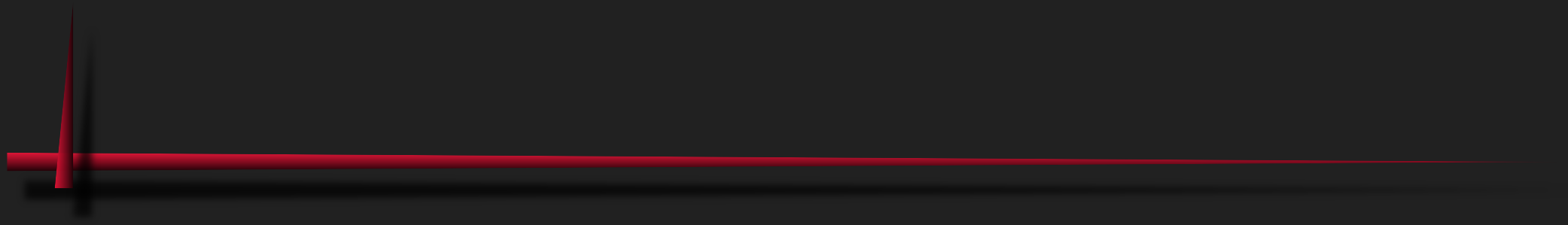
family therapy

with

admissions to hospital,

resulted in

catch-up growth in her two sons.



purging disorder

Purging Disorder (PurD)

In the final version of the DSM-5,
PurD is not listed as a discrete diagnosis
but named as part of
"**other specified feeding or eating disorders**"
and defined as

- recurrent purging behaviour to influence weight or shape
- in the absence of binge eating

mortality in purging disorder

(Koch S *et al*, EWD, 2013) • c

Limited to our sample
the mortality of PurD
seems to be

- lower than the mortality reported for AN
- nearly twofold higher than the mortality reported for BN and EDNOS.

In conclusion,
our results suggest that
patients with behaviours specified
with the term PurD
should be considered as
individuals with
serious disordered eating behaviour,
who need
attention and treatment.

binge eating disorder

Major changes: Binge Eating Disorder

The most impactful change was to add BED as a

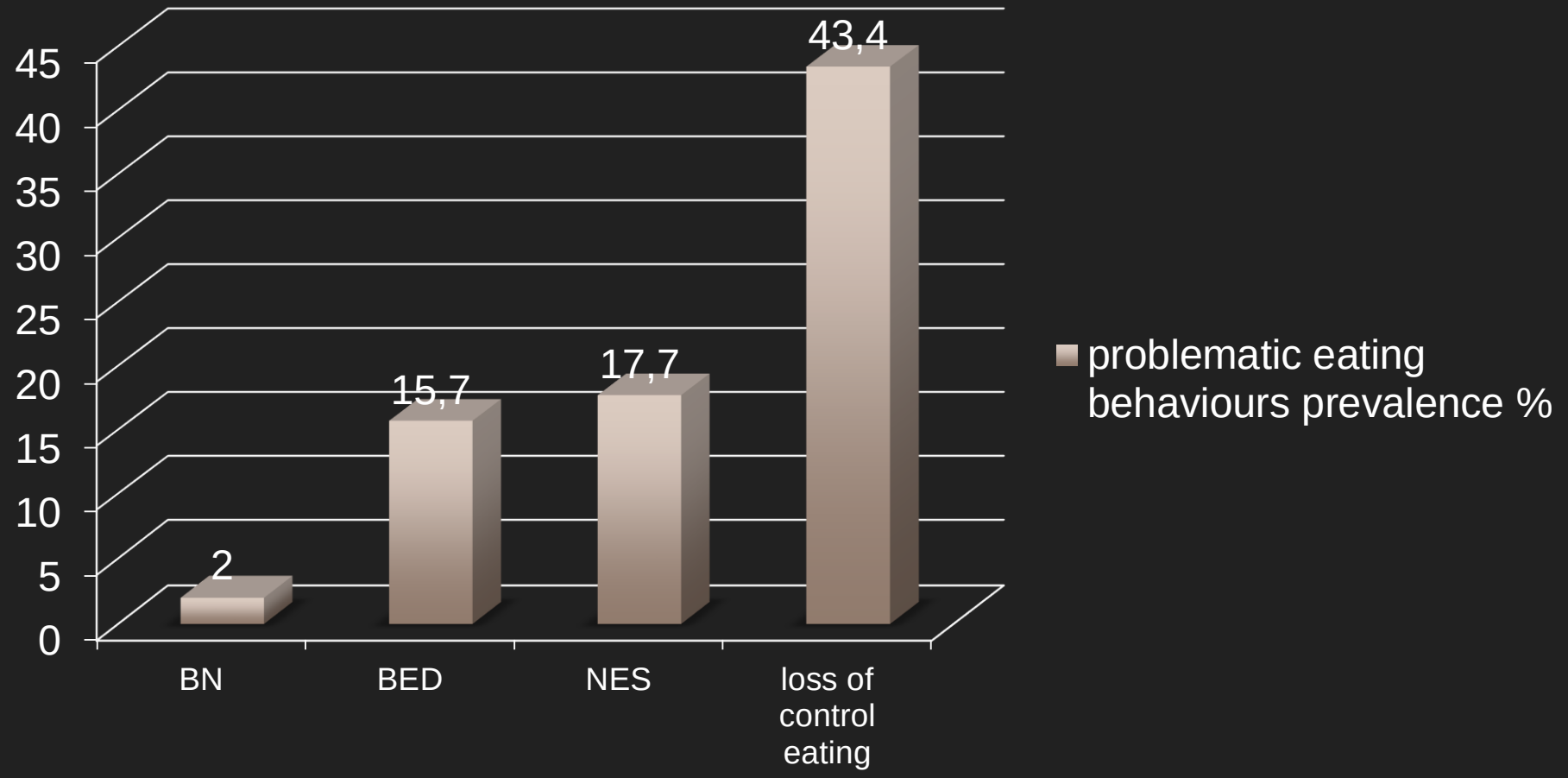
distinct, formal disorder

The diagnostic criteria note that episodes must occur, on average, at least

once a week over three months

ED prevalence before bariatric surgery

(James Mitchell *et al*, 2015)



Eating pathology after bariatric surgery
A review from January 1985 to May 2010

Marino JM et al.

The emergence of eating pathology after bariatric surgery: a rare outcome with important clinical implications.

The International Journal Of Eating Disorders.

2012;45(2):179-84.

- classical eating disorders: **a rare occurrence**
- eating problems: **far more common**
- it is highly likely that such problems are **underreported**
- **no typology** exists to classify such eating problems

orthorexia nervosa

orthorexia

a preference for foods that one considers healthy.

orthorexia nervosa

a medical condition in which the sufferer systematically avoids specific foods that they believe to be harmful.

DSM-5 Feeding and eating disorders • definition

(American Psychiatric Association, 2013)

Feeding and eating disorders are characterized by

a persistent disturbance

of eating or eating-related behavior

that results in

the altered consumption or absorption of food

and that

significantly impairs

physical health or psychosocial functioning

orthorexia nervosa by proxy - a

(Cuzzolaro M & Donini LM 2016)

Cuzzolaro M & Donini LM

Orthorexia nervosa by proxy?

Eat Weight Disord
2016

DOI 10.1007/s40519-016-0310-8

In July 2016
a 13-month-old child
in danger of death
was hospitalized in Milan
against his parents' will.

orthorexia nervosa by proxy - b

(Cuzzolaro M & Donini LM 2016)

Lab values
were alarming
and
consistent with
extreme undernutrition.

The physicians
found that
the infant's weight was 5.2 kg,
the growth was below the 3rd percentile
with
serious hypotonia
and
psychomotor impairment.

orthorexia nervosa by proxy - c

(Cuzzolaro M & Donini LM 2016)

An inflexible vegan diet
imposed by the parents
was reported as
the main cause
of the problem.

In the last few years
newspapers reported
several stories
similar to the previously examined case.

orthorexia nervosa by proxy - d

(Cuzzolaro M & Donini LM 2016)

Veganism in adults
requires
a well balanced diet
including
supplements
or
fortified products.

As regards infants and toddlers
uncontrolled vegan diets
may be particularly dangerous.

Composition of breast milk from vegan women,
appropriate breast milk substitutes,
supplements
(e.g., vitamin B-12, vitamin-D, iron, zinc, calcium)
and type and amount of dietary fat
should be evaluated on a regular basis

obesità e disturbi dell’alimentazione

✦

differenze e intersezioni

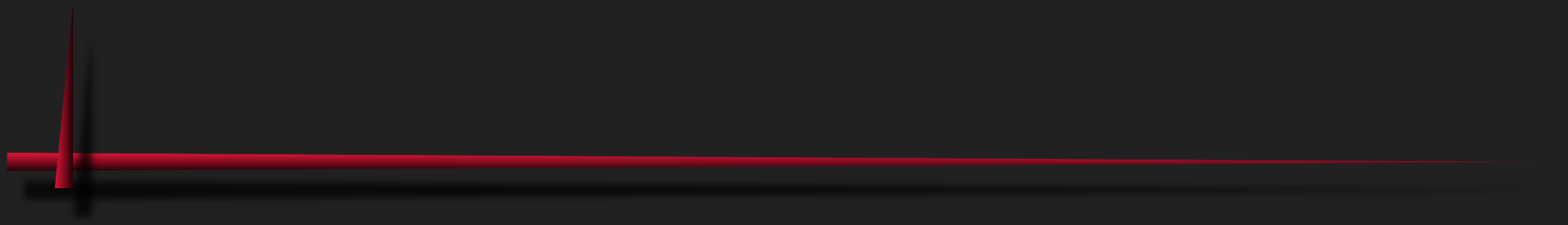
differenze

definizione

classificazione

complicanze mediche

trattamento



... tuttavia ...

similarities in phenotype

There are similarities in phenotype such as:

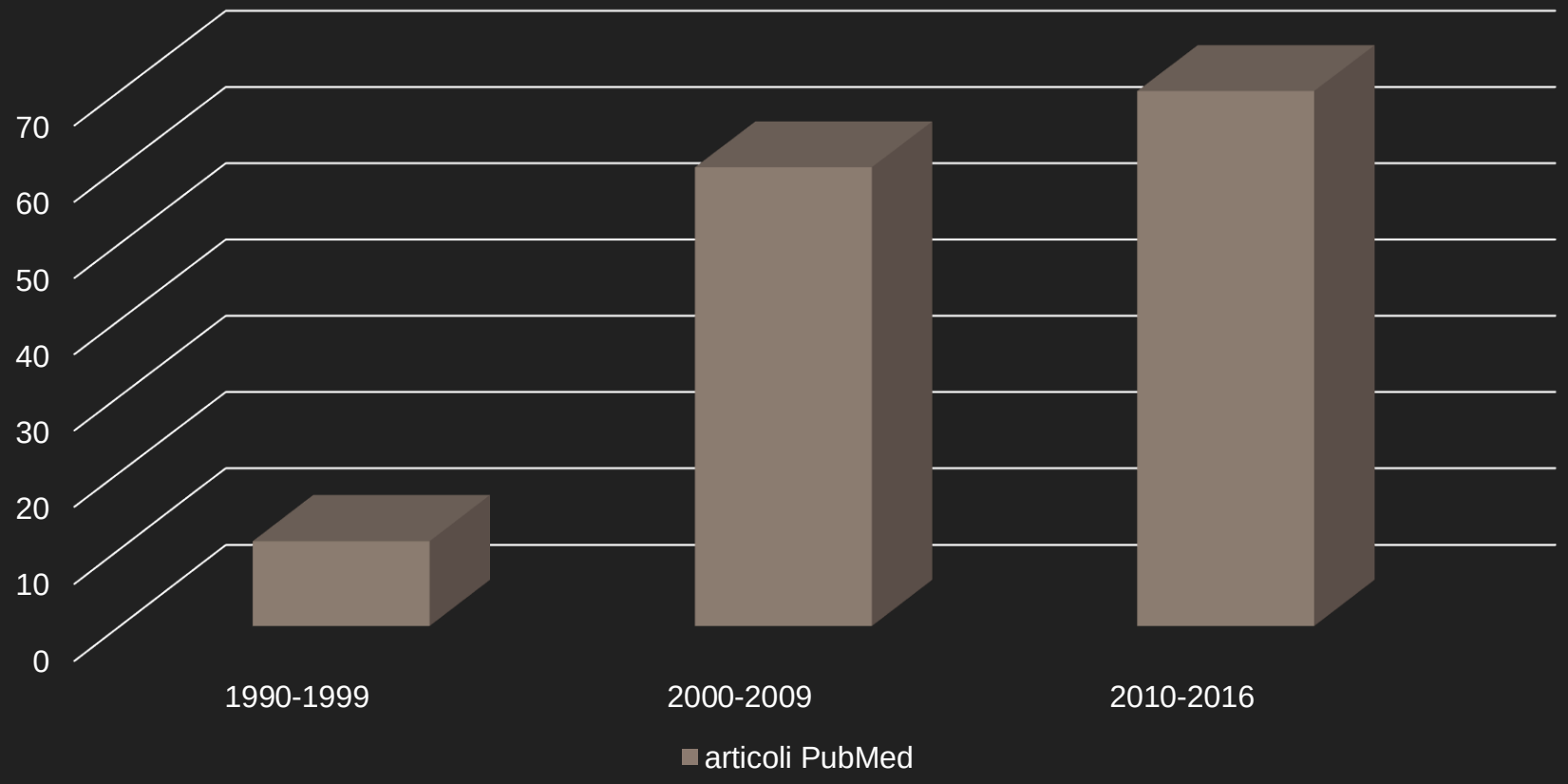
- excessive attempts at weight control
- binge eating behaviours
- food craving/addiction
- ...

similarities in risk factors

There are similarities in risk factors such as:

- low self-esteem
- external locus of control
- childhood abuse and neglect
- dieting
- media exposure
- body image dissatisfaction
- weight-related teasing
- shared susceptibility genes

Numero di articoli (PubMed) che contengono nel titolo, insieme, le parole Obesity e Eating Disorders



literature on obesity & eating disorders

Bruch, H. (1973). Eating Disorders: Obesity, Anorexia Nervosa and the Person Within. New York: Basic Books.

Williamson, D. (1990). Assessment of Eating Disorders: Obesity, Anorexia and Bulimia Nervosa. New York: Pergamon Press.

literature on obesity & eating disorders

Brownell, K., & Fairburn, C. (Eds.). (1995). Eating Disorders and Obesity. New York: Guilford.

Goldstein, D. (Ed.). (1999). The Management of Eating Disorders and Obesity. Totowa, NJ: Humana Press.

Fairburn, C., & Brownell, K. (Eds.). (2002). Eating Disorders and Obesity. A Comprehensive Handbook (Second Edition ed.). New York: Guilford.

Goldstein, D. (Ed.). (2005). The Management of Eating Disorders and Obesity. 2nd edition. Totowa, NJ: Humana Press.

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Thompson, J. K. (Ed.). (1996). Body Image, Eating Disorders and Obesity. An Integrative Guide for Assessment and Treatment. Washington D.C.: American Psychological Association.

Thompson, J., & Smolak, L. (Eds.). (2001). Body image, eating disorders and obesity in youth. Assessment, prevention and treatment. Washington, DC: American Psychological Association.

Fairburn, C., & Brownell, K. (Eds.). (2002). Eating Disorders and Obesity. A Comprehensive Handbook (Second Edition ed.). New York: Guilford.

Latner, J., & Wilson, G. (Eds.). (2007). Self-help approaches for obesity and eating disorders: Research and practice. New York: Guilford.

Excessive Appetites
A Psychological View of Addictions
(Jim Orford, 1985 & 2001)

alcohol and other drug abuse

eating disorders and obesity

compulsive exercise

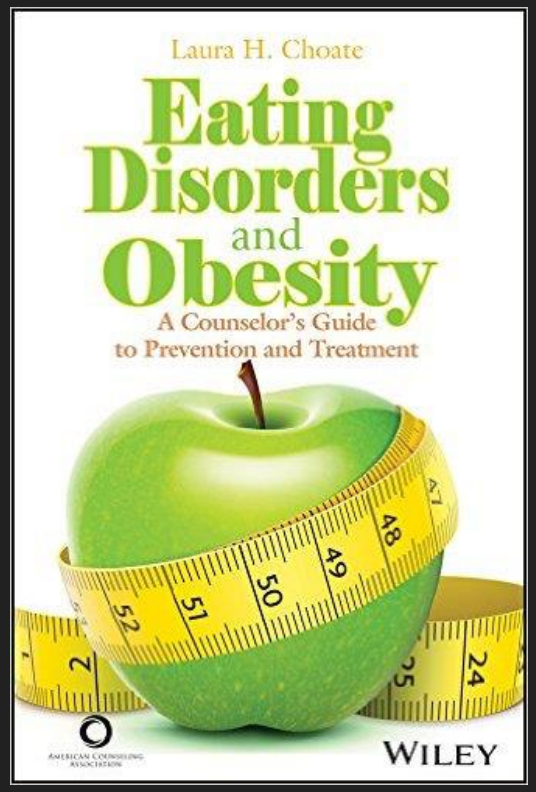
pathological gambling

sex addiction

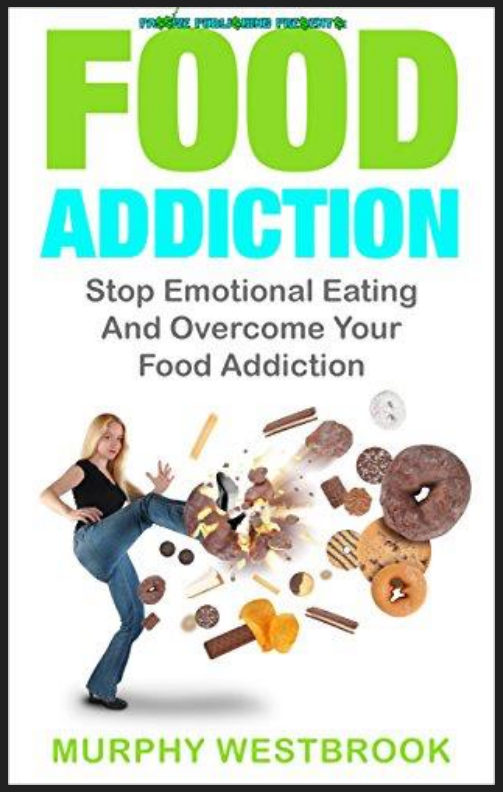
compulsive shopping

... other compulsions

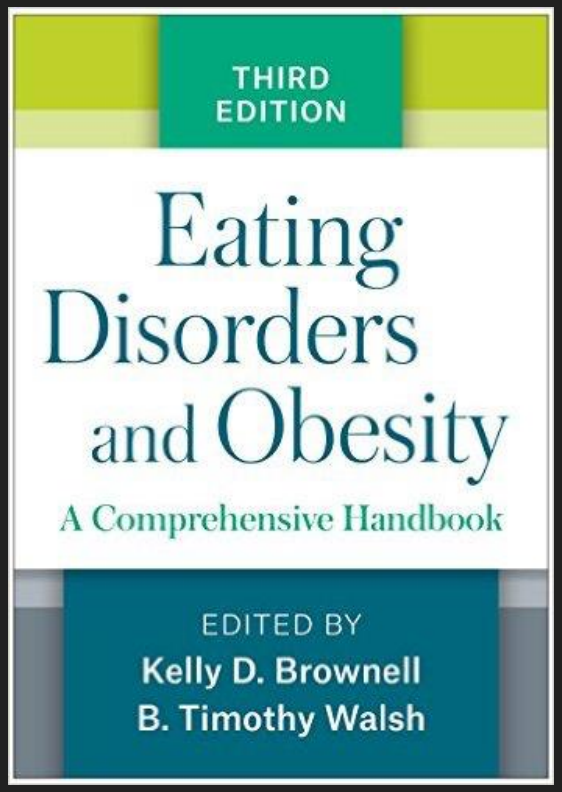
2013



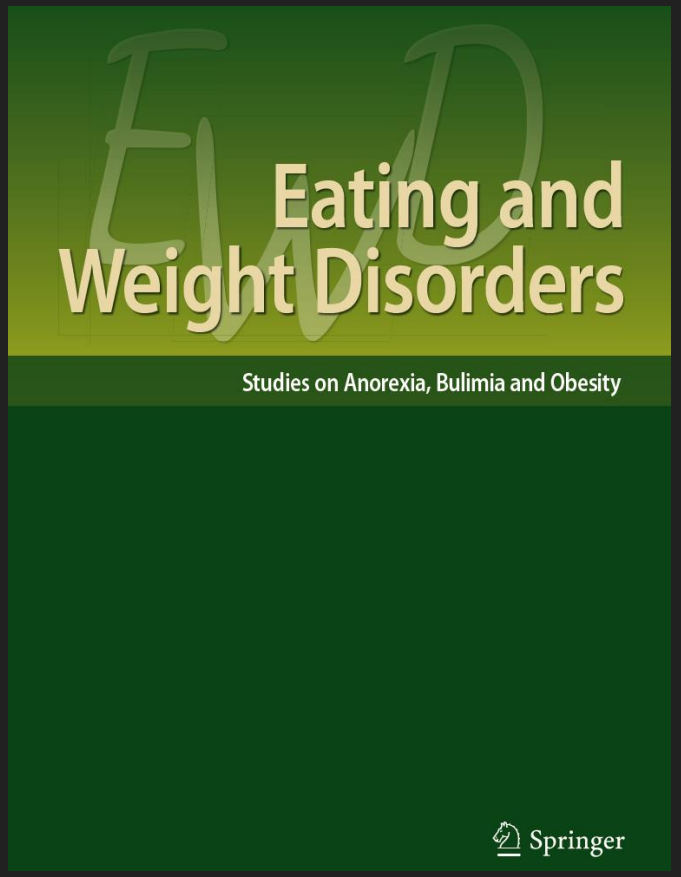
2016



Feb 2017



eating and weight disorders (from 1996)



two sides of the same coin?

(Day J et al, 2009)

We believe that

this polarisation

is fundamentally flawed,

and research and treatment of both types of disorder

would be better served by greater appreciation of:

- the psychosocial components of obesity
- the biological and genetic components of eating disorders.

The interface between the eating disorders and obesity fields: moving toward a model of shared knowledge and collaboration.

(Neumark-Sztainer D, 2009)

The ... recommended model,

is one in which

the two fields

share knowledge

to enhance the difficult work

of preventing and treating

both eating disorders and obesity.

associazioni e/o migrazioni transdiagnostiche

A broad spectrum of ...