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Eating Disorder Diagnoses: Empirical Approaches to Classification

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Introduction

This paper is based on the analysis made on the literature researched and written by Wonderlich, Stephen A.; Joiner, Thomas E., Jr.; Keel, Pamela K.; Williamson, Donald A. & Crosby, Ross D. on Eating Disorder Diagnosis. The research focused on the decisions regarding the classification of eating disorders and this area of study has significant clinical and scientific implications.

The diagnosis of eating disorder in the DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, 4th Edition) exhibits the collective efforts of experts in the field who are however, not supported in empirical studies and do not capture the eating disorders experienced by majority of the people with disorders of eating (Stunkard, 2009). Latent class analysis and Taxometrics are the statistical approaches used to make classification that can help in developing a classification system with greater clinical utility and scientific validity. This area off study will gain the benefit from the comparisons of direct empirical of different classification schemes with many different scientific and clinical validators. Such type of studies encourage and enhance the knowledge of the next DSM creator in order to increase the advantages and disadvantages which are associated with the selection of various criteria defined for diagnostic for the eating disorders (Lundgren, 2009).

Stephen A. Wonderlich and Ross D. Crosby are from Department of Clinical Neuroscience, University of North Dakota School of Medicine and Health Sciences and Neuropsychiatric Research Institute, North Dakota where as Thomas E. Joiner is from the Psychology Department of Florida State University, Pamela K. Keel represents, University of Iowa’s Psychology Department and Donald A. Williamson is from Pennington Biomedical Research Centre’s Health
Psychology department. The journal “Eating Disorder Diagnoses: Empirical Approaches to Classification”, reflects the efforts of all these above mentioned authors.

Discussion

Eating disorders are actually the syndromes which are characterized by the major disturbances or disorders found in eating behavior. Moreover, by distress and excessive consciousness about the weight or the body shape are the driving factors of this disorder. These eating disorders are often occurring with severe psychiatric or medical comorbidity (Engel, 2007). Treatment becomes more challenging when it faces denial of symptoms and reluctant behavior to discuss the problem openly.

Eating disorders are classified in to: anorexia nervosa, bulimia nervosa and other unspecified eating disorder. Diagnostic and Statistical Manual of Mental Disorders, the fourth edition gives the criteria that allows the diagnosis of a certain eating disorder, however, there are many patients who exhibit the mixture of both bulimia and anorexia (Keiper, 2010). Studies shows that up to almost 50% of patients suffering from anorexia nervosa develops bulimic symptoms and a very small percentage of patients have been noticed that are initially suffered bulimic then developed anorexic symptoms.

Prevalence and Risk Factors

Up to 4% of adolescents and young adults have been reported suffering with eating disorders. The most common age when this disorder begins is the mid teens for anorexia nervosa and in almost 5% of the patients the beginning of the disorder found in the early twenties (Garner, 2010). On the other side, the beginning of the bulimia nervosa is usually found in adolescence
but might be as late as early adulthood. It is generally believed that the growth of eating disorders has been witnessed over the past 50 years.

**Gender Prevalence**

Girls and women are the main victim of both bulimia nervosa and anorexia nervosa (Burguet, 2011). The ratio of female-to-male is estimated as ranging from 6:1 to 10:1.

**Cultural Considerations**

Industrialized societies are the main victim of eating disorders, where there is unhealthy fashion of fast food is popular and being thin is the basic criteria for attractiveness especially for women. United States, Canada, Australia, Europe and South Africa are the places where the eating disorders are most common (Hudson, 2013). The growing prevalence is also seen in non-Western countries. In Asia, the rates are increasing, more especially in China and Japan where the women are exposed to modernization and cultural change. Eating disorders are more common in young Native American, Latin American and African American but still rates are lower than in white women. Moreover, female athletes who are involve in gymnastics, running or ballet and male wrestlers and body builders are at higher risk.

**Natural History and Pathophysiology**

Psychosocial and biologic factors come in to the area of pathophysiology, but the eating disorders causes and mechanisms are still uncertain (Gravener, 2012). Moreover, environment and genetic risk are also getting popular in revealing more understanding in the similar field.
**Biologic Factors**

Higher rates of bulimia nervosa and anorexia nervosa have been found in monozygotic twin offspring of patients with anorexia nervosa and first-degree female relatives. Lifetime risk is involved in the children of patients with anorexia nervosa that is tenfold that of the general population of 5 percent (Domingo, 2011). Higher rates of substance abuse are found in families of patients with bulimia nervosa, alcoholism is the substance that is more commonly abused. Moreover, obesity and affective disorders are also witnessed in such families.

**Symptoms and Signs**

**Bulimia Nervosa**

The most common signs of bulimia nervosa are unhealthy compensatory behavior like vomiting, fasting, exercising to prevent weight gain or using laxatives and binge eating (Crosby, 2012). Binge eating is usually driven by dysphoric mood states, intense hunger following dietary restrictions. Bulimia nervosa victims are usually found in within the range of normal weight and they restrict their consumption of total calories between the binges, which is different from anorexia nervosa patients.

**Anorexia Nervosa**

The main symptoms of anorexia nervosa are intense fear of gaining weight, refusal to maintain a minimally normal body weight and people get more conscious about their body size and shape. Diagnostic and Statistical Manual of Mental Disorders, 4th Edition identifies two further subtypes of anorexia nervosa: first restricting type and binge eating and second purging type (Leal, 2011).
Comorbidity Eating Disorders

Psychiatric
The most common comorbid conditions are dysthymia or depressive disorder, obsessive-compulsive disorder, sexual abuse, bipolar disorder and substance abuse (Shahly, 2013).

Medical
Many complications are associated with weight loss, vomiting and purging and laxative abuse (Gluck, 2009). When the obesity is linked with the eating disorder the results are then sleep apnea, joint injury, hyperlipidemia, hypertension and respiratory disorders etc.

Validity, reliability and clinical utility of the DSM-IV
With the help of statistical approaches to classification like Taxometrics and latent class analysis, a classification system with greater scientific validity and clinical utility can be created. As far as the reliability of DSM-IV is concerned, with several clinical and semi structured interviews eating disorders can be diagnosed reliably. Moreover, evidence of diagnostic validity is also found. Different longitudinal patterns related to mortality and recoveries are demonstrated by bulimia nervosa and Anorexia nervosa (Moore, 2009). Regarding the clinical utility of the DSM-IV, the idea is not empirically based that the binge is time limited and no evidence has been suggested yet that differentiating shorter or longer binge episodes has clinical utility.

Latent Class Analysis and Eating Disorders
However, DSM-IV have provided one possible way of grouping the signs and symptoms in to diagnostic entities, but extensive and increasingly conduction of studies demands more
alternative classifications schemes that must be based on sophisticated statistical approaches. Latent Class Analysis is one of its types (Hudson, 2013). Results obtained from the latent class analysis identified six homogenous classes of eating disorders including bulimia nervosa; binge-eating disorder, binge-purge type; purging disorder; and subjective binge-eating disorder. The validation analyses made preliminary supported the differences between demographic and psychological features among classes (Allison, 2009). Although, results obtained from the studies of latent class analysis do not permit to determine whether the classes exhibits categorically distinct disorder or variants with the dimension of severity for a small or single condition of underlying conditions.

Taxometric Analysis of Eating Disorder

Taxometric procedures and analysis have the capability to inform the DSM of eating disorders and gives unique information about the current diagnostic scheme’s construct validity (Kessler, 2013). The participants of studies based on Taxometric analysis, exhibits that bulimia nervosa represents a categorically distinct class. Bulimia nervosa is different from other eating disorders and from normality.

Alternative Methods for the Classification of Eating Disorders

New models of classification are emerging by the increase number of studies inquiring the validity of the DSM-IV diagnoses of eating disorder. Three-dimensional model is proposed by Williamson et al in the year 2005 that conceptualized eating disorders (Keel, 2012). The first dimension i.e. binge eating, is viewed as taxonic (qualitative) in nature, on the other hand the two other dimensions are extreme drive for thinness and fear of fatness which are viewed as continuous.
Transdiagnostic Approach

This type of approach is founded on the concept that common characteristic features found in various forms of eating disorders serve to combine or unite more than separate them. The first argument made was that all type of eating disorders includes, anorexia nervosa, bulimia nervosa and others not specified have common core psychopathology (Moreno, 2011). Secondly, it was argued that diagnosis of eating disorder have common distinctive clinical features. Last dimension of the model pointed to the fluctuating longitudinal course of eating disorder victims such that these patients often migrate from one the category of one diagnostic to another over time.

Conclusion

The future models of eating disorder classification are predicted to have a great impact on treatment development and empirical research for these critical forms of psychopathology. Therefore, it is essential to derive a system that maximizes the combined scientific clinical utility and validity. However, DSM-IV was considered to be a significant advance over its predecessors but it encountered problems with the certain eating disorder diagnoses and diagnostic criteria. The argument made by different scientists and clinicians have been accepted that the evidence-based classification assessment should be the standard for the diagnostic model development as similar as the approaches of evidence based treatment exhibit standards in the area of interventions. The authors in this paper explained the current sophisticated statistical approaches that are striving for the development of a more empirically based classification scheme.
References


