### STUDY GUIDE

**CHAPTER 9**

1. Distinguish feeding problems from eating problems.
2. Name and define the various eating disorders listed in the DSM-5-TR, and ICD-11.
3. Name and define the various feeding disorders listed in the DSM-5-TR, and ICD-11.
4. What has been the effect of the DSM-5-TRrevision on prevalence rates for anorexia and bulimia?
5. What is binge-eating disorder (BED)? When and why was it added to the DSM?
6. What population is diagnosed with avoidant/restrictive food intake disorder (ARFID)?
7. Describe PICA and its prevalence rates.
8. Describe rumination disorder and its prevalence rates.
9. For what presenting problems is the other specified feeding and eating disorder diagnosis used? What concerns have been raised about use of the “other specified” category for these problems?
10. What are the issues facing the binge-eating disorder diagnosis?
11. Define the proposed new disorder, orthorexia nervosa, and summarize arguments over whether it should be added to the DSM and ICD.
12. According to PDM-2, what feelings do individuals with eating disorders experience? How do these feelings perpetuate negative responses?
13. What is the difficulty in diagnosing historical figures using today’s eating disorder diagnoses?
14. Describe the historical contributions of Morton, Whytt, Marcé, Gull, Lasègue, Simmonds, Bruch, Stunkard, and Russell to categorizing and understanding anorexia, bulimia, and bingeing.
15. How has pica been understood at various points throughout history?
16. What was Fabricius ab Aquapendente’s theory of rumination? How did understandings of rumination change between the 17th and 20th centuries?
17. What are the suspected roles of the monoamine neurotransmitters serotonin and dopamine in anorexia, bulimia, and binge eating?
18. Which drugs are prescribed for anorexia, bulimia, binge eating, and avoidant/restrictive food intake? What is the research evidence for the effectiveness of these drugs?
19. Which drugs are prescribed for pica and rumination disorder? What is the research support for using these drugs?
20. Which drugs potentially interfere with swallowing and can lead to the misdiagnosis of rumination?
21. What are the suspected roles of the hypothalamus and HPA axis in feeding and eating problems generally? In anorexia, bulimia, and binge eating specifically?
22. Why do some researchers suspect that eating problems are a type of addiction? What brain areas do researchers suspect may be relevant in understanding reward pathway disturbances?’
23. How are ventricle size and brain volume related to anorexia, bulimia, and binge eating?
24. What is the suspected role of the anterior insula in anorexia, bulimia, and binge eating?
25. What do family and twin studies suggest about the role of genetics in eating problems such as anorexia, bulimia, and binge eating?
26. What presumably inherited personality traits are commonly associated with eating disorders?
27. Describe the results of candidate gene studies and genome-wide association (GWA) studies when it comes to eating problems. How have these studies encouraged those who suspect certain eating problems are varieties of obsessive-compulsive disorder?
28. Outline the following evolutionary perspectives on eating problems: sexual competition hypothesis, reproductive suppression hypothesis, and adapted to flee famine hypothesis.
29. How do evolutionary theorists explain overeating and why it may have once been adaptive?
30. What is the hypothesized relationship among cytokines, eating disorders, and depression?
31. What do researchers find when it comes to viral infections, anorexia, and bulimia?
32. Describe limitations of biological perspectives when it comes to feeding and eating problems.
33. How did classic psychoanalytic models conceptualize anorexia?
34. What do modern psychodynamic theories see as the root causes of eating problems? How do they treat such problems? What is the evidence base for psychodynamic perspectives?
35. Outline the interpersonal therapy (IPT) approach to eating problems and describe what research on this approach says about its effectiveness.
36. Explain the following behavioral techniques used with eating problems: *in vivo* food exposure, exposure plus response prevention of purging, exposure plus response prevention of bulimia, and food exposure for anorexia. What research is there to support using these techniques?
37. How is psychoeducation used to treat avoidant/restrictive food intake?
38. Describe behavioral techniques used with pica and rumination, as well as their evidence base.
39. What is enhanced cognitive-behavioral therapy (CBT-E), how is it transdiagnostic, and what evidence supports its use for eating problems?
40. What is cognitive-behavioral therapy for ARFID (CBT-AR)? What kinds of strategies are used?
41. What is acceptance and commitment therapy (ACT), what kinds of techniques does it use, and what evidence is there that it is effective in addressing eating difficulties?
42. Explain the use of emotion-focused therapy (EFT) for eating problems. Is there research to support using it?
43. How do narrative therapists treat disordered eating? Is there research support for this approach?
44. How do different psychotherapies compare when it comes to alleviating symptoms of problematic eating?
45. What is specialist supportive clinical management (SSCM) and what evidence is there for it?
46. What is the Western ideal of thinness and how can it be used to understand cross-cultural differences in the prevalence of disordered eating?
47. How do eating disorders appear to be influenced by socioeconomic status, and race?
48. Outline the relationships among gender, the media, and disordered eating.
49. What is objectification theory and how does it explain eating issues? What are the strengths and limitations of objectification theory research on eating disorders?
50. What is muscle dysmorphia and how might it be influenced by media images?
51. Summarize the relationships among socioeconomic status, education, and eating problems.
52. What is cultural pica and why does the DSM-5-TR say it isn’t a disorder?
53. To what extent is having an eating disorder diagnosis or being obese stigmatized?
54. How do clinicians determine level of care? What are some difficulties?
55. How did structural family therapists use the notion of a psychosomatic family to understand and treat eating problems? What has research suggested about psychosomatic families?
56. What are the three phases of family-based treatment (FBT)? What evidence is there to support using FBT for anorexia and bulimia?
57. How do those espousing cultural relativist and cultural universalist perspectives look at eating disorders differently?