



Body Image Disturbance: An alternative hypothesis on the common psychopathology link in Anorexia Nervosa, Bulimia Nervosa and Binge Eating Disorder

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ABSTRACT

Body Image Disturbance (BID) which is defined as abnormalities in behavior, cognition or perception of one's body weight or shape is an increasing psychiatric problem associated with several mental health conditions. Anorexia Nervosa (AN), Bulimia Nervosa (BN) Binge eating disorder (BED) and Body Dysmorphic Disorder(BDD), although different in their clinical presentation, share BID s a common psychopathology or in fact emerge from same psychopathology. Despite this common lineage, the clinical approach to AN, BN and BED identifying the core feature of BID is rather neglected or presumed to be present without exploring its presence. Moreover the approaches to explore BID in these clinical conditions are not clear despite it being one of the key diagnostic criteria. We propose here an alternative hypothesis to view AN, BN and BED as subcategories of BID in clinical diagnosis. We believe such an approach will benefit from an evidence based objective assessment of BID with its clinical sub-categories such as BID-AN, BID-BN and BID-BDD.

Key words: Anorexia Nervosa, Bulimia Nervosa, Body Dysmorphic Disorder and Body image disturbance.

INTRODUCTION

Body Image Disturbance (BID)¹⁻⁴ which is defined as abnormalities in behavior, cognition or perception of ones body weight or shape is an increasing psychiatric problem associated with several mental health conditions such as Anorexia Nervosa (AN), Bulimia Nervosa (BN) and Body Dysmorphic Disorder(BDD). Such association of BID with mental health conditions is well reported,^{1,2} for instance 1) In Anorexia Nervosa (AN), "Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight" (DSM IV, Criteria C.). 2) In Bulimia Nervosa (BN), "Self-evaluation is unduly influenced by body shape and weight" (DSM IV, Criteria D). 3) In Anorexia Nervosa (AN): "There is body-image distortion in the form of a specific psychopathology whereby a dread of fatness persists as an intrusive, overvalued idea and the

patient imposes a low weight threshold on himself or herself" (ICD 10, Criteria C). 4) in Bulimia Nervosa (BN): "The psychopathology consists of a morbid dread of fatness and the patient sets herself or himself a sharply defined weight threshold, well below the pre morbid weight that constitutes the optimum or healthy weight in the opinion of the physician (ICD 10, Criteria C). Surprisingly the ICD 10 does not mention about Binge eating disorder.

Body Image Disturbance in Bulimia Nervosa and Anorexia Nervosa

BID is one of the key diagnostic criteria for the diagnosis of BN (ICD 10 and DSM IV).¹⁻⁵ However in clinical practice, the protocols to explore BID is still not clear. While it is important to explore other key features of Bulimia Nervosa (BN)⁵⁻⁸ such as food restriction, induced vomiting, purging, food craving etc., in a given case identifying the core feature of BID is rather neglected or presumed to be present without exploring its presence. Such subjective approach to BID may lead to diagnostic deficiencies. Moreover patients with BN would have experienced an immense distress regarding their body image as their initial symptom over which all other symptoms would have developed. Hence BID is the core psychopathology in BN, AN and other related conditions. Interestingly, BID has both quantitative and qualitative dimension, thus necessitating an objective assessment.⁵⁻⁸ Quantitatively, it is experienced

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in different parts of the body either confined to just one part of the body such as abdomen or extremities or it may be involving different and several parts of the body. Qualitatively it varies in its magnitude among different parts of the body. For example one patient may experience her thighs are very bloated and ugly compared to other parts, another patient may describe her belly as “potty” and ugly. Additionally the description of BID may be patient specific and vary from patient to patient, despite similar psychopathology. This core psychopathology of BID is also present in other conditions apart from BN and AN, for example, binge eating disorder, body dysmorphic disorders etc.

Since BID is the core psychopathology in all these different conditions it may be apt to consider all related conditions like Bulimia Nervosa, Anorexia Nervosa, Binge Eating Disorder, Body Dysmorphic Disorder etc., into one category, namely, Body Image Disorders (BIDS) and each of the psychopathology can be subcategorized as:

Body Image Disorder-Anorexia Nervosa (BIDS-AN), Body Image Disorder-Bulimia Nervosa (BIDS-BN), Body Image Disorder (BIDS-BDD), etc.

We believe such an approach will benefit from an evidence based objective assessment of BID with its clinical sub-categories.

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