



Eating Disorders and Cardiovascular Diseases

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INTRODUCTION

Eating disorders (EDs) are serious group of syndromes characterized by unusual eating or weight-control behaviours. Negative beliefs about eating, body weight and shape contribute to the initiation and maintenance of these disorders (1). The prevalence of EDs is higher in Western societies and in women (2) .

Six principle types of EDs are defined in the The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V): anorexia nervosa (AN), bulimia nervosa (BN), binge eating disorder (BED), avoidant-restrictive food intake disorder (ARFID), rumination disorder and pica (3).

AN is a severe mental disorder characterized by serious dietary restrictions and other weight loss behaviors (e.g., vomiting, excessive physical activity) triggered by intensive weight gain anxiety and an uncomfortable body image (4). AN can lead to medical complications that can affect all body systems resulting from malnutrition and weight loss behaviors (1). In addition, the functionality is noticeably impaired (1).

Patients with BN can be present normal or overweight (1). BN is a type of eating disorder in which repetitive episodes of binge eating and compensative behaviors to avoid weight get are seen (5). The most common compensatory behavior is self-induced vomiting, which may also occur with unsuitable medication, fasting, or excessive exercise (5, 6).

BED is a disorder in which recurrent episodes of binge eating are seen with loss of control over eating (7). In BED, compensatory behaviors are not observed

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that underweight ARFID may be exposed to the adverse consequences of malnutrition earlier and longer than AN.

Studies have indicated that cardiovascular disorders including bradycardia, prolonged QTc interval and electrolyte dysregulation (primarily hypokalemia) are among the most common problems requiring inpatient management in patients with ARFID (41).

ARFID is a newly defined type of ED, and the number of studies is limited. More studies are needed to define the nature of the disease and the complications it causes.

CONCLUSIONS

EDs have a high prevalence, especially in the young population, and represent a significant cause of morbidity and mortality. Although EDs affect all organ systems, cardiovascular system complications are important because of the impact of cardiac complications on morbidity and sudden cardiac death.

The cardiac abnormalities seen in AN are mostly due to decreased food intake and are reversible with dietary regulation. While compensatory behaviors seen in BN are responsible for short-term cardiac complications, long-term complications occur due to increased eating behavior. ARFID and BED are newly defined EDs, and the number of studies is limited, further research is needed to better understand the course of the disease and the cardiac complications it may cause.

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