

# Orthorexie, Muskeldysmorphie und Aktuelles zur AN in der Covid-19 Pandemie

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Netzwerk Essstörungen - Hagen 2022

# Inhalt

- Orthorexia nervosa (ON) und Bigorexie/Muscle Dysmorphic Disorder (MDD):  
Gesellschaftliches Phänomen oder Medizinisches Thema?
- Essstörungen in der Covid-19 Pandemie
  - Inzidenzen und Prävalenzen
  - Erklärungsmodelle und Versorgung

# Orthorexia Nervosa (ON)



Academy of Nutrition and Dietetics 2021

# Definition ON

## Zwei zentrale Charakteristika

- (a) **obsessive focus on dietary practices** believed to promote **optimum well-being** through healthy eating (with inflexible dietary rules, recurrent and persistent preoccupations related to food, **compulsive behaviors**)
- (b) **consequent, clinically significant, impairment** (e.g. medical or psychological complications, great distress, and/or impairment in important areas of functioning)

# Vegetarier/Veganer & Orthorexia nervosa (ON)

- Zahl der Vegetarier u. Veganer hat in den vergangenen 50 Jahren in den westlichen Industriestaaten deutlich zugenommen.
- Besteht ein Zusammenhang zur ON
  - 2021 konnten international 14 Publikationen zu diesem Thema in PubMedCentral identifiziert werden.
  - 11 von 14 Studien zum Thema zeigen einen Zusammenhang [Brytek-Matera 2021].
- **Ein kausaler Zusammenhang kann aufgrund der aktuellen Literatur nicht gezeigt werden.**

# Prävalenz ON

- Italien 6,9 %
- Brasilianische Studierende mit Erfahrung in Diäten 88,7 %
- In der Analyse der Daten derzeit keine reliable Aussage zu Prävalenzen der ON möglich [Niedzielski & Kazmierczak-Wojtas 2021].

# Instrumente zur standardisierten Evaluation von ON-Verhalten

- Orthorexia Self-test—BOT
- ORTO-15 Questionnaire
- Eating Habits Questionnaire—EHQ
- Düsseldorf Orthorexia Scale—DOS
- Teruel Orthorexia Scale—TOS
- Barcelona Orthorexia Scale—BOS
- Orthorexia Nervosa Inventory— ONI

# Literaturempfehlung

Jana Strahler and Rudolf Stark. Perspective: Classifying Orthorexia Nervosa as a New Mental Illness—Much Discussion, Little Evidence. *Adv Nutr* 2020; 11: 784–789



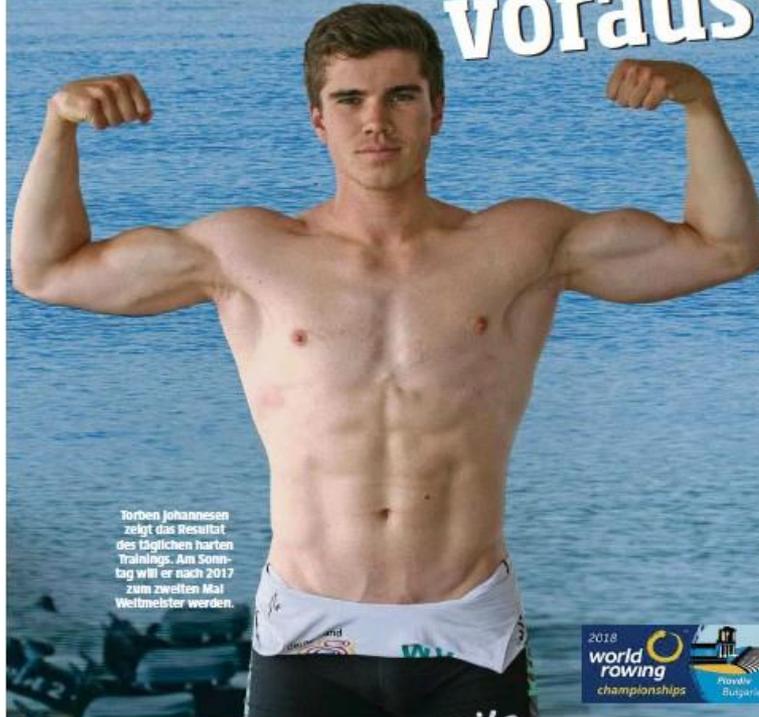
“Much Ado About Nothing”

# Bigorexia / Muscle Dysmorphic Disorder



By Divya Talwar & Nicholas Rotherham & Athar Ahmad  
BBC Asian Network 2015

# Volle Kraft voraus!



Torben Johannesen zeigt das Resultat des täglichen harten Trainings. Am Sonntag will er nach 2017 zum zweiten Mal Weltmeister werden.



## RUDERN Der Hamburger Torben Johannesen greift mit dem deutschen Achter nach WM-Gold

Von LIAM SCHARDT

**Aufakt in die Mission Titelverteidigung: Der deutsche Männer-Achter startet heute um 10.4 Uhr mit dem Vorlauf in die WM. Im Boot der Ruder-Asse sitzt auch der Hamburger Torben Johannesen. Der 23-Jährige schwärmt von seinem Team und der Location in Bulgarien – es kann losgehen.**

„Wenig Wind, warmes Wasser. Für Ruderer eine sehr gute Strecke“, sagt das Kraftpaket. „Ich habe dort gute Erfahrungen gemacht.“ Zweimal ist der Lehramtsstudent bei Nach-

wuchs-Weltmeisterschaften schon in Plovdiv gefahren, 2015 holte er Gold. Das soll sich nun wiederholen. Gleicher Ort, gleiche Medaille. Ein Wunsch, der für ihn am Sonntag Realität werden soll. Die Voraussetzungen sind blendend. Der Achter ist seit zwei Jahren ungeschlagen.

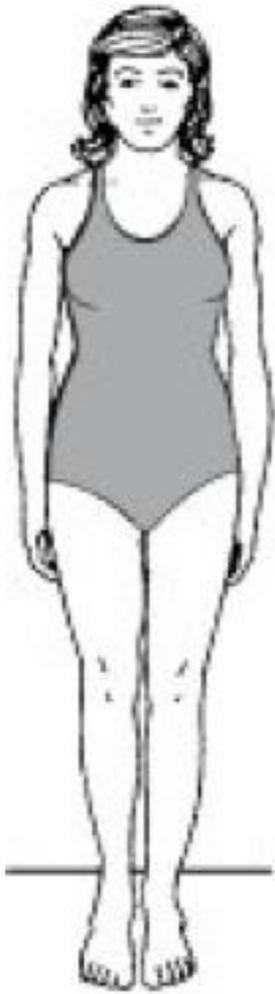
Das Erfolgsrezept: harte Arbeit gepaart mit Harmonie. Auch in der Freizeit verbringt die Ruder-Crew viel Zeit miteinander. „Unser Pluspunkt ist der Mix aus jüngeren und älteren Athleten. Wir können uns von den Erfahrenen viel abschauen, manche sind ja sogar Olympiasieger“, sagt der Jungspund über die

vergleichsweise große Altersspanne von acht Jahren.

Wichtig für Johannesen selbst ist, dass er sich auch in Plovdiv immer wieder Rat bei Bruder Eric holen kann. Der 30-Jährige, der 2012 Olympiasieger wurde, ist als Reservist in Bulgarien dabei. „Ich kann mit ihm über Dinge reden, die man im Team nicht so ansprechen möchte. Dann hat er immer gute Worte für mich“, sagt Torben, der an der Rennstrecke auch auf die Unterstützung seiner Eltern und von Freundin Kristin setzen kann. Alle für einen. Einer für acht. Für ein Ziel. „Wir wollen Gold!“

# Bigorexia / Muscle Dysmorphic Disorder





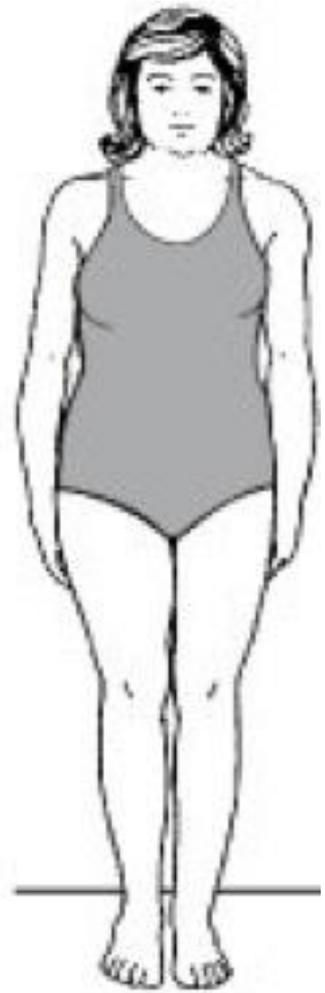
tatsächliche  
Größe

A



zusammengezogenes  
Bild (-20%)

B



ausgedehntes  
Bild (+20%)

C



Bigorexia = Reverse Anorexia Nervosa?

# Recognition and Treatment of Muscle Dysmorphia and Related Body Image Disorders

James E. Leone\*; Edward J. Sedory†; Kimberly A. Gray\*

\*Southern Illinois University Carbondale, Carbondale, IL; †University of Virginia, Charlottesville, VA

**Table 1. Diagnostic Criteria for Body Dysmorphic Disorder and Muscle Dysmorphic Disorder**

## Body Dysmorphic Disorder\*

1. Preoccupation with an imagined defect in appearance. If a slight physical anomaly is present, the person's concern is markedly excessive.
2. The preoccupation causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
3. The preoccupation is not better accounted for by another mental disorder (eg, dissatisfaction with body shape and size in anorexia nervosa).

## Muscle Dysmorphia

1. The individual is obsessed with the belief that his or her body should be more lean and muscular. Significant amounts of time devoted to weight lifting and fixation on one's diet are common.<sup>6,7,18–20</sup>
2. At least 2 of the following 4 criteria should be met<sup>20</sup>:
  - a. The uncontrollable focus on pursuing the usual training regimen causes the person to miss out on career, social, and other activities.
  - b. Circumstances involving body exposure are preferably avoided; if avoidance is not possible, significant unease and worry occur.<sup>19</sup>
  - c. Performance in the work and social arenas is affected by the presumed body deficiencies.
  - d. The potentially detrimental effects of the training regimen fail to discourage the individual from pursuing hazardous practices.<sup>21</sup>
3. Unlike anorexia nervosa, in which the person is concerned about being overweight, or other types of body dysmorphic disorder, in which the concern is with other physical aspects, the individual with muscle dysmorphia believes that his or her body is insufficiently small or muscular.<sup>7,18,20</sup>

\*Reprinted with permission from the *Diagnostic and Statistical Manual of Mental Disorders, Text Revision*, copyright 2000. American Psychiatric Association.

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Wahnhafte Überzeugung,  
dass der Körper weniger Fett und mehr Muskulatur aufweisen sollte

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Wahnhafte Überzeugung beeinflusst das Training,  
so dass aufgrund des Trainings andere wesentliche Aktivitäten vernachlässigt werden.

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Vermeidung der Darstellung des eigenen Körpers

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Selbst empfundene Defizienz des Körpers beeinflusst Verhalten

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Unterschied Körperdysmorphie: Wahnhafte Überzeugung der Defizienz

Unterschied AN: Nicht zu viel, sondern zu wenig Substanz (Muskulatur)

# Diagnostik Bigorexie

Received: 26 December 2019 | Revised: 21 March 2020 | Accepted: 25 April 2020

DOI: 10.1002/brb3.1666

ORIGINAL RESEARCH

Brain and Behavior Open Access WILEY

## An instrument for the evaluation of muscle dysmorphia: The Italian validation of the **adonis complex questionnaire**

Giulia Riccobono | Assunta Pompili  | Carla Iorio | Giorgio Carducci |  
Serena Parnanzone | Giulia Pizziconi | Angela Iannitelli | Francesca Pacitti 

## 13 Items; validiert für männliche Personen

Pope, Phillips and Olivardia (2000)

# Is There Any Relationship Between Body Image Perception, Eating Disorders, and Muscle Dysmorphic Disorders in Male Bodybuilders?

American Journal of Men's Health  
2018, Vol. 12(5) 1746–1758

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DOI: 10.1177/1557988318786868

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Aslı Devrim, MSci<sup>1</sup> , Pelin Bilgic, PhD<sup>1</sup> , and Nobuko Hongu, PhD<sup>2</sup> 

Probanden:

120 männliche Bodybuilder

Methoden:

Eating Attitude Test (EAT-40)

Muscle Dysmorphia Disorder Inventory  
(MDDI)

Ergebnisse:

EAT-40 und MDDI standen in  
Zusammenhang mit Unzufriedenheit bei  
Körperfett und Muskulatur.

# Aktueller Stand Therapie Bigorexie

Martenstyn et al. *Journal of Eating Disorders*  
<https://doi.org/10.1186/s40337-021-00375-y>

(2021) 9:19

Journal of Eating Disorders

STUDY PROTOCOL

Open Access

## Treatment of compulsive exercise in eating disorders and muscle dysmorphia: protocol for a systematic review



Jordan Andre Martenstyn<sup>1,2\*</sup> , Stephen Touyz<sup>2</sup> and Sarah Maguire<sup>2,3</sup>

# Zusammenfassung Bigorexie

Es gibt in der Definition eine klare Unterscheidung der Bigorexie zu Essstörungen und Körperdysmorphophobien

Inhaltlich bestehen Zusammenhänge zur AN

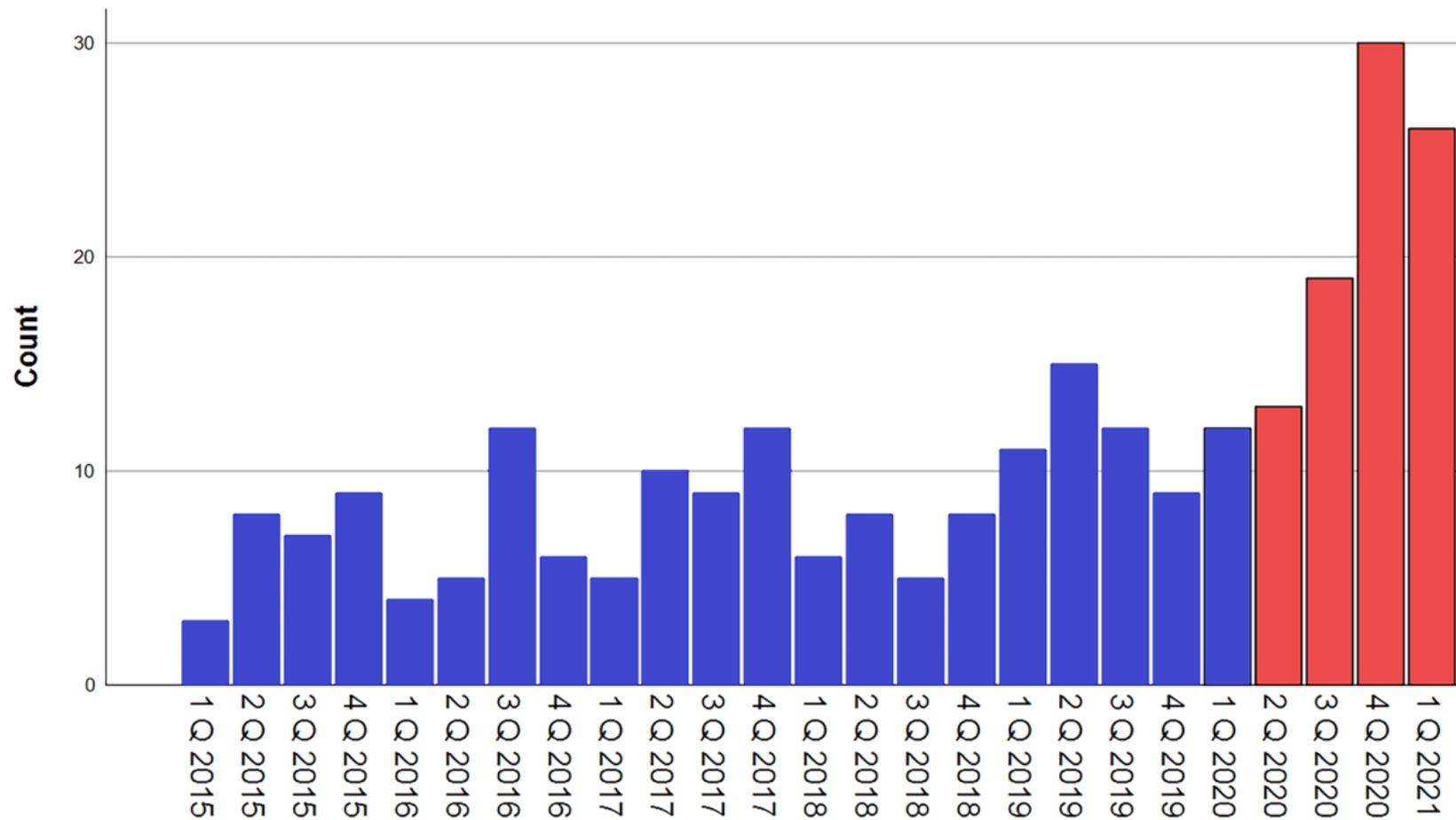
Aktuell werden Daten zu Therapien international ausgewertet

# Aktuelles zur AN in der Covid-19 Pandemie

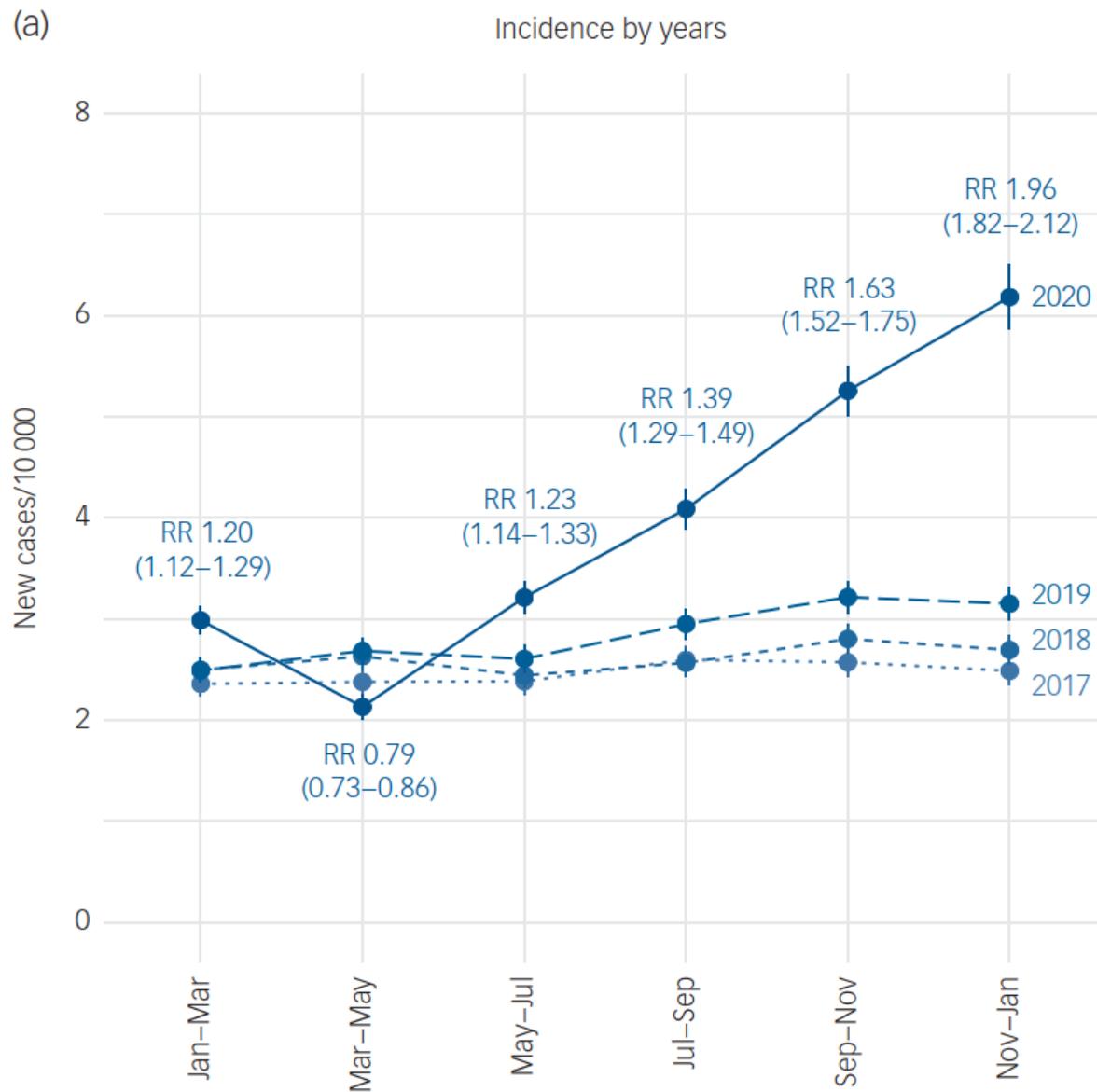


# The effect of COVID-19 pandemic on hospitalizations and disease characteristics of adolescents with anorexia nervosa

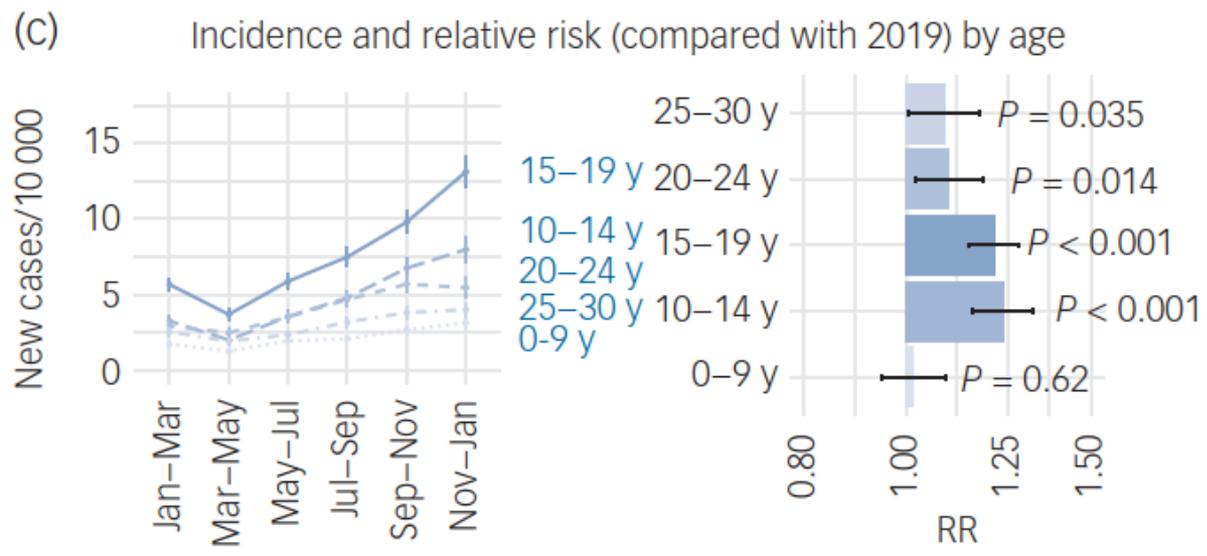
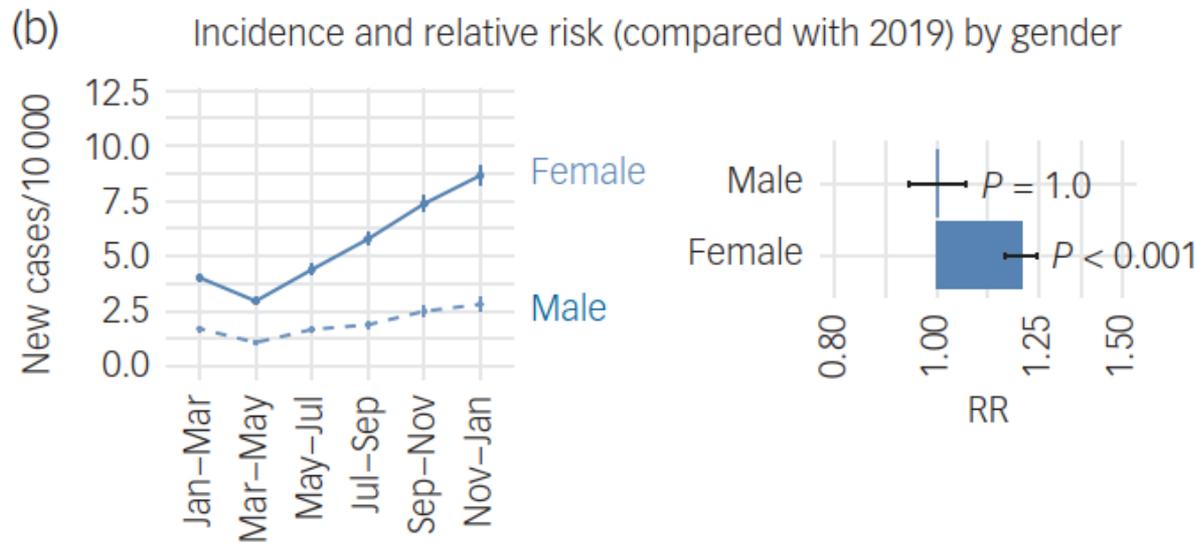
Lotem Goldberg<sup>1,2</sup> · Adi Ziv<sup>2,3</sup> · Yoav Vardi<sup>1,2</sup> · Shai Hadas<sup>1,2</sup> · Tarek Zuabi<sup>1,2</sup> · Lital Yeshareem<sup>2,4</sup> · Tomer Gur<sup>2,5</sup> · Shelly Steinling<sup>1,2</sup> · Oded Scheuerman<sup>1,2</sup> · Yoel Levinsky<sup>1,2</sup> 



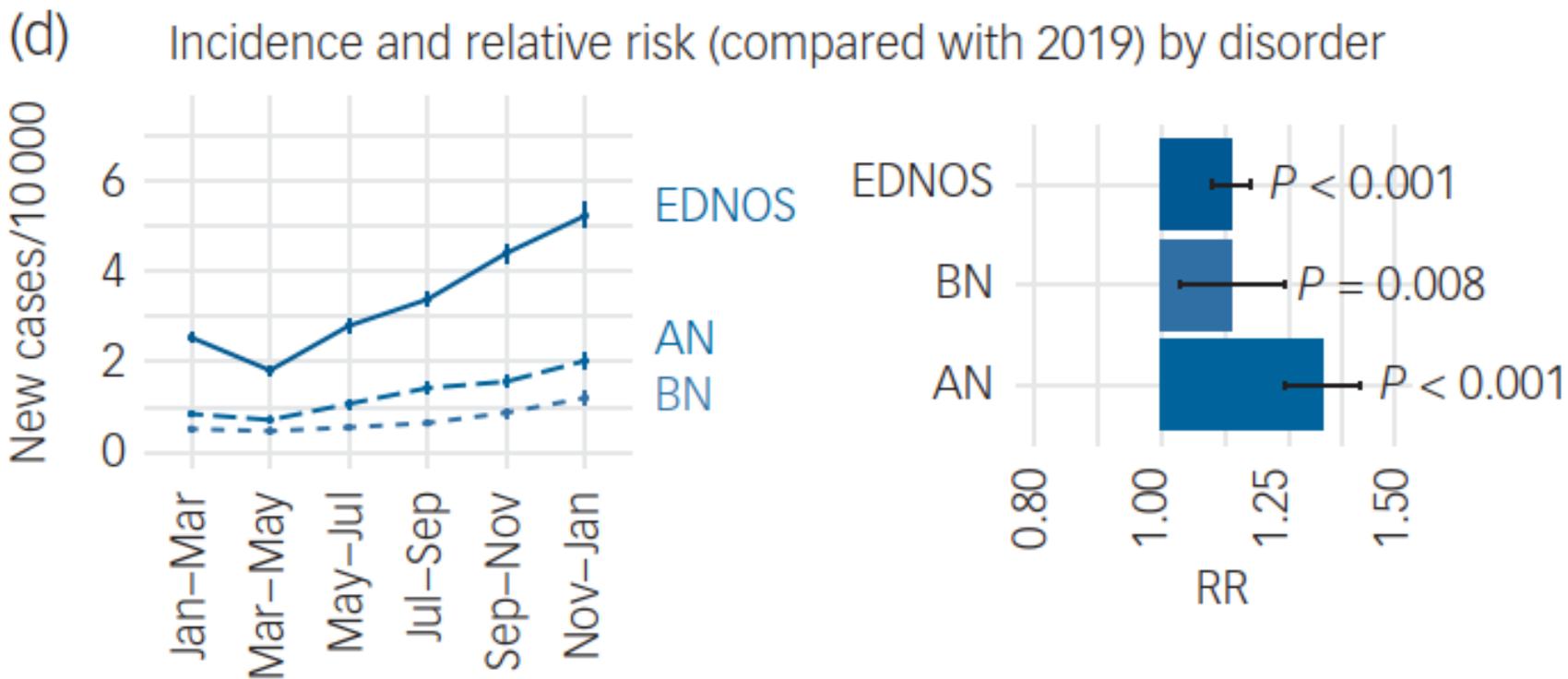
**Fig. 1** Number of hospitalizations of adolescents with eating disorders in the general pediatric wards during 2015–2021. The COVID-19 pandemic period is marked



Maxime Taquet, John R. Geddes, Sierra Luciano and Paul J. Harrison.  
The British Journal of Psychiatry (2021)



Maxime Taquet, John R. Geddes, Sierra Luciano and Paul J. Harrison.  
 The British Journal of Psychiatry (2021)



Maxime Taquet, John R. Geddes, Sierra Luciano and Paul J. Harrison.  
 The British Journal of Psychiatry (2021)

**Table 1** Epidemiological and clinical characteristics of adolescents with anorexia nervosa admitted to the general pediatrics wards during the COVID-19 pandemic as compared to previous years

Parameter	COVID-19 period (2020–2021), <i>n</i> (%)	Previous years (2015–2019), <i>n</i> (%)	<i>P</i> -value
Number	94	181	NA
Gender (F)	78 (83.0)	160 (88.4)	0.288
Admission age, mean ± SD	14.63 ± 1.54	14.68 ± 2.07	0.854
Weight at admission (kg), mean ± SD	44.57 ± 9.21	41.23 ± 8.90	0.004
Standardized BMI ( <i>z</i> score)	−1.4 ± 1.2	−1.6 ± 1.4	0.3669
Atypical anorexia nervosa (AAN)	21 (24)	41 (23)	1.0
Disease duration (months), mean ± SD	9.17 ± 6.88	10.49 ± 9.80	0.383
Psychiatric comorbidities at admission	6 (6.4)	13 (7.2)	1.0
Menses:			
Intact	23 (59.0)	73 (61.3)	0.204
Amenorrhea	12 (30.8)	23 (19.3)	
Any clinical sign of AN in physical examination, mean ± SD	16 (20.5)	51 (36.4)	0.022
Purging behaviors, mean ± SD	10 (16.7)	23 (16.0)	1.0
Hospitalization days, median (IQR)	9.00 (6.00, 16.75)	14.00 (8.00, 21.00)	0.01
Nasogastric tube feeding during hospitalization, mean ± SD	38 (48.7)	88 (59.9)	0.144
Any psychiatric medication during hospitalization, mean ± SD	40 (43.0)	67 (39.0)	0.609
Minimal heart rate (BPM), mean ± SD	44.33 ± 9.74	45.01 ± 9.88	0.594
White blood cell count at admission (K/micl), mean ± SD	4.97 ± 1.51	5.48 ± 1.68	0.031
Triiodothyronine (T3) level (pmol/L), mean ± SD	3.64 ± 0.92	3.43 ± 0.83	0.193
Minimal phosphate level (mg/dl) during hospitalization, mean ± SD	3.77 ± 0.56	3.73 ± 0.61	0.635

# Eating Disorders Spectrum During the COVID Pandemic: A Systematic Review

*Mario Miniati<sup>1\*</sup>, Francesca Marzetti<sup>2</sup>, Laura Palagini<sup>1</sup>, Donatella Marazziti<sup>1</sup>, Graziella Orrù<sup>2</sup>, Ciro Conversano<sup>2</sup> and Angelo Gemignani<sup>2</sup>*

*<sup>1</sup> Department of Clinical and Experimental Medicine, University of Pisa, Pisa, Italy, <sup>2</sup> Department of Surgical, Medical and Molecular Pathology, Critical and Care Medicine, University of Pisa, Pisa, Italy*

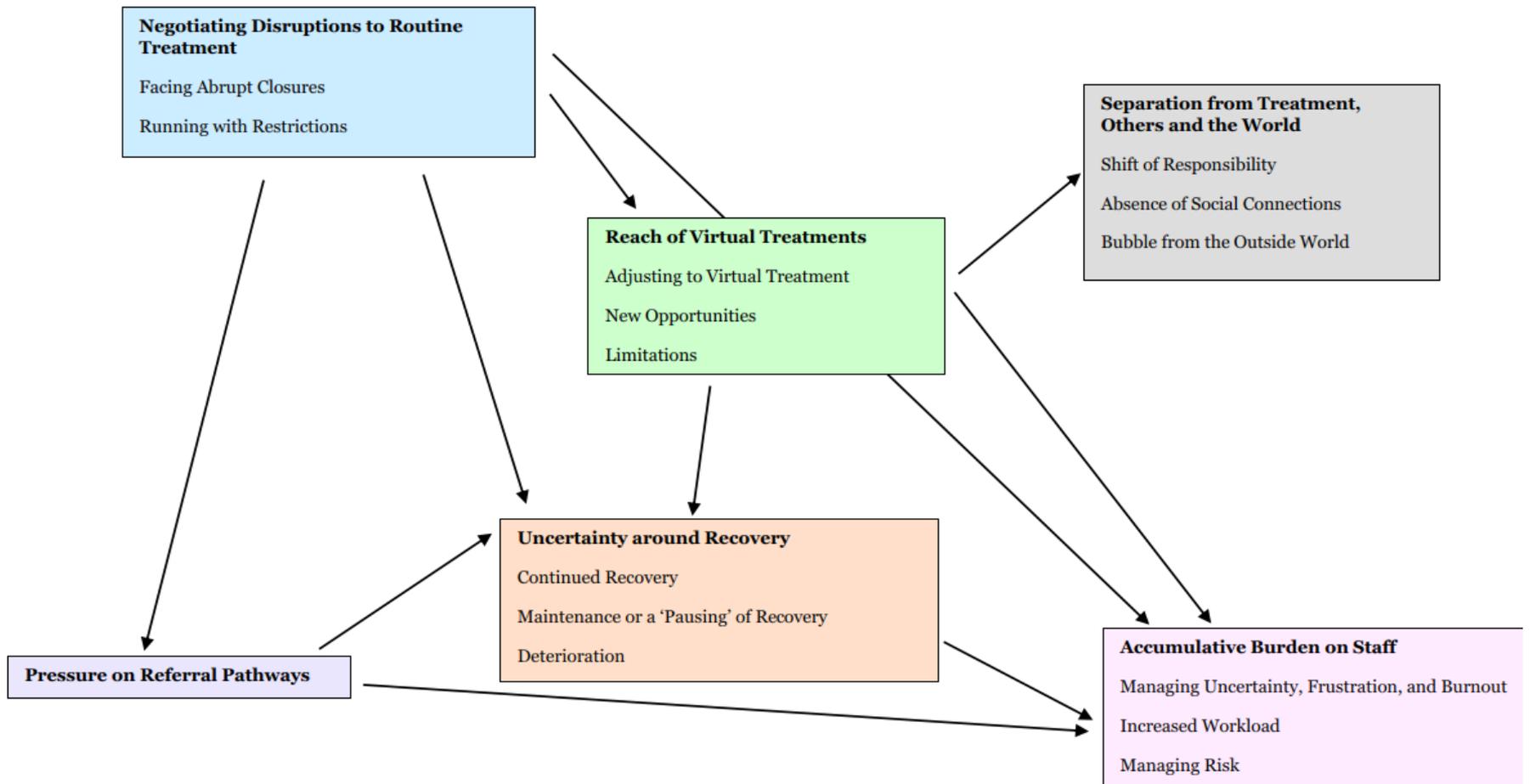
**Background:** Several data suggest that coronavirus disease 2019 (COVID-19) pandemic may exacerbate or trigger eating disorders (EDs). The aim of this paper was to summarize current literature studies on COVID pandemic and EDs.

**Conclusion:** The COVID-19 pandemic had a negative impact on EDs that might be triggered by the exceptional conditions derived from COVID-19-related stress in predisposed subjects. Patients who were already affected by EDs experienced the worsening of their clinical conditions and related quality of life (QoL).



# Clinicians' perspectives on supporting individuals with severe anorexia nervosa in specialist eating disorder intensive treatment settings during the COVID-19 pandemic

Hannah Webb<sup>1</sup>, Bethan Dalton<sup>1</sup>, Madeleine Irish<sup>1</sup>, Daniela Mercado<sup>1</sup>, Catherine McCombie<sup>2</sup>, Gemma Peachey<sup>3</sup>, Jon Arcelus<sup>4</sup>, Katie Au<sup>3</sup>, Hubertus Himmerich<sup>1,3</sup>, A. Louise Johnston<sup>5</sup>, Stanimira Lazarova<sup>6</sup>, Tayeem Pathan<sup>7</sup>, Paul Robinson<sup>8</sup>, Janet Treasure<sup>1,3</sup>, Ulrike Schmidt<sup>1,3\*†</sup>  and Vanessa Lawrence<sup>2†</sup>



Received: 9 August 2021

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Accepted: 3 December 2021

DOI: 10.1002/eat.23655

**BRIEF REPORT**

International Journal of  
**EATING DISORDERS** WILEY

# In-person versus virtual therapy in outpatient eating-disorder treatment: A COVID-19 inspired study

Howard Steiger PhD<sup>1,2,3</sup>  | Linda Booij PhD<sup>1,2,4,5</sup>  | Olivia Crescenzi BSc<sup>1,3</sup> |  
Stephanie Oliverio BSc<sup>1,3</sup> | Ilana Singer BA<sup>1</sup> | Lea Thaler PhD<sup>1,2,3</sup>  |  
Annie St-Hilaire PhD<sup>1,2,3</sup>  | Mimi Israel MD<sup>1,2,3</sup> 

**TABLE 2** Effects of treatment on symptoms, as a function of treatment modality

Questionnaire	In-person treatment		Virtual treatment		Statistical test	
	Premean ( $\pm$ SD)	Postmean ( $\pm$ SD)	Pre mean ( $\pm$ SD)	Postmean ( $\pm$ SD)	Time	Time by treatment modality
EDE-Q						
Global EDE-Q <sup>a</sup>	3.65 ( $\pm$ 1.5)	3.22 ( $\pm$ 1.7)	3.90 ( $\pm$ 1.4)	3.38 ( $\pm$ 1.4)	$F(77.82) = 14.89 p < .001$	$F(77.82) = 0.31 p = .58$
Dietary Restraint	3.19 ( $\pm$ 2.1)	2.82 ( $\pm$ 2.2)	3.36 ( $\pm$ 1.7)	2.72 ( $\pm$ 1.6)	$F(76.20) = 9.38 p = .003$	$F(76.20) = 1.68 p = .20$
Eating Concerns	2.92 ( $\pm$ 1.6)	2.66 ( $\pm$ 1.7)	3.27 ( $\pm$ 1.6)	2.71 ( $\pm$ 1.5)	$F(80.56) = 10.87 p = .001$	$F(80.56) = 0.56 p = .46$
Shape Concerns	4.37 ( $\pm$ 1.6)	3.98 ( $\pm$ 1.8)	4.77 ( $\pm$ 1.4)	4.37 ( $\pm$ 1.5)	$F(79.11) = 5.88 p = .018$	$F(79.11) = 0.23 p = .63$
Weight Concerns	4.03 ( $\pm$ 1.6)	3.40 ( $\pm$ 1.9)	4.21 ( $\pm$ 1.4)	3.72 ( $\pm$ 1.6)	$F(83.51) = 10.94 p = .001$	$F(83.51) = 0.12 p = .73$
PHQ-9 total	15.52 ( $\pm$ 6.9)	15.88 ( $\pm$ 6.3)	16.22 ( $\pm$ 7.4)	15.96 ( $\pm$ 6.5)	$F(83.73) = 0.02 p = .97$	$F(83.73) = 0.10 p = .75$
GAD-7 total	14.42 ( $\pm$ 6.4)	13.50 ( $\pm$ 6.8)	14.64 ( $\pm$ 5.4)	14.18 ( $\pm$ 5.9)	$F(81.60) = 1.10 p = .30$	$F(81.60) = 0.09 p = .76$

Note: EDE-Q: in-person treatment:  $n = 41$  (pre);  $n = 35$  (post). Virtual treatment:  $n = 65$  (pre),  $n = 54$  (post). PHQ-9: in-person treatment:  $n = 40$  (pre);  $n = 34$  (post). Virtual treatment:  $n = 73$  (pre),  $n = 52$  (post); GAD-7: in-person treatment  $n = 40$  (pre);  $n = 34$  (post). Virtual treatment:  $n = 70$  (pre),  $n = 51$  (post). For each of the questionnaires. Results were very similar when only people with pre and post data were included.

Abbreviations: EDE-Q, Eating Disorder Examination Questionnaire; GAD-7, Generalized Anxiety Disorder Scale; PHQ-9, Patient Health Questionnaire; premean, symptom scores prior to the start of treatment; postmean, symptom scores at end of group therapy.

<sup>a</sup>Overall effect size Cohen's  $d$  of change in global ED severity is 0.54 ( $r$  between pre- and posttreatment time points is .81).

**Discussion:** Our results suggest that short-term clinical outcomes with virtual and in-person ED therapies are comparable, and point to potentials of virtual therapy for situations in which geographical distance or other barriers impede physical access to trained therapists or specialized treatments.

# AN in der Pandemie

Zahl der Patient\*innen mit Essstörungen hat v.a. für die AN deutlich zugenommen.

Patient\*innen sind nicht kränker als vor der Pandemie und nicht jünger.

Am ehesten ist Stress, der durch die Pandemie ausgelöst wurde, der Trigger der Erkrankung.

Die Hygienemaßnahmen verändern die Therapie.

Digitale/virutelle Therapieformate sind wirkungsvolle Alternativen und können auch außerhalb der Pandemie in der Versorgung wertvoll sein.