



Eating Disorders

Literature Review of Menopause and Eating Disorders

Self-Study 2

Contributors

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Learning Objectives

By the end of this self study, participants will:

- 1) Be familiar with the limited current research on menopause for women with eating disorders
- 2) Appreciate possible eating disorder behaviors that can present during and surrounding perimenopausal period

Introduction

The literature on eating disorders during the menopause transition is limited and mixed in results. The following is a summary of some of the available literature in this area, in chronological order:

Article: Matzek B, Hoek HW, Rupp CI, Kemmler G, Pope HG Jr, Kinzl J. The menopausal transition--a possible window of vulnerability for eating pathology. *Int J Eat Disord*. 2013 Sep;46(6):609-16. doi: 10.1002/eat.22157. Epub 2013 Jul 11.

Study Population: Randomly selected population sample of 1500 women aged 40-60 in Innsbruck, Austria

Study Design: Questionnaire administered anonymously

Outcomes: Demographic items, menopausal status, weight history, measures of body image, and current eating disorders as diagnosed by DSM-IV criteria.

Findings: Women were classified premenopausal (N = 192), perimenopausal (N = 110), or naturally postmenopausal (N = 134). Of the three groups, perimenopausal women reported a significantly greater prevalence of eating disorders and scored significantly higher than premenopausal women on two measures of body image, even after adjusting for age and BMI.

Conclusions: Menopausal transition may be associated with an increased prevalence of eating disorders and associated pathology.



Article: Mangweth-Matzek, Barbara Hoek, Hans W.; Pope, Harrison G. Jr. Pathological eating and body dissatisfaction in middle-aged and older women. *Current Opinion in Psychiatry*: 2014 Nov; 27(6): 431–435. doi: 10.1097/YCO.0000000000000102

Study Population:

Study Design: Narrative review article of studies related to eating disorder in older women

Outcomes: summarizing epidemiology, onset of pathological eating, body satisfaction/dissatisfaction, risk factors and factors associated with pathological eating, treatments/interventions, menopause

Findings: Several studies have assessed prevalence of disordered eating in older women via presence of core eating disorder symptoms or via use of Eating Disorder Examination questionnaire-EDE-Q. Although anorexia nervosa appears rare in older women, eating behaviors such as binge eating and purging are consistently reported by older women, sometimes even into their 60s and 70s. Older women display many features of eating disorders in common with younger women, but concerns about aging and the onset of menopause contribute additional features to this population.

Conclusions: While we commonly consider eating disorders in women younger than 35, these disorders and body dissatisfaction are quite common in middle aged and older women. Studies on ED in older women is limited, but suggests that ED are not uncommon. Older women more frequently report binge eating disorder, ED not otherwise specified, and subthreshold ED. It is important to raise clinical awareness of EDs in older women and to develop targeted treatments.

Article: Mangweth-Matzek B, Hoek HW. Epidemiology and treatment of eating disorders in men and women of middle and older age. *Curr Opin Psychiatry*. 2017 Nov;30(6):446-451. doi: 10.1097/YCO.0000000000000356.

Study Population: Middle-age and older women and men

Study Design: Database literature search of disordered eating, and eating disorders and associated features in study population between 2015 and May 2017

Outcomes: Epidemiologic data (incident/prevalence), body image issues and treatment options

Findings: Prevalence of ED (by DSM-5 criteria) in adults > 40 = 3.5% in women and 1-2% in men, with majority not in treatment. New terms such as “perimenopausal eating disorders” and “muscularity-oriented eating disorders” indicate the impact of the aging process and sex-specific differences on eating patterns.

Conclusions: Disordered eating and eating disorders occur in both women and men of all ages, that numerous factors hinder the recognition of eating disorders in midlife and older persons (e.g., eating pathology in males hidden by excessive sports activity), and that treatment approaches should consider treatment strategies tailored for older women and men. CBT-based interventions are potentially useful.



Article: Baker JH, Runfola CD. Eating disorders in midlife women: A perimenopausal eating disorder? *Maturitas* 2016, 85: 112-6

Study Population: Midlife women (ages 45 and over)

Study Design: Database review article

Outcomes: Prevalence rates; descriptive data

Findings: Lifetime risk of DSM-IV EDs are 0.17% for AN, 0.21% for BN and 0.61% for BED, with body dissatisfaction found to be pervasive in midlife. Significant low weight (characteristic of AN) is rarer in midlife samples, whereas EDs characterized by binge eating-BN and BED are more commonly expressed. 3 potential clinical profiles: (1) an early onset chronic condition without prior recovery; (2) Relapse of a remitted disorder; (3) A late onset with no prior history.

Conclusions: Perimenopause may be a window of vulnerability for development/exacerbation of eating disorders due to changes in reproductive hormones. Patients with EDs in midlife may have a worse medical profile than their younger counterparts and mortality rates may be higher. Authors hypothesize the existence of a perimenopausal eating disorder in a subgroup of women who are hypersensitive to fluctuations in estrogen, and hormone replacement therapy could potentially be used to treat ED symptoms.

Article: Baker JH, Peterson CM, Thornton LM, Brownley KA, Bulik CM, Girdler SS, Marcus MD, Bromberger JT. Reproductive and Appetite Hormones and Bulimic Symptoms during Midlife. *Eur Eat Disord Rev.* 2017 May;25(3):188-194. doi: 10.1002/erv.2510. Epub 2017 Mar 9.

Study Population: : Subsample of women from the multisite Study of Women's Health Across the Nation (SWAN), who participated in an ancillary mental health study (MHS); ages 42–52 years old; premenopausal or early perimenopausal

Study Design: Participants completed a self-report questionnaire on bulimic symptomatology. Blood draws were done for reproductive and appetite hormones.

Outcomes: Survey results and hormone levels

Findings: No significant differences in bulimic symptomatology between premenopausal and perimenopausal women. There was a positive association between leptin and binge eating and no significant associations between reproductive hormones and bulimic symptomatology.

Article: Thompson KA, Bardone-Cone AM. Menopausal status and disordered eating and body image concerns among middle-aged women. *Int J Eat Disord.* 2019 Jan 31. doi: 10.1002/eat.23030. [Epub ahead of print]

Study Population: 310 middle-aged women between the ages of 40-68

Study Design: Participants completed online survey, with comparison across 3 groups: premenopausal



women, perimenopausal women and postmenopausal women

Outcomes: Disordered eating behaviors and attitudes across groups

Findings/Conclusions: No group differences on either disordered eating or body image concerns by menopausal status

TAKE-HOME POINTS

1. Current state of research supports the hormonal basis of development of eating disorders; hence it is hypothesized that perimenopause being a time of estrogen decline, may be a window of vulnerability for development of or exacerbation of existing eating disorders.
2. Menopause is associated with body fat redistribution and weight gain, which could be an additional trigger for the development of eating disorders.
3. While some earlier studies talked about a 2nd peak of EDs in perimenopause, later studies have not confirmed this.
4. There is evidence that even though prevalence of eating disorders declines in women 45 and over, they do not disappear completely; hence it is important to screen older women for these illnesses as well.
5. Midlife EDs may be more characterized by binge eating (compared to more restrictive patterns), and may be associated with increased medical morbidity compared to younger counterparts.
6. Possible existence of a “Perimenopausal Eating Disorder” primarily characterized by binge eating, that represents a subgroup of women who are hypersensitive to fluctuations in estrogen.
7. The role of hormones in pathophysiology of eating disorders and potential role of hormonal replacement therapy in treatment of eating disorders needs to further investigated.