

Chapter 9 Teachers

1. According to DSM-IV-TR which of the following is a diagnostic criterion for anorexia nervosa?
 - a. A refusal to maintain a minimal body weight
 - b. A pathological fear of gaining weight
 - c. A distorted body image in which, even when clearly emaciated, sufferers continue to insist they are overweight
 - d. All of the above (A)

2. According to the DSM-IV-TR diagnostic criteria for anorexia nervosa, one of the objective levels for judging whether an individual is underweight is:
 - a) Body weight less than 85% of that expected (A)
 - b) Body weight less than 50% of that expected
 - c) Body weight less than 70% of that expected
 - d) Body weight less than 65% of that expected

3. DSM-IV-TR distinguishes two types of anorexia nervosa. One of these is Restricted Type anorexia nervosa in which self-starvation is not associated with:
 - a) Concurrent purging (A)
 - b) Socialising
 - c) Body dysmorphic issues
 - d) Eating only certain food types

4. DSM-IV-TR distinguishes two types of anorexia nervosa. One of these is Binge-Eating/Purging Type anorexia nervosa, in which self-starvation is associated with:
 - a) Not eating to help control weight gain

- b) Not being bothered about weight gain
- c) Regularly engaging in purging activities to help control weight gain (A)
- d) Eating only certain food types

5. Anorexia nervosa is usually associated with a number of biological symptoms which are effects of the self-imposed starvation regime. Which of the following is not a symptom of anorexia?

- a) Tiredness
- b) Dry skin and brittle hair
- c) Hypothermia
- d) High blood pressure (A)

6. Which of the following physical symptoms are commonly associated with Anorexia nervosa?

- a. Lanugo (a soft, downy hair) on the body
- b. Amenorrhea the absence of menstrual cycles
- c. Kidney and gastrointestinal problems
- d. All of the above (A)

7. Mortality rates (including suicides) in anorexia nervosa and bulimia nervosa are still unacceptably high, ranging from:

- a) 10-15%
- b) 5-8% (A)
- c) 15-20%
- d) 20-25%

8. DSM-IV-TR cites the lifetime prevalence rate of anorexia nervosa for females at around:

- a) 0.5% (A)
- b) 1%

- c) 1.5%
- d) 2%

9. High rates of comorbidity exist between anorexia and other Axis I and Axis II disorders. Which of the following represents the percentage of anorexia sufferers who also have a lifelong diagnosis of major depression?

- a) 30-40%
- b) 50-68% (A)
- c) 20-30%
- d) 70-80%

10. What percentage of anorexia sufferers also meet diagnostic criteria for Obsessive Compulsive Disorder (OCD) or Obsessive-Compulsive Personality Disorder (OCPD) at some time during their life?

- a) 40-80%
- b) 10-27%
- c) 15-69% (A)
- d) 50-75%

11. In Bulimia Nervosa, the purging sub-type, vomiting is the most common form of purging. What percentage of sufferers present with this type of purging?

- a) 80-90% (A)
- b) 50-60%
- c) 15-25%
- d) 50-60%

12. In Bulimia nervosa, the nonpurging sub-type, which of the following two are ways in which the individual will compensate for bingeing?

- a) Exercise (A)
- b) Excessive fasting (A)
- c) Controlling intake of certain food types
- d) Withdrawing from social interaction

13. Bulimia nervosa has a typical onset in late adolescence or early adulthood, what percentage of those suffering from Bulimia are female?

- a) 80%
- b) 70%
- c) 90% (A)
- d) 60%

14. In Bulimia nervosa, individuals may indulge in excessive amounts of eating. According to Garfinkel, Kennedy & Kaplan (1995), how many bouts of overeating can occur in one week?

- a) 2-12 (A)
- b) 5-15
- c) 15-25
- d) 30-40

15. As a result of a perceived lack of control over their eating behaviour, individuals with bulimia report which of the following?

- a) High levels of self-disgust
- b) Low self-esteem
- c) High levels of depression
- d) All of the above (A)

16. Bulimia displays significantly fewer physical symptoms than anorexia. Which of the following is a common physical sign of bulimia?

- a) Permanent loss of dental enamel as a result of regular induced vomiting
- b) Swollen parotid glands
- c) Menstrual irregularity
- d) All of the above (A)

17. Bulimia is significantly more common than anorexia. What is the lifetime prevalence rate among women?

- a) 5-10%
- b) 2-4%
- c) 1-3% (A)
- d) 15-20%

18. High rates of comorbidity exist between bulimia nervosa and other Axis I and Axis II disorders. Which of the following represent the percentage of anorexia sufferers who also have a lifelong diagnosis of major depression?

- a) 50-60%
- b) 20-30%
- c) 36-63% (A)
- d) 10-15%

19. There is evidence for a strong link between bulimia and Axis II borderline personality disorders (BPD). Studies suggest what percent of women with bulimia meet the criteria for a personality disorder?

- a) 45-55%
- b) 20-30%
- c) 60-65%
- d) 33-61% (A)

20. The frequent comorbidity of bulimia with both personality disorders and substance abuse has led to the proposal that bulimia is part manifestation of a broader syndrome. This is known as:

- a) Multiple personality disorder
- b) Multi-impulsive syndrome (A)
- c) Multi-phasic disorder
- d) Bipolar disorder

21. Binge-eating disorder is associated with:
- a) High levels of major depression
 - b) Impaired work and social functioning
 - c) Low self-esteem
 - d) All of the above (A)
22. The prevalence of binge-eating disorder in the general population is between:
- a) 5-10%
 - b) 1-3% (A)
 - c) 15-18%
 - d) 7-9%
23. The prevalence of binge-eating disorder in the general population can be as high as:
- a) 20%
 - b) 10%
 - c) 30% (A)
 - d) 50%
24. St. Catherine of Siena began self-starvation at the age of 16 years and continued until her death in 1380 (at the age of 32). Bell (1985) termed this as?
- a) Anorexia nervosa
 - b) Religious fervour
 - c) Saintly anorexia
 - d) Holy Anorexia (A)
25. In the 17th century, a disorder characterised by large food intake followed by vomiting was termed as?
- a) Fames canina (A)
 - b) Bulimia nervosa
 - c) Vomitoria
 - d) Nuxcanina

26. Historically early examples of self-starvation appear to be explained by?

- a) Religious factors
- b) Spiritual factors
- c) Hysterical paralysis
- d) All of the above (A)

27. Research suggests that eating disorders and body shape issues are influenced by:

- a) Geographical factors
- b) Religious factors
- c) Cultural factors (A)
- d) Genetic factors

28. Recent studies have suggested that men would prefer their body shape to be around:

- a) 30lbs heavier (A)
 - b) 30lbs lighter
 - c) 5lbs heavier
 - d) 5lbs lighter
- than their current weight

29. Recent studies have suggested that women would prefer their body shape to be around:

- a) 40lbs more
 - b) 20lbs less
 - c) 40lbs less (A)
 - d) 15lbs less
- than their current weight

30. In the adult population the prevalence rates for eating disorders is significantly higher in:

- a) Male body builders
- b) Athletes

- c) Ballet dancers
- d) All of the above (A)

31. Which of the following two are considered to be pre-natal risk factors for eating disorders?

- a) Gender (A)
- b) Demographics
- c) Maternal health
- d) Ethnicity (A)

32. Which of the following two are factors in early developmental eating difficulties?

- a) Infant eating patterns (A)
- b) Infant play patterns
- c) Parental eating habits
- d) Infant sleeping patterns (A)

33. Which of the following two early experiences are risk factors for eating disorders?

- a) Physical neglect (A)
- b) Sexual abuse (A)
- c) Premature potty training
- d) Early school experience

34. Which of the following are dispositional factors in the development of eating disorders?

- a) Low self-esteem
- b) Perfectionism
- c) Negative self-evaluation affect
- d) All of the above (A)

35. Which of the following two are familial factors in the development of eating disorders?

- a) Parental obesity (A)
- b) Parental attitudes to sex

- c) Parental attitudes to education
- d) Parental attitudes to weight (A)

36. According to community based twin studies, there is a heritability component of eating disorders may be greater than:

- a) 50% (A)
- b) 20%
- c) 80%
- d) 10%

37. Animal research has shown that lesions to which part of the brain can cause appetite loss resulting in a self-starvation syndrome?

- a) Cerebellum
- b) Amygdala
- c) Lateral hypothalamus (A)
- d) Basal ganglia

38. A biological account of both anorexia and bulimia suggests that self-starvation and maintaining a low body weight may be reinforced by:

- a) Serotonin
- b) Endogenous opioids (A)
- c) Endorphins
- d) Dopamine

39. In Bulimia nervosa, research has found low levels of:

- a) Beta-endorphin (A)
- b) Alpha-dopamine
- c) Beta-serotonin
- d) Alpha-amphetamine

40. Polivy & Herman (2002) define body dissatisfaction as:

- a) The gap between one's actual weight and that of your best friend
- b) The gap between one's actual weight and childhood weight
- c) The gap between one's actual and ideal weight and shape (A)

d) The number of things you would like to change about your body

41. Body dissatisfaction is likely to trigger bouts of:

- a) Dieting (A)
- b) Purging
- c) Binging
- d) Shopping

42. Which of the following occupations have been linked with body dissatisfaction and dieting?

- a) Actors
- b) Athletes
- c) Ballet dancers
- d) All of the above (A)

43. Dysfunctional family structure that actively promotes the development of eating disorders has been termed as?

- a) Systemic dysfunction theory
- b) Family systems theory (A)
- c) Familial theory
- d) Fames canina

44. In familial factors of eating disorders, which of the following are characteristics of enmeshment?

- a) Parents are intrusive
- b) Parents are over involved in their children's affairs
- c) Parents are dismissive of their children's emotions and emotional needs
- d) All of the above (A)

45. In Minuchin's view, the families of individuals with eating disorders tend to show which of the following characteristics?

- a) Enmeshment
- b) Overprotection
- c) Rigidity

d) All of the above (A)

46. Evidence suggests that some form of intra-familial transmission of disordered eating patterns within families may influence eating disorders. Which of the following factors may be necessary to trigger the severe symptoms typical of a clinically diagnosable disorder?

- a) Biological
- b) Psychological
- c) Experiential
- d) All of the above (A)

47. Which percentage of anorexia sufferers have experienced a negative life experience within 3-months prior to the onset of the disorder?

- a) 25%
- b) 50%
- c) 14% (A)
- d) 75%

48. One particular form of adverse life experience that has been implicated as a risk factor in eating disorders is:

- a) Childhood sexual abuse (A)
- b) Premature potty training
- c) Early onset of menstruation
- d) Prolonged bed wetting

49. Steiger et al. (2000) found that childhood sexual abuse only facilitated bulimia in the presence of which of the following disorders?

- a) Bipolar disorder
- b) Post traumatic stress disorder
- c) Borderline personality disorder (A)
- d) Panic disorder

50. Which of the following have been identified as personality traits that are characteristic of individuals with diagnosed eating disorders?

- a) Perfectionism
- b) Shyness
- c) Neuroticism
- d) All of the above (A)

51. Certain personality traits have been identified as being characteristic of individuals with eating disorders. These traits include which of the following?

- a) Low self-esteem
- b) Negative or depressed affect
- c) Dependence and non-assertiveness
- d) All of the above (A)

52. Eating disorders are very much associated with which of the following?

- a) Positive affect
- b) Negative affect (A)
- c) Dysphemia
- d) Dyslexia

53. In Bulimia Nervosa, purging may take over as a means of relieving which of the following?

- a) Positive affect
- b) Dysphemia
- c) Dyslexia
- d) Negative mood (A)

54. Laboratory-based studies that show that bulimia sufferers show a reduction in which of the following after a binge-purge episode?

- a) Anxiety
- b) Tension
- c) Guilt
- d) All of the above (A)

55. A prominent characteristic of individuals with eating disorders is:

- a) Low self esteem (A)
- b) High self esteem
- c) High levels of responsibility
- d) Narcissism

56. A characteristic which has regularly been implicated in the aetiology of eating disorders is:

- a) Narcissism
- b) Extraversion
- c) Perfectionism (A)
- d) Introversion

57. Which of the following characteristic has been found to be the best predictor of comorbidity across the anxiety disorders?

- a) Perfectionism (A)
- b) Self esteem
- c) Introversion
- d) Narcissism

58. Which of the following is considered to be a difficulty encountered when treating eating disorders?

- a) Individuals with eating disorders regularly deny they are ill or have a disorder
- b) Individuals with severe eating disorders usually need medical as well as psychological treatment
- c) Eating disorders are often highly comorbid with other psychological disorders which may make treatment difficult and complex
- d) All of the above (A)

59. Anorexia and bulimia are often comorbid with which of the following two disorders?

- a) Major depression (A)
- b) Panic disorder
- c) OCD (A)
- d) Post traumatic stress disorder

60. Self-help groups in Bulimia use structured manuals, and help the patient by:

- a) Identifying triggers for bingeing
- b) Requiring minimum practitioner management
- c) Developing preventative behaviours for purging
- d) All of the above (A)

61. In the treatment of bulimia nervosa alternative delivery systems allow access to services for sufferers who might not receive other forms of treatment. These include treatment and support via:

- a) Telephone therapy
- b) E-mail
- c) Computer-software CD-ROMs
- d) All of the above (A)

62. Prevention programmes exist that put eating disorders into a social context. School-based prevention programmes emphasise which of the following?

- a) The role the media plays in developing extreme body shape ideals
- b) The need for healthy, balanced eating
- c) The need for individuals to develop positive rather than negative attitudes to their bodies
- d) All of the above (A)

63. Because both anorexia and bulimia are frequently comorbid with major depression, eating disorders have tended to be treated pharmacologically with:
- a) Antidepressants (A)
 - b) Antipsychotics
 - c) Antibiotics
 - d) Antihistamine
64. In eating disorders more significant treatment gains are reported if antidepressant medication is combined with:
- a) Physical exercise
 - b) Hospitalisation
 - c) Psychological treatments (A)
 - d) Educational programs
65. The treatment of choice for bulimia is generally considered to be:
- a) Family therapy
 - b) Psychodynamic therapy
 - c) Cognitive Behaviour Therapy (A)
 - d) Humanistic therapy
66. In eating disorders which of the following stages of Cognitive Behavioural Therapy (CBT) is required to deal with both the symptoms of bulimia and the dysfunctional cognitions that underlie these symptoms?
- a) Meal planning and stimulus control
 - b) Cognitive restructuring to address dysfunctional beliefs about shape and weight
 - c) Developing relapse prevention methods
 - d) All of the above (A)
67. Outcome studies indicate that Cognitive Behavioural Therapy (CBT) for bulimia is successful for between:
- a) 40-50% (A)
 - b) 60-70%

- c) 20-30%
- d) 10-15%

68. In Bulimia nervosa, when effective, Cognitive Behavioural Therapy (CBT) reports immediate improvement, including:

- a) 23%
- b) 42%
- c) 76% (A)
- d) 51%

showing an improvement in the frequency of binge eating

69. In Bulimia nervosa, when effective, CBT also reports immediate improvement, including:

- a) 69% (A)
- b) 29%
- c) 39%
- d) 49%

showing improvement in the frequency of purging within 3 weeks of the start of treatment

70. There are three important eating disorders defined by DSM-IV-TR. Which of the following is not one such eating disorder?

- a) Anorexia nervosa
- b) Bulimia nervosa
- c) Binge-eating disorder
- d) Dementia praecox (A)

71. According to research, females are:

- a) Ten times (A)
- b) Twenty times
- c) Thirty times

d) Twice
as likely to develop an eating disorder than males

72. There is evidence of an inherited component to eating disorders which may account for up to what percentage of the variance in factors causing these disorders?

- a) 10%
- b) 20%
- c) 50%(A)
- d) 30%

73. Which of the following is an important factor in determining an adolescent girl's attitudes to slimness and dieting?

- a) Peer attitudes (A)
- b) Political attitudes
- c) Cultural attitudes
- d) Religious attitudes

74. Which of the following make eating disorders particularly difficult to treat?

- a) Denial by sufferers that they have a disorder
- b) The medical implications of the symptoms
- c) Comorbidity with other psychological disorders
- d) All of the above (A)

75. Which of the following is one of the most common treatments for eating disorders?

- a) Electro-convulsive therapy
- b) Family therapy (A)
- c) Medication
- d) Aversion therapy

76. Which of the following historical figures appears to have suffered with symptoms of anorexia nervosa?

- a) Mary Queen of Scots (A)
- b) Joan of Arc
- c) King George III
- d) Ann Boleyn

77. According to Fairburn's (1997) cognitive model of the maintenance of bulimia, low self esteem leads to:

- a) Concerns about weight (A)
- b) Strict dieting
- c) Binge eating
- d) Self induced vomiting

78. According to Fairburn's (1997) cognitive model of the maintenance of bulimia, self induced vomiting leads to which two of the following?

- a) Low self esteem (A)
- b) Binge eating (A)
- c) Strict dieting
- d) Concerns about weight

79. Which of the following are theories of the aetiology of anorexia nervosa?

- a) Genetic Factors
- b) Role of Brain Deficits (e.g. Lateral Hypothalamus)
- c) Neuroendocrine Dysfunction
- d) All of the above (A)

80. Which of the following might be considered an important factors in the development of anorexia nervosa?

- a) Sociocultural Influences
- b) Peer Influences
- c) Familial Factors
- d) All of the above (A)

81. Which of the following might be considered an important factor in the development of bulimia nervosa?

- a) Genetic Factors
- b) Role of Brain Serotonin levels
- c) Sociocultural Influences
- d) All of the above (A)

82. In the DSM-IV-TR diagnostic criteria for anorexia nervosa, which of the following is considered to be a risk factor?

- a) Disturbance in the way in which one's body weight or shape is experienced
- b) Undue influence of body weight or shape on self-evaluation
- c) Denial of the seriousness of the current low body weight
- d) All of the above (A)

83. In the DSM-IV-TR diagnostic criteria for binge eating disorder, a binge-eating episode is associated with which of the following?

- a) Eating much more rapidly than normal
- b) Eating until feeling uncomfortably ill
- c) Eating large amounts of food when not feeling physically hungry
- d) All of the above (A)

84. Treating bulimia can be difficult because many individuals with bulimia see their bingeing and purging eating patterns as:

- a) A way of maintaining self esteem
- b) A way of maintaining positive affect
- c) A positive way of controlling weight (A)
- d) A means of peer acceptance

85. According to the National Institute for Clinical Excellence (NICE) treatment for managing weight gain for anorexia nervosa should include:

- a) In most patients, an average weekly weight gain of 0.5-1 kg as inpatient and 0.5 kg as outpatient
- b) Regular physical monitoring, and oral multivitamin/multimineral supplement in some cases, is recommended for inpatients and outpatients.
- c) Total parenteral nutrition should not be used, unless there is significant gastrointestinal dysfunction
- d) All of the above (A)

86. According to the National Institute for Clinical Excellence (NICE) treatment for managing risks for anorexia nervosa should include:

- a) Health-care professionals should monitor physical risk. If risk increases, frequency of monitoring and nature of investigations should be adjusted accordingly
- b) Pregnant women with current or remitted anorexia should be considered for more intensive care to ensure adequate prenatal nutrition and foetal development.
- c) Oestrogen should not be given for bone-density problems in children and adolescents, because such treatment may lead to premature fusion of epiphyses
- d) All of the above (A)

87. Selective serotonin-reuptake inhibitors (specifically fluoxetine) are drugs of first choice for bulimia in terms of:

- a) Acceptability
- b) Tolerability
- c) Reduction of symptoms
- d) All of the above (A)

88. Which of the following are symptoms of anorexia nervosa?

- a) Menstrual irregularities
- b) Excessive exercise
- c) Ritualised eating and food preparation
- d) All of the above (A)

89. Which of the following are symptoms of bulimia nervosa?

- a) Abuse of laxatives, diuretics or diet pills
- b) Fear of loss of control over eating
- c) Excessive concern with body shape and weight
- d) All of the above (A)

90. Which of the following are symptoms of binge eating disorder?

- a) Fear of loss of control over eating
- b) Feelings of disgust
- c) Poor self-esteem
- d) All of the above (A)

91. According to the Body Mass Index (BMI) measure, one would be considered overweight with a BMI of:

- a) 45-59.9
- b) 25-29.9 (A)
- c) 20.9-30.9
- d) 55-69.9

92. According to the Body Mass Index (BMI) measure, one would be considered underweight with a BMI of below:

- a) 35.5
- b) 50.5
- c) 18.5 (A)
- d) 60.5

93. Laboratory procedures have been developed that provide an objective behavioural measure of the tendency to binge eat. One of these is known as:

- a) Food pre-load test (A)
- b) Palatability test
- c) Full capacity test
- d) Fully loaded test

94. The food pre-load test is an experimental procedure which has shown that willingness to continue eating is a function of a number of factors including whether the individual is:

- a) A restrained eater
- b) Has low self-esteem
- c) Is in a negative mood
- d) All of the above (A)

95. There is little evidence of examples of bulimia in individuals who have not had:

- a) Exposure to Western ideals (A)

- b) Exposure to bullying in school
- c) Exposure to political ideals
- d) Exposure to chicken pox

96. Evidence suggests that changes in sociocultural factors may influence the:

- a) The nature of the eating disorder
- b) The prognosis of the eating disorder
- c) The length of the eating disorder
- d) Frequency and prevalence of eating disorders (A)

97. Which of the following are associated with binge eating disorder?

- a) Low self esteem
- b) Impaired work and social functioning
- c) High levels of major depression
- d) All of the above (A)

98. Which family members are most likely to influence the development of an eating disorder?

- a) Fathers
- b) Mothers (A)
- c) Siblings
- d) Grandparents

99. Comorbidity between which of the following is considered to be evidence for a broader "multi-impulsive" syndrome?

- a) Bulimia nervosa
- b) Borderline personality disorder
- c) Substance abuse
- d) All of the above (A)

100. Comorbidity between which of the following is indicative of a broader coherent 'obsession' based disorder?

- a) Anorexia
- b) OCD
- c) Major depression
- d) All of the above (A)