MULTIPLE CHOICE. Choose the one alternative that best completes the statement or answers the question (20 points).

1) How do you distinguish between the binge-eating/purging type of anorexia nervosa and bulimia nervosa, purging type?
   A) People with the bulimic type are normal weight, people with the anorexic type are underweight.
   B) Altered eating and exercise habits result in missed periods in the bulimic type only.
   C) The bulimic type involves throwing up and the anorexic type involves fasting.
   D) The bulimic type results in more severe health consequences than the anorexic type.

2) Rates of eating disorders tend to be much lower in black women than in white women. However, one factor that can increase risk in black women is
   A) their age – younger black women have higher rates of eating disorders than older.
   B) whether or not they were recent immigrants.
   C) assimilation into white culture and middle class values.
   D) their weight – very overweight black women have the same rates of eating disorders as whites do.

3) All of the following are dangers associated with obesity EXCEPT
   A) heart attack.  B) cancer.  C) high blood pressure.  D) diabetes.

4) Which of the following is a potential consequence of anorexia nervosa?
   A) memory loss  B) muscle atrophy  C) hair loss  D) death

5) What cyclical pathway can develop that eventually leads to obesity?
   A) A child eats because of feelings of depression and low self-esteem, gains weight, is rejected by peers, binges and continues to gain weight.
   B) A child binges because of depression and low self-esteem, purges and feels better, then feels safe to binge again.
   C) A child eats normally and is of normal weight but is teased about their weight and begins to diet.
   D) A child stops eating because of low self-esteem, becomes anorexic and then is successfully treated but still has negative feelings about her/hiself.
6) According to set-point theory
   A) the body weight that is maintained in the absence of dieting is the one at which health is maximized.
   B) anorexics have successfully adjusted their bodies to a new lower set point.
   C) behavioral means of altering body weight can never overcome the body’s ability to compensate physiologically.
   D) hunger serves to maintain the body at its established set point.

7) What neurotransmitter seems to be involved in both eating disorders and depression?
   A) GABA       B) norepinephrine  C) serotonin       D) dopamine

8) Which of the following is characteristic of the binge-eating/purging type of anorexia?
   A) 30 to 50 percent of those who begin by binge-eating and purging become restricting type anorexics
   B) efforts to restrict food intake
   C) the use of laxatives
   D) body weight is within normal range

9) Which of the following is a controversial aspect of the diagnostic criteria for anorexia nervosa?
   A) denial
   B) amenorrhea
   C) refusal to maintain normal body weight
   D) distorted perception of body size and shape

10) Our current knowledge of the efficacy of treating eating disorders
    A) is much more detailed for anorexia nervosa than for bulimia nervosa.
    B) is quite thorough because there are many controlled studies comparing long-term outcomes.
    C) suggests that hospitalization is most effective for long-term maintenance of treatment gains.
    D) suggests that cognitive-behavioral therapy is the treatment of choice.

11) Which statement about the treatment of eating disorders is most accurate?
    A) There are very few options available in the treatment of eating disorders.
    B) There are virtually no situations in which hospitalization is necessary to treat eating disorders.
    C) Family support and the patient's commitment to change are important to lasting recovery.
    D) Family involvement in treatment tends to undercut the chances of lasting recovery in the patient.

12) Which of the following is most commonly found in families of girls with anorexia?
    A) Parents who emphasize rules, control, and good physical appearance.
    B) Children who reduce psychological tension in the family by dominating their parents.
    C) Sibling rivalry that breaks out into physical and verbal aggression.
    D) Parents who are unconventional, dramatic, and antisocial.
13) Which of the following accounts for more morbidity and mortality than all eating disorders combined?
   A) bulimia nervosa  
   B) anorexia nervosa  
   C) obesity  
   D) binge-eating disorder

14) The most common quality of parents' interactions with their daughters who have eating disorders is
   A) control.  
   B) lack of direction and rules.  
   C) unconditional love and acceptance.  
   D) neglect.

15) In addition to altering the eating patterns of clients with Binge Eating Disorder, therapist using cognitive-behavioral therapy will also
   A) provide factual information about eating and dieting.  
   B) help the client to emotionally separate from her family.  
   C) teach the clients to be greater risk-takers.  
   D) educate the clients that fat people have certain character flaws.

16) Which of the following do those with anorexia nervosa and bulimia nervosa have in common?
   A) a need for control  
   B) restricted eating  
   C) below normal weight  
   D) fear of being or becoming fat

17) Families of people with anorexia
   A) do not have any characteristic features.  
   B) exhibit tendencies towards perfectionism.  
   C) tend to provide few rules and limits.  
   D) emphasize individuality.

18) What disorders are often comorbid with eating disorders?
   A) depression and personality disorders  
   B) post-traumatic stress disorder and depression  
   C) panic disorder and personality disorders  
   D) generalized anxiety disorder and substance abuse

19) Family therapy for anorexia appears to be most effective when it is used to treat
   A) those with comorbid depressive and/or anxiety symptoms.  
   B) men.  
   C) adolescents.  
   D) adults.

20) A common sign of bulimia nervosa, purging type is
   A) lanugo.  
   B) damaged teeth and mouth ulcers.  
   C) kidney failure.  
   D) intolerance to cold.