

EATING DISORDERS

While most people regard eating as enjoyable, for some eating creates extreme anxiety. Anorexia nervosa and bulimia nervosa are the two most common eating disorders. Both disorders are more common in females and often begin in the teen years.

There are many factors that contribute to eating disorders, and because each patient is unique, the factors involved are different for different people. There is no single explanation for why an eating disorder develops. A desire to be in control is common in eating disorders, often coupled with low self-esteem or confidence. Family problems or a history of abuse can be identified in some patients. There is some evidence that patients with eating disorders have a chemical imbalance in the brain.

Media and society place a great deal of emphasis on extreme thinness. These messages about thinness are everywhere, and many children have absorbed these values into their peer groups. Pressures to have a thin body for dance or sports can play a role. Acceptance of body type and focus on healthy eating and lifestyle require continuous effort.

Anorexia nervosa is a disorder with a restrictive eating pattern. A person with anorexia will purposely decrease her intake in order to lose weight. Even though she may be extremely underweight, the patient with anorexia nervosa sees herself as being fat. The distorted body image results in dangerous ongoing weight loss.

Other features of anorexia are:

- Amenorrhea: loss of menstrual cycle, or failure of periods to begin.
- Choosing repetitive foods. The patient with anorexia may eat the same foods over and over because they feel “safe”. These foods are usually very low in fat and calories. Examples are rice, salad or bagels.
- While the patient with anorexia may think she ate a full meal, the amount eaten is very small. Food may be cut into tiny pieces or chewed numerous times before swallowing. She may not want to eat in front of others.
- The anorexia patient may enjoy preparing food for others but won’t eat what she has made.
- Over-exercising, and feeling anxious if access to exercise is denied.
- Hiding food in unusual places.
- Girls with anorexia are usually excellent students and achieve high marks in school.
- Preferences for loose baggy clothing.
- Laxatives, diuretics (water pills) or diet pills may be used. Of course, these are dangerous, especially for a person whose health is already affected by starvation.

Noticeable physical changes include dry or purplish skin, especially on the hands and feet, cold intolerance, thinning of the hair on the head, growth of fine hair on the body, sunken eyes, and pale color. Internal changes can include decreased temperature, heart rate, and blood pressure.

Heart muscle may be damaged. Intestinal function can be compromised by long-term starvation or laxative use. Anemia can occur, and bones become weak. Growth is stunted, resulting in short stature. Constipation often occurs.

Bulimia nervosa has many similarities to anorexia, but patients with bulimia do not starve themselves. Instead, bulimia is characterized by binge eating (eating a very large number of calories in a short period of time) followed by purging (getting rid of eaten food, usually by vomiting or laxatives.) There may be periods of time when the patient with bulimia “diets” and decreases her intake, but the urge to eat becomes uncontrollable, resulting in the binge-purge cycle.

Patients with bulimia may be very secretive, and since they are usually not excessively thin, their disorder is easier to hide.

Effects of bulimia include:

- Fluctuations in weight
- Injury to the esophagus (swallowing tube) and stomach from vomiting
- Damage to teeth from vomiting
- Damage to heart, liver, kidneys and intestine
- Constipation

Patients with bulimia may also have problems with depression, substance abuse, and risk-taking behaviors.

Some patients may both restrict their intake, resulting in excess weight loss as well as binge-purge. These are mixed type eating disorders and can be especially difficult.

Treatment for eating disorders includes three aspects: therapy by a counselor experienced in treating eating disorders, medical management by a physician to detect and treat physical complications, and input from a registered dietitian for improving nutrition. Therapy may involve both individual and family sessions. Medical management includes frequent examinations, vital signs, and periodic lab tests.

The outlook for patients with eating disorders is variable. The earlier treatment is started, the better. Some patients are cured, some require ongoing help to deal with eating issues for years, and some patients die. Hospitalization may be required to deal with the complex issues involved in an eating disorder.

Eating Disorder Book List

When Your Child has an Eating Disorder

Abigail H. Natenshon

A workbook-style resource for parents

Surviving an Eating Disorder: Strategies for Family and Friends

Michele Siegel, PhD, Judith Brisman, PhD, Margot Weinschel, MSW

A good description of potential dynamics leading to eating disorders, strategies for confrontation, how to choose services.

Helping your Child Overcome an Eating Disorder

Bethany A. Teachman, PhD et al

At-home strategies for parents

The Parent's Guide to Childhood Eating Disorders

Marcia Herrin EdD and Nancy Matsumoto

A self-help guide for parents, includes an explanation of medical complications

Anorexia Nervosa A Guide to Recovery

Lindsey Hall and Monika Ostroff

A self-help guide for patients. Includes explanations and advice from recovered anorexics; includes a detailed description of one author's history of anorexia.

Simple to read. Limited but correct medical information.

Bulimia Nervosa A Guide to Recovery

Lindsey Hall and Leigh Cohn

A self-help guide for patients. Good overview of bulimia. Detailed discussion of author's experience as a bulimic, along with quotes and stories from other bulimics. Discusses resources and options for recovery. Limited but correct medical information.