

Eating Disorders

Eating disorders are more common in women and in societies where there is excessive emphasis on weight and body image.

Anorexia Nervosa most commonly begins in adolescent girls around the age of 17. The symptoms may include a refusal to maintain a normal body weight, cessation or delay of menstruation, and phobias of fatness or weight gain despite being underweight. Anorexics usually restrict their food intake and see themselves as overweight even though they are dangerously thin. The process of eating becomes an obsession. Unusual eating habits such as avoiding food and meals, picking out a few foods and eating these in small quantities, or carefully weighing and portioning food may develop. However, when anorexics lost control, they may exhibit binge-eating and purging behaviors, most often seen in individuals with bulimia nervosa.

Bulimia nervosa is usually diagnosed in the early 20's and involves alternating between (typically high carbohydrate) binge-eating episodes and maladaptive methods of weight control. These methods, often referred to as *compensatory* behaviors, most often involve purging behaviors such as self-induced vomiting, laxative, enema abuse or diuretic abuse. Bulimics may also resort to excessive fasting (such as is typically seen in anorexia nervosa) and use of diet pills. Bulimics tend to be within the normal weight range. Individuals suffering from bulimia often perform these behaviors in secret, feeling disgusted and ashamed when they binge, yet report feeling a sense of relief once they purge.

Individuals with *binge-eating disorder* tend to be overweight and sometimes morbidly obese. In the past, binge-eaters were characterized as "compulsive overeaters." People with binge-eating disorder engage in frequent episodes of out-of-control eating, often with similar binge-eating symptoms as those with bulimia nervosa. The main difference is that individuals with binge-eating disorder do not engage in compensatory behaviors to purge their bodies of excess calories, and as a result they are frequently overweight. Feelings of self-disgust and shame associated with these behaviors increase the frequency of the binging episodes, thereby creating a vicious cycle.

Eating disorders can lead to serious physical and psychological illness. Eating disorders frequently co-occur with other psychiatric disorders such as depression, substance abuse, and anxiety disorders. Sadly, psychiatric symptoms resulting from these disorders are often a trigger for the maladaptive eating or purging behaviors. In addition, people who suffer from eating disorders can experience a wide range of physical health complications, including serious heart conditions and kidney failure which may lead to death.

Recognition of an eating disorder is the first step in treatment. There are effective treatments for all three eating disorders. The initial phase of treatment should involve a thorough medical work-up to verify that there is no medical reason underlying the symptoms or any acute medical complication requiring immediate medical care. Following this, treatment is usually a combination of

psychiatric medications and psychotherapy. Medications prescribed usually involve antidepressants and mood stabilizers. Psychotherapy may be conducted individually or in a family or group setting. If the individual is medically ill, stabilization in hospitalization may be required. The best outcome is achieved with an interdisciplinary team approach that involves physicians, therapists, nutritionists and the patient's family or support system.