

EATING DISORDERS

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OVERVIEW OF EATING DISORDERS

Anorexia and bulimia are complex disorders that signal underlying problems through intense body preoccupation, fear of weight gain and abnormal eating habits. Anorexia is distinguished by dramatic dietary restraint that results in severe weight loss. Bulimia involves the binge and purging cycle (ie. ingestion of huge amounts of food followed by self-induced vomiting, the abuse of diuretics or laxatives, or over-exercising). Neither has anything to do with food, but rather with expressing intense inner pain and turmoil!

Over the last 40 years, the cases of anorexia and bulimia have dramatically increased, as has the media's portrayal of extremely thin women as the norm. Statistics reveal a society obsessed by body image and highly dissatisfied with their bodies: 56% of women say they are dissatisfied by their physical appearance; 66% of girls age 12-17 report dissatisfaction with their weight; and 50% of girls have dieted by age 15. Anorexia affects approximately 1% and bulimia 4% of the adult population. Approximately 40 000 people in Quebec have eating disorders. The typical profile of a sufferer is a white female, aged 14-20 for anorexia and 18-25 for bulimia, from all walks of life and levels of intelligence. Men represent 5-10% of those seeking treatment.

Anorexics and bulimics suffer both mentally and physically. Eating disorders are caused, triggered and maintained by biological, psychological and sociological factors. Successful treatment often requires a combination of techniques such as cognitive behavioral therapy, psychotherapy, pharmacological intervention, group work, family therapy and nutritional counseling.

EATING DISORDERS DEFINED

The DSM-IV offers the following criteria for diagnosis:

Diagnostic Criteria of Anorexia Nervosa

-Refusal to maintain body weight at or above normal for age and height.

-Intense fear of gaining weight or becoming fat, even though underweight.

-Disturbance in the way one's body weight or shape is experienced, undue influence of body shape or weight on self-evaluation, or denial of the seriousness of current low body weight.

-In post-menarche females, amenorrhea (absence of at least 3 consecutive menstrual cycles).

Restricting type: During the present episode of Anorexia Nervosa, the person has not regularly engaged in binge-eating or purging behavior (ie. self-induced vomiting, or the misuse of laxatives, diuretics or enemas).

Binge-Eating/Purging type: The person has regularly engaged in binge-eating or purging behavior.

Diagnostic Criteria of Bulimia Nervosa

-Recurrent episodes of binge-eating, characterized by:

1) Eating, in a specific period of time an amount of food that is definitely larger than most people would eat during a similar period in similar circumstances.

2) A sense of lack of control over eating.

-Recurrent inappropriate compensatory behavior in order to prevent weight gain (self-induced vomiting, misuse of laxative or diuretics, fasting, or excessive exercise)

-The binge-eating and compensatory behaviors both occur, on average, at least twice a week for three months.

-Self-evaluation is unduly influenced by body shape and weight.

-The disturbance does not occur exclusively during episodes of anorexia.

Purging Type: During the present episode of Bulimia Nervosa, the person has regularly engaged in self-induced vomiting or the misuse of laxatives, diuretics or enemas.

Nonpurging Type: The person has used other inappropriate, compensatory behaviors, such as fasting or excessive exercise, but has not regularly engaged in self-induced vomiting or the misuse of laxatives, diuretics or enemas.

COMPLICATIONS

The physical and psychological consequences associated with eating disorders are very severe. 15% of anorexics die (from heart failure or suicide). Anorexia is the leading cause of death among all psychiatric disorders! Other serious complications include electrolyte imbalances, neurological abnormalities, swollen salivary glands, gastrointestinal disturbances, dental deterioration and dehydration. There are psychological costs as well. Prolonged malnutrition affects brain neurochemistry, which alters mood, changes personality, disturbs feelings of satiety, and increases the obsessive behavior associated with anorexia and bulimia.

MYTHS DISPELLED

Despite the prevalence of eating disorders, they remain highly misunderstood. Here are some myths and facts about eating disorders.

"Only teenage girls suffer from eating disorders." Many eating disorders do begin in the teenage years, but children, men, and older women can be affected.

"You can never fully recover from an eating disorder." Recovery takes a long time, but with hard work and the proper treatment, you can fully recover.

"Men with eating disorders are always gay." Sexual preference has nothing to do with developing an eating disorder.

"Eating disorders are solely a problem with food." With all eating disorders, weight is the focus of life. By focusing on food, weight and calories, a person is able to block out or numb painful feelings and emotions. But, eating disorders are not a

problem with food! Behaviors are only symptoms of underlying problems.

"Bulimics always purge by vomiting." Not all bulimics vomit. Purging can take the form of laxatives, diuretics, exercising, or fasting.

"You can always tell someone is anorexic by their appearance." Not all anorexics look typically "anorexic". Some anorexics are anywhere from 5 to 15 lbs underweight. Just because someone does not look emaciated, does not mean they are not anorexic or that their health is not in danger!

"Anorexics do not eat candy, chocolate, etc." Many anorexics do avoid such foods, but others eat them regularly. If an anorexic decides to consume 300 calories a day, she may choose to eat a chocolate bar or candy.

"Anorexics do not binge or purge." Many anorexics occasionally binge and purge. Some anorexics can become so fearful of food that they will purge whatever they ingest, including water.

"You cannot die from bulimia." Bulimics are at a high risk for dying, especially if they purge, use laxatives or exercise excessively. Many have died from a cardiac arrest (due to low potassium or electrolyte imbalances). Others have died from a ruptured esophagus.

"People with eating disorders do this to hurt their family and friends." People with eating disorders are doing this to themselves. They are usually very upset when they know the people around them are worried or hurt by their eating disorder.

"People cannot have more than one eating disorder." It is very common to have more than one eating disorder. Proving again that the eating behaviors are only the symptoms, not the problem.

THE WARNING SIGNS

Eating disorders do not just appear. Here is a checklist of warning signs and symptoms to watch for along the way:

-*Statements such as "I feel fat" or "I look fat".*

-*Increasing concern about body weight and shape.*

-*Dressing in layers or baggy clothes to hid body shape.*

-*Obsession with calories and fat content of foods.*

-*Refusal to eat certain foods such as dairy products, meats, or sweets.*

-*Constant weighing.*

-*Constant dieting including periods of restriction then over-eating.*

-*Vague or secretive eating patterns. Lying about food.*

-*Unusual food rituals such as shifting the food around on the plate to look eaten or cutting food into tiny pieces.*

-*Evidence of bingeing and purging such as a frequent trips to the bathroom following meals, laxative packets, diet pills, missing food or sudden use of air freshener in the bathroom.*

-*Dramatic weight loss in a relatively short period of time.*

-*Refusal to maintain a weight appropriate for height, age or sex.*

-*Reluctance to join family at mealtime.*

-*Increased isolation from friends and family.*

-*Excessive exercise.*

-*Mood swings. Increased emotionality such as feeling irritable, depressed or anxious.*

-*Low self-esteem. Feeling worthless. Need for acceptance and approval from others.*

-*Feeling cold. Low blood pressure. Amenorrhea.*

-*Constipation or incontinence.*

-*Sleeping problems. Fatigue. Dizziness and headaches.*

-*Bruised or calluses knuckles. Bloodshot eyes. Light bruising under the eyes and on the cheeks.*

-*Hair loss. Pale appearance to the skin.*

(NOTE: An individual does NOT need to appear underweight to be affected by an eating disorder or for their health to be in danger!)

THINGS YOU SHOULDN'T SAY...

It is difficult to know how to approach a loved one. Frustration can drive us to say things that may not be the most helpful. Here are a few statements to avoid:

"You look sick!"

Individuals with eating disorders already have low self-esteem. Any comment that comes across as insulting will be heard negatively and will be unproductive! Instead, you can try approaching a loved one and saying "You've lost a lot of weight and I'm concerned about you" or "I'm here to listen if you ever want to talk".

"Would you just eat already!"

"I don't understand WHY you don't just eat!"

These are not words of love, but of control. Threatening an anorexic or bulimic is not a good idea. There is a lot of guilt attached to eating disorders, and statements like these only perpetuate these feelings.

"Why are you doing this to me?"

Again, questions like this only perpetuate guilt. You're basically saying "Look at all the trouble you're causing." Those with eating disorders are not doing anything to you, but are struggling inside themselves!

"Why are you doing this to yourself?"

They do not choose to do this to themselves. This is a coping mechanism for dealing with depression, stress and self-hate, and a reflection of how they feel about themselves.

HOW TO HELP A LOVED ONE

It is difficult for family and friends to understand what to do when someone you love has an eating disorder. The most important thing to know is that only the persons themselves can chose when, where and in what form they will seek help. Here are some ideas that may be helpful.

-Educate yourself as much as possible. The more you know, the better equipped you will be to offer help. However, don't let someone else's problem become your own. You are not responsible for making them "see the light". You can, however, be supportive and non-judgmental. Eating disorders are often a cry for help, and deep down your loved one welcomes your concern.

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SUPPORT TO HELP THEM COPE MORE
EFFECTIVELY WITH THE MENTAL ILLNESS
OF A LOVED ONE.

WE ENCOURAGE OUR MEMBERS
TO HELP EACH OTHER, POOLING THE WISDOM
AND KNOWLEDGE GAINED FROM THEIR OWN
EXPERIENCES.

ALONG WITH OTHER ORGANIZATIONS,
WE STRIVE TO EDUCATE THE GENERAL
POPULATION ABOUT MENTAL ILLNESS
IN ORDER TO REDUCE STIGMA.
WE AIM TO IMPROVE THE QUALITY OF
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BECOME A MEMBER – \$20 Registration.

DONATIONS – We greatly appreciate donations from
individuals and businesses (Income tax receipts provided).

-Be gentle and caring. Listen without offering mounds of advice. If they ask for your thoughts, be honest and caring.
-Don't make the person feel threatened. It is not your job to dictate. If they have finally decided to talk to you and trust you, cherish it and uphold your role in holding their confidence.
-Be encouraging. The recovery road can be a long battle, with pitfalls and setbacks. Don't be disappointed or disapproving when a sufferer displays signs of falling back, just encourage them to continue pushing forward.
-If you have never had an eating disorder don't say you know how they feel, it will sound condescending and non-genuine. You can be supportive without having an eating disorder yourself.
-Don't play therapist since it almost always backfires. Anorexia and bulimia are very complex. They must seek help on their own terms. If someone else is doing all the work, there is no motivation for them to change things for themselves.
-Understand that eating disorders have nothing to do with food! Encouraging them to eat or offering rewards to entice them, doesn't help since it has nothing to do with the core of the problem. Comments about food-intake may worsen the problem by maintaining their preoccupation with food.
-Comments about appearance should also be avoided. Questions such as "Do you think I look fat?" should be answered by "I never noticed that about you – I like you for who you are". Don't legitimize comments that only perpetuate their obsession with their body.
-When you share your concern, your words should express your feelings about observations as opposed to judgments and personal opinions. Thus, "I was worried when I came home and found you lying on the floor" as opposed to "You have an eating disorder and need to get help." It is important that you do not reinforce their helplessness, but rather their ability to make decisions for themselves.
-Gather information on the resources available in your area. Leave it where your loved one will see it. Photocopy articles of interest and if time presents itself share the info with them, but do not overstep your bounds. If they ask you not to do something, respect their wishes.
-Seeing someone you love struggle with an eating disorder may make you feel angry, helpless, guilty or frustrated. It is important for you to try to diffuse this normal reaction. Remember, they are as bewildered as you are, as well as frightened by the painful emotions and inner turmoil they are experiencing.
-Get support for yourself in coping with your loved one's illness; talk to friends, contact community resources and seek counselling if necessary.
-If you believe that your loved one is in immediate danger, call for help. These are serious diseases and you should never feel that you have to deal with this alone. Since many sufferers deny they have a problem or refuse to seek help, consulting with professionals is often necessary. Even if they accuse you of

betraying a secret, the rules of confidentiality are suspended when there is physical danger.
-Finally, examine your attitudes towards weight and shape issues. Do you diet? Does gaining 5 pounds change how you feel about yourself? It may be helpful to share your fears about the pressure to be thin as way to band together with your loved one.

RESOURCES IN MONTREAL

ANEB-Quebec (17 and over):

(514) 630-0907

Douglas Hospital Eating Disorder Unit (over 18):

(514) 761-6131 ext 22895

McGill University Eating Disorder Unit (Students):

(514) 398-3601

Montreal Children's Hospital (under 18):

(514) 934-4481

Montreal General Hospital (16 and plus):

(514) 934-8034

Saint Justine Hospital (under 18):

(514) 345-4721

WEBSITES

ANEB-Quebec:

<http://www.generation.net/~anebque>

Eating Disorder Shared Awareness:

<http://mirror-mirror.org/eatdis.htm>

National Eating Disorders Association:

<http://www.nationaleatingdisorders.org>

Something Fishy –Website on Eating Disorders:

<http://www.something-fishy.org>

SUGGESTED READINGS

Dying to be Thin. Ira Sacker & Marc Zimmer. Warner Books. 2002.

Maigrir: la fin de l'obsession. Susie Orbach. Éditions de l'Homme. 1988

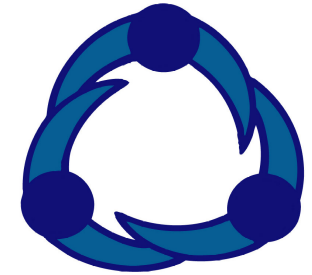
The Body Betrayed: Women, Eating Disorders & Treatment. Kathryn Zerbe. American Psychiatric Press Inc. 1993.

Surviving An Eating Disorder: Strategies For Families & Friends. Michele Siegel, Judith Brisman & Margot Weinschel. Harper Collins Publishers. 1988.

When Food is Love. Geneen Roth. Plume. 1991.

When Your Child has an Eating Disorder: A Step-By-Step Workbook for Parents and Other Caregivers. Abigail Natenson. Jossey-Bass Publishers. 1999.

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EATING DISORDERS: A BRIEF OVERVIEW

HOW TO MAKE SENSE OF YOUR LOVED ONE'S
BEHAVIOUR AND WHAT YOU CAN DO TO HELP

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