



EATING DISORDERS

The most common eating disorders are *anorexia nervosa*, sometimes called the starvation sickness, and *bulimia*, marked by binge eating and purging.

Although both are distinct eating disorders, they may sometimes overlap—perhaps appearing in one person—or one may lead to another. Some people may fall short of anorexia or bulimia but be overly concerned with body weight and have the tendency to drastically undereat.

Usually an eating disorder begins with an ordinary weight-loss diet, started right before or after a major life change or traumatic event. Eating disorders are more than just distorted eating habits. Most experts agree that the disorders are due to sociocultural and psychological pressures along with neurochemical and hereditary components. Often they are closely associated with depression and low self-esteem. Eating disorders are used to mask other underlying issues—such as trouble at school/work or in relationships/family problems.

Who's At Risk?

Anyone can develop an eating disorder. But females, adolescents, and athletes are more at risk than others. Approximately 95 percent of all people with anorexia are women. As many as one out of every 250 teenage girls will develop some symptom of anorexia.

Did you know? In the United States, it is estimated that over two million people suffer from eating disorders. Annually, over one thousand people will die from medical complications.

Striving for absolute perfection may set an individual up for repeated failure and increase the chance of developing

an eating disorder. Societal pressure to be thin also plays a role.

Athletes (especially dancers, wrestlers, and gymnasts) are expected to control their weight. Because an athlete's body contains less fat and more muscle and bone tissue, a standard weight-for-height table may easily mislead an athlete into thinking she weighs too much.



A champion bodybuilder would be classified as obese by BMI (Body Mass Index) standards, which is an indicator of obesity. BMI is not appropriate for athletes. Instead, they should use body composition measures.

Both athletes and their coaches need to be aware of inappropriate body-weight ideals, improper weight-loss techniques, eating disorder development, effective sports nutrition, and safe weight-control methods. Without this education, there is risk of eroding a teenager's self-esteem and interfering with normal growth. Vigorous training, low food intake, and other life stresses can increase the risk of amenorrhea (loss of menstruation) and osteoporosis, along with compromised athletic performance.

Warning Signs of ANOREXIA NERVOSA

Anorexia nervosa is characterized by a refusal to maintain a normal body weight, self-starvation, and a disturbed body image perception. People with anorexia may:

- ➔ deny they are hungry and refuse to eat or only eat tiny portions.
- ➔ experience abnormal weight loss.
- ➔ act depressed or moody.
- ➔ have an intense fear of being fat.
- ➔ think they're fat even when very thin.
- ➔ exercise excessively.
- ➔ binge eat, then purge (self-induced vomiting or the misuse of laxatives, diuretics, or enemas).

Taking Its Toll

Starvation has grave physical consequences. In young people, growth and normal development cease or is impaired. The heart beats irregularly and inefficiently, becoming weak and causing blood pressure to fall. Most deaths occur from heart failure. Amenorrhea develops. There is a significant loss of brain cells, an impaired immune response, anemia, and a loss of digestive function. The following may occur: altered blood lipids and proteins; hormonal imbalance; dry skin; abnormal nerve function; low body temperature; and the development of fine, downy body hair in the body's attempt to warm itself. In adulthood, both men and women may lose their sex drive.

Warning Signs of BULIMIA

Bulimia nervosa is characterized by an intense fear of being fat with recurring episodes of binge eating, usually followed by self-induced vomiting or purging. People with bulimia may:

- ➔ be secret eaters.
- ➔ disappear after eating (often to the bathroom).
- ➔ experience large fluctuations in weight, from

normal to overweight.

- ➔ eat enormous meals, but not gain weight.
- ➔ feel ashamed, out of control, and depressed after gorging.
- ➔ suffer from irregular periods.
- ➔ develop dental problems from excessive vomiting.
- ➔ binge eat, then purge.
- ➔ become dependent on laxatives, diuretics, diet pills, or emetics (a drug intended to induce vomiting because of poisoning).
- ➔ abuse alcohol or drugs.

Taking Its Toll

Binging and purging have grave physical consequences. Excessive vomiting and diarrhea cause fluid and electrolyte imbalances which lead to an abnormal heart beat and kidney injury. Overuse of emetics may lead to heart failure. Vomiting irritates the pharynx, esophagus, and salivary glands; destroys tooth enamel; and causes dental caries. The esophagus or stomach may rupture.

How You Can Help

If you have reason to believe that a friend or family member has developed an eating disorder, it is important that you express your concern. Since eating disorders can have damaging physical consequences, it is important for the friend or loved one to receive proper medical and psychological care. Stay calm if they become upset, defensive, or angry. Avoid sounding like your mission is to rescue them. Stress how much you care about their well-being. Mostly be available to listen and provide support.



Treatment

A person's whole life can get wrapped up in eating issues—from schoolwork or career, to family

life, to overall health. A person with anorexia usually doesn't think they need help while someone with bulimia may acknowledge they have a problem but refuse to get help.

Before assuming that someone who is extremely thin has anorexia, remember that diagnosis requires a professional assessment. Early detection is crucial, since the sooner a person gets help the better the chances for permanent recovery.

Recovery may take from several months to several years. The best eating disorder treatments involve medical, psychological, and dietary counseling. Self-help participation and group counseling for family members are also imperative.



Good Eating Tips

To combat eating disorders, be in touch with your body. Be aware of normal growth patterns, and expect the characteristic weight gain during adolescence. Follow the *Food Guide Pyramid* recommended number of servings and serving sizes. Develop a pattern of eating . . . three meals a day with snacks. If not at a healthy weight, establish a reasonable weight goal based on healthy body composition. Focus on proper nutrition and exercise, rather than on body image.



Resources

- ▶ American Anorexia Bulimia Association, Inc. <http://www.aabainc.org>
- ▶ American Psychiatric Association, *Diagnostic & Statistical Manual of Mental Disorders*, 4th Edition, 1994.
- ▶ Costin, C. *Your Dieting Daughter*, Brunner/Mazel, Inc., 1997.
- ▶ Duyff, R. *American Dietetic Association's Complete Food and Nutrition Guide*, Chronimed, 1996.
- ▶ Sizer, E. & Whitney, E. *Nutrition Concepts and Controversies*, 8th Edition, 1999.

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