

# Understanding and Managing Eating Disorders



What are eating disorders?

Eating disorders describe a range of problems associated with eating, food and body image. Unfortunately, in our society it is quite usual for individuals to feel unhappy about their bodies and to be dieting or worrying about food. Eating disorders include eating problems, which interfere with an individual's life and well-being.

The most serious eating disorder is anorexia nervosa, which is characterised by dangerously low body weight. Bulimia nervosa is not so frequently life-threatening, but seriously affects the well-being of sufferers. This condition is characterised by binge eating and subsequent compensatory behaviours. Many individuals suffer from other equally unhealthy and disturbing patterns of eating problems, which are not easily classified. These are known as Eating Disorders Not Otherwise Specified (EDNOS).

Eating disorders mainly affect females but approximately one in ten individuals with an eating disorder are male. It is difficult to accurately estimate the frequency of occurrence of eating disorders due in part to the secretive nature of the disorder. In Australia, anorexia nervosa affects approximately 0.5 per cent, bulimia nervosa 2-3 per cent and EDNOS 2-3 per cent of females.

Individuals with an eating disorder appear to have significant problems with their set of eating habits, weight management practices and attitudes about weight and body shape. These eating-related attitudes and behaviours have numerous negative consequences including:

- Low self-esteem, depression, shame and guilt
- Obsession and anxiety
- Interference with normal daily activities
- Alienation from self and often social withdrawal
- Physiological consequences, which are potentially life-threatening

## **Anorexia Nervosa**

The key feature associated with anorexia nervosa is the individual's deliberate goal to achieve and maintain a weight at which the body does not function normally. About half those with anorexia nervosa achieve this weight loss by dieting and avoiding foods. Others may achieve

weight loss by a combination of dieting and use of purging behaviours, such as vomiting or use of laxatives. Excessive exercise is increasingly being used to reduce weight.

Another key feature of anorexia nervosa includes an intense and irrational fear of body fat and weight gain. In addition, individuals frequently possess a misperception of their body weight and shape to the extent that they may feel or see themselves as fat, even when emaciation is clear to others. A further important feature of anorexia nervosa is that sufferers believe their value as a person rests with their thinness – other aspects of personality and relationships are not important in comparison.

These key psychological features contribute to drastic weight loss and a defiant refusal to maintain a healthy weight for height and age. Food, calories, weight and weight management dominate the person's life. Often the individual becomes obsessed with eating behaviour, which can be reflected in strange eating rituals or the refusal to eat in front of others. It is not uncommon for people with anorexia to collect recipes and prepare meals for family and friends and not partake in the eating of the meals themselves. There is often conflict with anyone who tries to encourage eating, and withdrawal from social situations, especially when eating may be involved.

There are potentially fatal aspects of anorexia nervosa. Starvation may result in biochemical and nerve changes, which result in problems such as cardiac complications – and sometimes failure – and osteoporosis, which may have an irreversible effect.

### **Bulimia Nervosa**

The key feature of bulimia nervosa is the re-occurrence of uncontrolled periods of binge-eating, followed by behaviours designed to compensate for the binge. During a binge, the individual may consume large amounts of food in a rapid, automatic and powerless fashion. A sense of loss of control over eating is a key feature. The binge eating may evoke the sensation of anger and other negative feelings and creates physical discomfort and anxiety about weight gain. Thus, after a binge, the individual uses some form of compensatory behaviour to counteract the effect of the food eaten, such as extreme dieting, fasting or use of excessive exercise. The compensation may also take the form of a purging behaviour such as self-induced vomiting or laxative abuse.

Individuals who binge or purge tend to be highly critical of themselves and have very low self-esteem. They may feel ashamed of their behaviour and withdraw from social gatherings, fearing they will be found out. They may also feel helplessly trapped in this cycle. These feelings are frequently very damaging emotionally and physically, as binge eating and purging behaviours may, like anorexia nervosa, result in metabolic and hormonal changes. Individuals suffering from anorexia and bulimia nervosa share many similar attitudes towards food and weight and shape.

Both groups may have a distorted body image, an intense fear of fat, an excessive preoccupation with food and body weight and the strong conviction that a slim body shape is absolutely crucial for self-acceptance. Unlike anorexia nervosa, those with bulimia nervosa are, by definition, a normal weight or above. A person who is a very low weight but also binge eats and purges is described as having anorexia nervosa.

### **Other eating related problems and eating disorders not otherwise specified (EDNOS)**

In our society there are many people who experience difficulties with eating behaviours, weight issues and body image problems that can severely affect their lives. These individuals often benefit from psychological help. They may show several features associated with eating disorders but not fulfill the criteria for a complete disorder. For example a person may not eat a very large amount of food but still engage in purging behaviours.

A particular important disorder which comes under the EDNOS category is binge eating disorder (BED). This problem is characterised by recurrent episodes of binge eating but is not followed by unhealthy compensatory behaviours. These binges are accompanied by a sense of loss of control and are associated with low self-esteem and depression and, in some cases, weight gain. As in the case of bulimia, treatments for binge eating disorder are usually very effective. Unfortunately, the shame which often accompanies bulimia nervosa and binge eating problems often prevents seeking help. However, if an eating related problem is causing distress then it is important to seek professional help.

What causes an eating disorder?

There are many suggested theories of the factors involved in the development of eating disorders but there is no single consensus on a cause. Most research acknowledges that eating disorders involve a complex set of interactions with social, cultural and personal factors. Our culture, with its unrelenting idealisation of thinness and the perfect body as synonymous with beauty and success, is often seen as a strong contributing factor. Research suggests that this environment encourages dieting which predisposes an individual towards eating problems. In the case of bulimia nervosa particularly, the physiological effects of dietary restriction may trigger binge eating.

In addition, feelings of inadequacy, depression, anxiety and loneliness, as well as problematic family and personal relationships, are also likely to contribute. Once the pattern has started, eating disorders may become self-perpetuating. Dieting, bingeing and purging help some people cope with painful emotions and gain a degree of control of their lives.

However, at the same time, these behaviours undermine physical health, self-esteem and a sense of competence and control. In anorexia nervosa, starvation contributes to a lack of flexible thinking, which may make change difficult.

Treating individuals with an eating disorder

Many people do not seek treatment for eating disorders, as they do not believe they can be helped. Also, eating disorders in males may be overlooked because these conditions are unusual in boys and men and are assumed to be exclusively female problems. Finding appropriate help and treatment with these disorders can be difficult but is indeed essential – the sooner, the better. The longer abnormal eating behaviours persist, the more difficult it is to overcome the disorder and its effects on the body.

Treatment can save the life of an individual. When the disorder is diagnosed early and treatment is sought, there is often success in overcoming this illness. Unfortunately, especially in the case of anorexia nervosa, even when physicians make a diagnosis, individuals with eating disorders may deny the problem. This is of considerable concern, as people with anorexia may not receive medical or psychological attention until they have already become dangerously thin and malnourished. Under these circumstances, long-term treatment and/or hospitalisation may be required and people with eating disorders may need to challenge long-standing psychological, interpersonal and social conditions in overcoming their illness.

In the cases of bulimia nervosa and binge eating disorder, there are some very effective treatments available. Two psychological treatments in particular are widely recognised as being effective in many instances – cognitive behavioural therapy and inter-personal psychotherapy, usually requiring regular outpatient visits over a number of months.

The complex interaction of psychological and physiological problems in eating disorders calls for a comprehensive treatment plan, usually involving a variety of health professionals.

A clinical psychologist, or other psychologist who works with eating disorders, is an important part of the treatment team, as he or she can help target the psychological aspect of the disorder and deliver specialised psychological treatments. This typically involves education regarding eating disorders and helps individuals understand the important side effects of the illness. Another important element of treatment includes the modification of dysfunctional attitudes regarding eating, weight and body image. Treatment also aims at normalising weight and eating patterns, structuring eating behaviours, focusing on dieting patterns and, in the case of anorexia nervosa, setting realistic weight targets.

The building of self-esteem and the improving of self-awareness are usually important elements of therapy for individuals with an eating disorder. Enhancing social and family functioning can also be an imperative part of recovery. To ensure that recovery is attained, treatment also focuses on relapse prevention, providing individuals with the skills necessary to manage possible setbacks in the future.

In collaboration with a psychologist, the help of a dietitian and a GP or psychiatrist is recommended. A dietitian is helpful to advise on diet and eating regimens and a GP or psychiatrist may treat medical complications and monitor medication. Family and friends offering support and encouragement can play an important role in the success of the treatment program.