

Starving for Success — The Dangers of Disordered Eating

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Eating disorders affect one million or more Americans with 5 to 20 percent dying as a result of medical complications. This NebGuide reviews the warning signs of anorexia, bulimia and binge eating and how to get treatment and help.

About Eating Disorders

Although people of many cultures and backgrounds develop eating disorders, 95 percent of the diagnoses are women. One out of every 100 females between the ages of 10 and 20 may be starving herself to death. Those with disordered eating habits are often insecure about their changing shapes and sizes. Some feel that in order to be accepted, they must look like models and actors that they see on film and in print. However, many of the popular stars are below their ideal weight. Trying to match this weight is dangerous.

Eating disorders are actually distorted eating habits, often related to emotional problems. There are three main eating disorders. **Anorexia nervosa** is self-starvation, with marked weight loss from severe restriction of dietary intake, excessive exercise to burn up calories, or purging food from the body to keep from being absorbed. **Bulimia nervosa** is extreme overeating followed by purging activities such as self-induced vomiting, use of laxatives and/or diuretics, or by periods of fasting. **Binge-eating disorder** is characterized by episodes of overeating but no purging.

What is Anorexia Nervosa?

Anorexia means “lack of appetite.” Ironically, anorexics are hungry almost all the time. Symptoms associated with anorexia nervosa include:

- Marked weight loss — at least 15% lower than recommended for age and height
- Abnormal attitude about weight
- Distorted body image
- Decreased metabolic rate

- Changes in the skin and hair
- Growth of fine body hair (lanugo)
- Loss of menstrual cycle
- Insomnia
- Excessive physical activity
- Mental changes
- Fluid retention

How does anorexia begin? Some form of dieting always occurs before the onset which often follows a stressful life event, such as the loss of a parent, or a breakup of a family unit. Less complex, but equally stressful, events such as entering puberty, leaving home, being embarrassed or ashamed, doing poorly in school, being told one looks “fat,” or not being allowed to participate in a social group also may trigger an eating disorder.

What is Bulimia Nervosa?

Bulimia nervosa is a disorder in which a person eats large quantities of foods, followed by deliberate vomiting, use of laxatives, intense exercise, or fasting to try to prevent the food from being absorbed. Bulimics have a difficult time avoiding food, and feel out of control when eating. Bulimics also believe their self-worth is centered on being thin - but weight is usually normal or near normal. They also have more trouble with compulsive behaviors, such as shoplifting, promiscuity, abusing alcohol/drugs and credit card abuse. Appearing cheerful on the outside, they are often depressed, lonely and ashamed on the inside.

Symptoms associated with bulimia include:

- Sore throat
- Vomiting
- Teeth and gum damage
- Swelling of the salivary glands
- Acid reflux

- Esophageal tears
- Anemia
- Aspiration
- Electrolyte imbalances
- Dehydration
- Menstrual irregularities
- Bowel irregularities due to laxative use
- Abdominal pain
- Metabolic imbalances
- Depression and mood swings
- Undesirable social traits

What's the difference between anorexia and bulimia? Bulimia is characterized by two eating behaviors: binge eating (overeating) and purging (forcing the body to get rid of unwanted calories or food). Bulimics usually show impulsive behaviors and are chronically out of control. Anorexia nervosa is marked by highly restrictive food intake. Anorexics are also often perfectionists and exhibit controlling behaviors.

What is Binge Eating?

Binge eaters are often chronic dieters. They tend to overeat at mealtimes and snack frequently. Binge eating affects men and women equally. Half of those remain overweight. Binge eating is defined as recurrent episodes of eating food in amounts that a normal person would not eat, and a sense of lack of control when eating it. Binging usually occurs at least two times a week for at least six months. A person who is classified as a binge eater would not use the methods that a bulimic or anorexic would use to prevent food absorption.

A binge episode usually includes at least three of the following behaviors:

- Eating much more rapidly than normal.
- Eating until uncomfortably full.
- Eating large amounts of food when not hungry.
- Eating alone because of embarrassment about how much is eaten.
- Feeling disgusted or depressed with oneself, or feeling guilty about eating .

A binge eater may suffer dangerous complications including tears or ruptures of the stomach lining, stomach pain or bleeding. They are also at a higher risk for developing diabetes, high blood pressure, heart attacks, strokes, and obesity.

Physical Complications of Eating Disorders

Eating disorders affect every cell, tissue and organ in the body. Many serious complications happen because of years of abuse. Starving, bingeing and purging can lead to physical damage and death. Electrolyte imbalances from vomiting

and laxative abuse can cause kidney damage and heart attacks, destruction of the teeth, and ruptures of the esophagus. Anemia, fertility problems and weakened immune systems disrupt health. The sufferer is often cold, complaining of icy hands and feet.

In an unfortunate twist of fate, the person suffering from an eating disorder typically starts a diet with the belief that the weight loss will lead to increased feelings of self-worth, self-confidence and respect. Instead, constant dieting, bingeing and purging have the opposite effect. Persons with eating disorders end up with swollen glands and chipmunk cheeks, excess hair on arms, face and body, and dry, blotchy skin that has an unhealthy gray or yellow cast. Fainting spells, sleep disruption, bad dreams and mental fuzziness also may occur.

Ironically, in a quest to look good and youthful, "old age" problems occur. Permanent loss of bone mass, fractures and osteoporosis, an increase risk for cardiovascular disease; bowel, breast and reproductive cancers; diabetes; and damage to joints make the age of the inside of the body difficult to determine.

Treatment for Eating Disorders

What about recovery? It may take several months or years. The best success comes from working with a doctor or a counselor who can help deal with the medical and psychological issues. Psychologists or psychiatrists are often part of the team. Weight needs to be normal or near-normal. Meals need to be a diet of normal foods – not just sugar or fat free or low-cal. It is important to eliminate or reduce irrational food fears and do fun activities that have little to do with food, weight, or appearance. Learning problem solving skills in another key to recovery.

Treatment usually includes hospitalization, counseling, medical work, and support groups - for the individual and the family. Local emergency rooms and physicians can refer people for help. For more information concerning eating disorders, contact your local physician or hospital. Other resources include the American Anorexia Bulimia Association (AABA) at www.aabainc.org; and the National Association of Anorexia Nervosa and Associated Disorders (ANAD) at www.anad.org.

What can you do to help?

If a person you know appears to have an eating disorder, the following points will help.

- **Act to get help.** Speak to the person about your concern. Talk to family and friends, a doctor, the school nurse or counselor or any other person you think might help. The best treatment combines medical, psychological, and nutrition counseling. Self-help groups and family therapy are also important.
- **Expect resistance.** A person with anorexia usually doesn't believe that he or she needs assistance or is in any danger. Someone with bulimia may acknowledge the problem, but still refuse to seek help. But the faster

the person receives help, the greater the chances for full recovery.

- **Prepare for long-term treatment.** Recovery may take from several months to several years. Symptoms and attitudes of eating disorders rarely disappear quickly. Family support groups are particularly effective in helping relatives of people with anorexia or bulimia survive the long ordeal.

Individuals with an eating disorder need to have a good support system for future days. They need to know that the days ahead are full of good friends, good times, and good food. Recovery is possible, using all the resources that are available, but the person with the eating disorder is the best resource. They can be helped to learn to be in control of themselves and to make a positive change for the future.

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