

# Eating disorders



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## 1. INTRODUCTION

Eating disorders are generally defined as psychological disorders which are characterised by serious disturbances of eating behaviour. This means that a person who has an eating disorder suffers from a mental health issue which manifests itself broadly in some form of disturbed eating. This can present itself as restricting food and calorie intake, purging after consumption, over-eating, obsessing over food intake, over-exercising and strange rules about eating.

Despite the fact that millions of people across the globe are directly impacted by

an eating disorder, not many find their way to treatment. It is still highly undiagnosed and when it is, it is stigmatised and shame based. It is imperative to learn and accept that an eating disorder is an illness and it needs to be treated as such.

Even though sufferers find it difficult to reformulate their beliefs around food and accepting eating patterns that are good for them, the good news is that eating disorders can be and are treated successfully and healthy eating habits can be formed and stuck to.

## 2. TYPES OF EATING DISORDERS





To fit the diagnosis of anorexia, the person must have missed at least three consecutive menstrual cycles when it was expected to have occurred. This is called amenorrhea.

The “restricting type” (low food intake and extreme exercise) is the more commonly known version of anorexia nervosa. Another type of anorexia is the “binge eating/purging type”, in which sufferers eat vast amounts of food in one session (binging) and then does everything in their power to undo the huge calorie intake, which can involve purging, using enemas, taking diuretics or using laxatives.

## 2.2 *Bulimia nervosa*

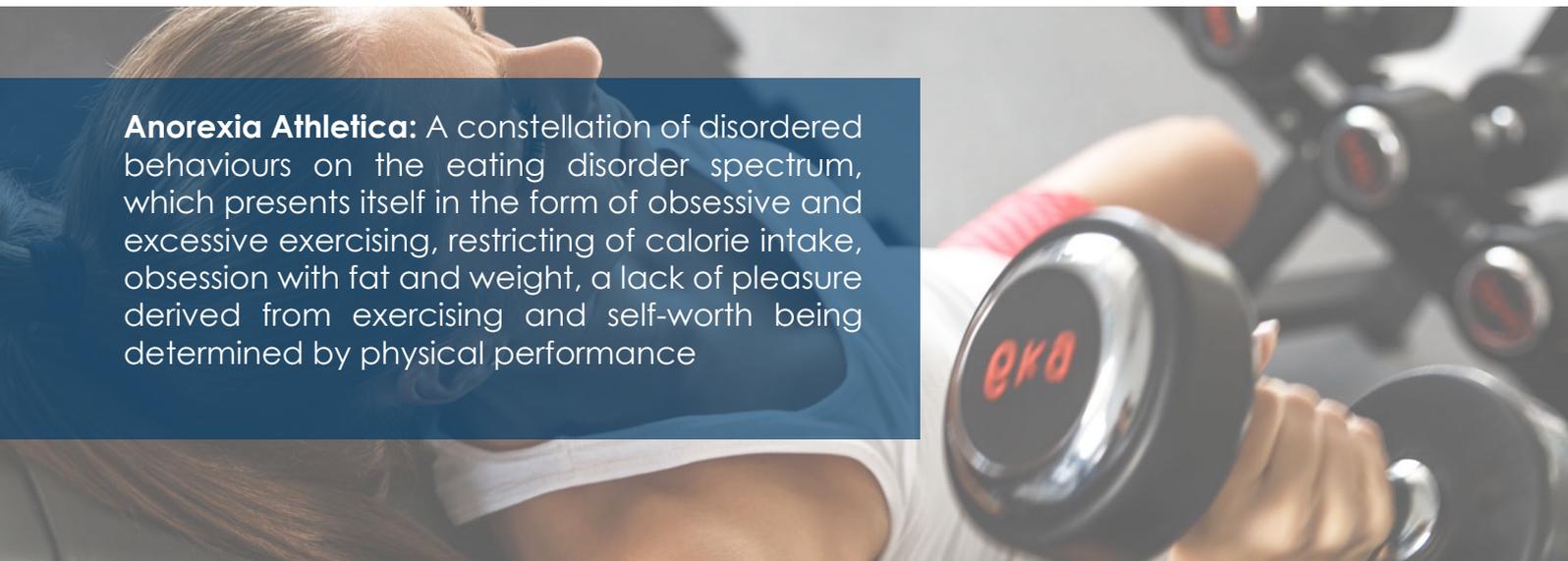
The normal picture of a bulimic sufferer is that of a person who leaves the table after a meal to purge the food in the bathroom. Bulimia nervosa is far more than this. Its symptoms are quite similar to those of the binge eating/purging type of anorexia nervosa, but the main difference is that bulimia sufferers typically have normal or higher than normal body weight. A binge can be defined as eating significantly more food in a two hour period, than what most people would under similar conditions.



*“The only two diagnostically defined eating disorders are Anorexia and Bulimia Nervosa. According to the Urban Dictionary “nervosa” means: “the psychological addiction to a behaviour, belief or habit that effects the body via the nervous system, or the mind. ”*







**Anorexia Athletica:** A constellation of disordered behaviours on the eating disorder spectrum, which presents itself in the form of obsessive and excessive exercising, restricting of calorie intake, obsession with fat and weight, a lack of pleasure derived from exercising and self-worth being determined by physical performance

### 3. DO YOU HAVE AN EATING DISORDER?



## 4. DANGERS ASSOCIATED WITH EATING DISORDERS

Recent research has indicated that about 4% of people suffering from anorexia and bulimia die from it. The cause of death being malnourishment or other medical complications caused by these illnesses.

One of the most common health problems associated with eating disorders is cardiovascular; as it is present due to extreme weight loss as well as in overweight or obese people. Extreme weight loss can cause irregular heartbeat, while additional weight adds stress to the heart muscles, both of which can lead to cardiac arrest and ultimately death. Another health risk present in all forms of eating disorders is problems with bones. Anorexic and bulimic people, due to the lack of nutrients in their diets, suffer from weak and brittle bones, making them vulnerable to fractures. Obese people develop ankle and joint problems due to the additional weight having to be supported.

Some health risks more specifically associated with anorexia, due to the extreme low body weight, are; fainting and dizziness, as a result of an imbalance of the electrolyte levels; vulnerability to infections and disease caused by the damage to their immune

systems; infertility and loss of menstrual periods; extreme changes in hormonal levels, especially growth- and stress hormones, may cause thyroid problems.

Health problems more prevalent in bulimia sufferers, due to increased acid from frequently induce vomiting are; difficulty swallowing as a result of oesophagus damage, which may lead to permanent throat damage and gum disease, teeth erosion and cavities.

Binge eaters, due to their increased weight, struggle more with high blood pressure and high cholesterol, which increase their risks of strokes and heart attacks; gallstones; sleep apnea and type 2 diabetes.

All eating disorder sufferers must be aware of their increased risk of certain cancers; water retention, swelling and bloating, as well as liver and kidney disease. It is also common for them to suffer from depression, anxiety, feeling helpless and hopeless, all of which may lead to suicidal tendencies; obsessive and compulsive behaviour; guilt, shame and self-blame.

## 5. FACTS ABOUT EATING DISORDERS



Taking into consideration the prevalence of eating disorders in our society, it is interesting to note the amount of incorrect information about these conditions.

It is mostly accepted that eating disorders are a condition affecting teenage girls. Studies have found that children as young as six years old already have warped ideas about dieting and being thin and they have found that over 2% of all American teenagers suffer from an eating disorder, nearly double of these falling in the binge eating category. Although more than 80% of eating disorders have an onset before the age of 20, it invariably continues to haunt them for as long as they live and it need to be addressed continuously, if they want to live healthy, productive lives.



The popular belief about the age of eating disorder sufferers is as wrong as the belief about the sex of those having such an illness. It is wrong that mostly women suffer in this regard. The fact is that, due to the stigma that only women suffer from eating disorders, men deny their illness and are too ashamed to get help and are seldom diagnosed. In studies focussing on adolescents, it has been found that there is no significant difference in the prevalence of eating disorders between boys and girls.

Studies have been unable to prove that white women, as is the belief, are the main sufferers of eating disorders. In fact, what has been proven is that eating disorders affect men and women of all ethnic backgrounds and all ages.

What is similar about people with eating disorders, is that they are ashamed and feel guilty about their condition. This prevents them for seeking help. Many turn to drugs and alcohol in order to escape their guilt and shame. It is thus common to find a strong relationship between alcoholism and drug addiction and eating disorders of any kind.

## 6. CAN EATING DISORDERS BE TREATED?



The answer to this question is **“YES!”**

Due to the dangers associated with suffering from an eating disorder, it is recommended that inpatient treatment be sought. It is of the utmost importance that an appropriate facility be found. Not all rehabilitation facilities are geared with the correct expertise to handle eating disorder patients. Ensure that the facility is registered to treat eating disorders.

In a residential treatment facility, the patients receive around the clock care and supervision to ensure that they do not act out on their disorder. In mild cases, outpatient treatment may be appropriate.

The important thing is that all and any form of treatment have to include intensive counselling in order to address the underlying issues contributing to the condition, as well as to help correct dysfunctional behaviour and intrusive, obsessive thoughts around food. The treatment also have to include constant medical care by a primary care physician.

Effective counselling will have to include a balanced approach, consisting of various forms of both individual and group counselling. A combination of the following types of counselling can be expected:

**6.1 Interpersonal counselling:** It is mostly one-on-one therapy, during which personality factors, personal history and interpersonal relationships are scrutinised and unearthed to identify triggers and contributing factors to the eating disorder.





**6.2 Cognitive behavioural therapy:** The focus is on identifying the behaviours, thoughts and emotions that cause the person to act out on food and then work on changing these to create a safe environment for the patient to recover in.

**6.3 Family groups:** This type of counselling aims to address the dynamics within the family that may contribute to the problem, as well as facilitate learning and knowledge in order to optimise the direct support system available to the patient once they leave treatment.

**6.4 Nutritional counselling:** A dietitian supports the patients by developing healthy eating plans and teach them about nutrition in general and providing support to enhance the best eating habits for each type of eating disorder.

**6.5 Support groups:** It is recommended that eating disorder patients join support groups related to their disease. There are groups like Eating Disorder Anonymous, Overeaters Anonymous and Anorexics and Bulimics Anonymous. These offer continuous support and fellowship to help the person in their healing process and through the 12 step programs they offer. These groups and the 12 steps help the person to grow and understand themselves (and their illness) and learn to live life with their disorder.

## 7. CONCLUSION

Eating disorders are dangerous illnesses and need to be taken seriously. We need to learn to be aware of our own and our loved ones' eating patterns in order to identify disorders as soon as they become apparent.

It is imperative that help is sought immediately and treatment started. For more information and guidance with regards to identifying and treatment of eating disorders, visit us at [www.WeDoRecover.com](http://www.WeDoRecover.com) or call us on **082-747-342 (RSA)** or **0800 955 4357 (UK)**.

