Eating disorders

An Eating Disorder is an obsessive attitude to food leading to a change in eating habits and behaviour. Generally with eating disorders, the person focuses excessively on their weight and shape, leading them to make damaging choices about food, ultimately damaging health. Eating disorders can cause a range of health issues that can affect the person physically, psychologically and socially. Eating disorders are primarily a psychological disorder; they then become a physical disorder due to the damage caused to the body by not eating properly.

Types of eating disorders

The three most common eating disorders are:

- Anorexia nervosa: deliberate weight loss due to either refusal to eat, over exercising or both. It is caused by an irrational fear of gaining weight and a distorted body perception leading the misconception that you are overweight when the opposite is actually the reality. The most shocking fact about anorexia nervosa is that it has the highest mortality of any psychiatric disorder. This does not even take into account the short and long term health problems experienced by the people who survive the condition.
- Bulimia: involves binge eating and then making your-self vomit to avoid gaining weight. Over use laxatives are another method used to lose weight leading to severe health problems.
- Binge eating: the compulsion to overeat leading to uncontrollable eating which ultimately leads to guilt, anxiety and depression after the bouts of excessive eating.

How many people are affected?

Eating disorders are more common in women. Anorexia nervosa affects about 0.3% of Irish women at any one time. This may seem low, but this actually means that approximately 7000 women in the Irish Republic and about 150 women in Westmeath alone are currently battling this condition. Anorexia nervosa is more than twice as common in teenage girls as older women; it has an average age of onset of 15 years; 80 to 90% of anorexia sufferers are female. Anorexia nervosa and bulimia nervosa are the most common causes of weight loss in young women. They are the most common admission to child and adolescent hospital services. Anorexia nervosa takes an average of five to six years from diagnosis to recovery. Up to 30% of patients do not recover.

Bulimia nervosa is five times more common than anorexia so based on statistics, this means that approximately 750 women in Westmeath alone currently suffer from bulimia. Women are 30 times more likely to suffer from bulimia then men. However, bulimia is becoming increasingly common in boys and men, with evidence that those heavily involved in sport being more at risk. Recent studies suggest that as many as 8% of women have bulimia at some stage in their life. The condition can occur at any age, but mainly affects women aged between 16 and 40 (on average, it starts around the age of 18 or 19).

Binge eating usually affects males and females equally and usually starts later in life, usually between the ages of 30 and 40. It is difficult to define binge eating exactly; it is argued by some that people suffering from morbid obesity suffer from binge eating but this is not strictly true. It is difficult to gauge exactly how common the condition is.

Causes

Many believe that the pressure that people (especially women) have to conform to the “perfect shape” and stay thin is the cause of eating disorders like anorexia. This is partly the cause but the causes are more complex. There may be genetic factors which when combined with other influencing factors can increase the risk.

Risk factors that can make someone more likely to have an eating disorder include:

- Family history of eating disorders, depression or substance misuse
- being bullied about body shape or weight
- Being criticised about diet and weight
- Lack of confidence and low self esteem
- Having a job or lifestyle that pressurises a person to be slim (eg. ballet dancers, models, athletes)
- Having an obsessive compulsive type personality or being a perfectionist
- Difficult experiences including physical, sexual or emotional abuse
- Difficult relationships with family members or friends
- Stressful situations (eg) relationship breakup, work problems

Spotting an eating disorder

People tend to try to hide their eating disorder and try to cover it up. A classic example is making excuses to miss meal times or leaving early from a meal. This can make eating disorders difficult to spot initially, even for loved ones who are close to the person suffering from the disorder.

Warning signs to look out for include:

- missing meals
- Leaving meals early
- complaining of being fat, even though weight is normal or below normal
- constant weighing and looking in the mirror
- making repeated claims that they have already eaten, or they will shortly be going out to eat somewhere else
- cooking big or complicated meals for other people, but eating little or none of the food themselves
- only eating certain low-calorie foods in your presence, such as lettuce or celery
- feeling uncomfortable or refusing to eat in public places, such as a restaurant

It is common for someone with an eating disorder to be secretive and defensive about their eating and their weight and denial they are unwell or need help. Losing weight becomes an addiction and like any addiction the point of complete satisfaction (with one's weight in the case of anorexia or bulimia) is never attained. Eating becomes an "evil" thing in the eyes of the sufferer.

In this way, it is not that dissimilar to other addictive or psychological type disorders such as alcoholism, drug addiction, gambling addiction etc. Initially the person is able to lead a fairly normal life. It is often only in the end stages when the person becomes so physically and psychologically unwell that it is obvious there is a problem and the person can no longer lead a normal life.

The eating disorders, anorexia nervosa, and bulimia nervosa, are characterised by an extreme preoccupation with weight and shape and manifest through distorted or chaotic eating behaviour. This behaviour differentiates these disorders from other types of psychological problems associated with abnormal eating behaviour such as extreme faddy (selective) eating and various types of food phobia which are often seen in adolescents.

Tips for family members

- Recovery takes years rather than weeks or months. Psychological treatment is core to treatment as patients must be convinced that they need to attain a normal weight. Re-feeding alone will likely lead to relapse.
- Progress should be monitored by weighing. Monitoring needs to be managed skilfully so it does not become a battleground
- No cut off weight or body mass index exists because many other factors influence risk
- Substance misuse (including alcohol, deliberate overdoses, use of laxatives or misuse of prescribed insulin) greatly increases risk
- Weight fluctuations and binge-purge methods rather than pure starvation alone increases risk

- Depression, anxiety, and family arguments are usually caused by the disorder (rather than these factors causing the eating disorder); therefore the eating disorder must be treated first before tackling other issues.
- Medication has little benefit in anorexia and the risk of dangerous side effects is higher in malnourished patients (Medication has more success in helping treat bulimia).
- Involving the family in treatment and care encourages calm firmness and assertive care. Family involvement increases the chances of recovery.

Differences between anorexia and bulimia

Anorexia nervosa	**Bulimia nervosa**
Low weight	Normal weight
Presents early	Presents later
Rarely seeks help	May seeks help
Onset early to middle teens	Onset in late teens
Can start in younger children (pre-teens)	Rarely occurs in younger children
Can affect boys	Rarely in boys
Acute or chronic	Fluctuating course
No previous illness	Previous anorexia nervosa
Associated with anxiety, obsessive compulsive disorder and depression	Associated with depression, self-harm and substance misuse
Prognosis is poor without early intervention	Up to 60% respond to specific treatments

Complications of anorexia and bulimia

In addition to the psychological effects causes and effects of anorexia and bulimia, there are physical complications associated with these eating disorders.

These can include any of the following:

- **Dental problems**. Persistent vomiting (for those suffering from bulimia) causes stomach acid to damage the teeth enamel which can lead to tooth decay. Excessive vomiting can also cause bad breath and a sore throat.
- **Poor skin and hair**. A lack of nutrients through malnutrition, persistent vomiting or laxative use can affect the health of skin and hair. It can cause skin and hair to become dry and fingernails to become brittle.
- **Irregular periods**. The menstrual cycle can become unpredictable or even stop altogether. This can affect fertility.
- **Swollen glands**. The saliva glands can become swollen from frequent vomiting. This cause the face to appear rounder.
- **Chemical imbalance**. Malnutrition and excessive vomiting and laxative use can cause chemical imbalances. This can result in tiredness, weakness, abnormal heart rhythms, kidney damage, seizures and muscle spasms.
- **Bowel problems**. Excessive use of laxatives can damages bowel muscles causing lazy bowels which can result in permanent constipation. Over use of laxatives cause other serious problems such as potassium loss and protein loss.
- **Poor circulation**. Can manifest itself as cold hands and cold or uneven colours on extremities such as hands and feet.
- **Lack of feeling of pain**.
- **Heart problems**. Long-term, eating disorders increase the risk of heart problems.

Treating eating disorders

If not treated, an eating disorder can have a negative impact on someone's job or schoolwork, and can disrupt relationships with family members and friends. The physical effects of an eating disorder can be fatal.

Treatment and recovery from an eating disorder is a long term process. Treatment will only be successful if the person wants to get better or they can be convinced of the benefits of changing their eating habits and what they are doing is damaging. The person's perception of how they look physically needs to be altered. The problem is that when a person with anorexia or bulimia looks into a mirror, they see an "overweight person" staring back, even though they may be severely underweight or emancipated. Support of family and friends is invaluable in helping the person overcome the condition.

Treatment usually involves monitoring physical health while helping deal with the underlying psychological issues or pressures that is actually contributing to the disorder.

Examples of therapies include:

- Cognitive behavioural therapy (CBT): CBT is a form of therapy that emphasises the important role of thinking in how we feel and what we do. CBT challenges the automatic thoughts and assumptions behind behaviour in anorexia.
- Interpersonal psychotherapy: A talking therapy that focuses on relationship based issues and aims to provide new techniques in dealing with distress.
- Dietary counselling: a talking therapy to help people maintain a healthy diet
- Psychodynamic therapy: counselling that focuses on how a person's personality and life experiences influence their current thoughts, feelings, relationships and behaviour
- Medication: some types of antidepressants such as selective serotonin reuptake inhibitors (SSRIs) may be used. (eg) Fluoxetine. They tend to be more effective for bulimia than other eating disorders. More detailed information on SSRIs can be obtained in Whelehan's or check out www.whelehans.ie.
- Support and self-help groups, and personal and telephone counselling services.

Pregnancy and eating disorders

As many people suffering from eating disorders are women of reproductive age, pregnancy must be considered. Pregnancy can complicate an eating disorder as changes in body shape may increase anxiety about weight gain. Women with a history of eating disorder should be monitored frequently during pregnancy and after birth; they also need enhanced support with breast feeding

Does pregnancy affect eating disorders?

Pregnancy can be a stressful and anxious time for women, especially those with an eating disorder. The accompanying weight gain and change in body shape can lead to recurrence or worsening of the eating disorder. Conversely, the eating disorder may improve because of the woman's worries about its adverse effects on her unborn baby. Evidence suggests various outcomes for women with eating disorders who become pregnant. The eating disorder may continue unchanged during the pregnancy. Two studies found that symptoms may improve in women with bulimia nervosa, whereas those with anorexia nervosa were more likely to relapse after birth. Another study found that pregnancy may lead to a relapse in women with a history of an eating disorder, most probably in the first six months after birth. Women with eating disorders are more at risk of post natal depression. Research on mothers with eating disorders suggests that they may be particularly controlling of their infants, both during play and at meal times.

The management of pregnant women with eating disorders

- Treat the eating disorder before pregnancy

- Provide general nutritional advice before pregnancy
- Educate women about nutrition and growth of the foetus
- Refer the woman to an eating disorder service as early in pregnancy as possible if she has an active eating disorder
- Alert the midwife to the presence of an eating disorder
- Joint obstetric care is needed if the woman has active anorexia nervosa or there are concerns that she is vulnerable
- Watch for postnatal depression in the postnatal period and for recurrence or deterioration of the eating disorder
- Support breast feeding
- Liaise with the health visitor to monitor infant growth and weight gain closely

Useful organisations

BodyWHYS

Bodywhys is a national voluntary organisation supporting people affected by eating disorders in Ireland. They aim to ensure support, awareness and understanding of eating disorders amongst the wider community as well as advocating for the rights and healthcare needs of people affected by eating disorders including the families of those affected. They provide support and education through volunteers as well as providing support and advice through their helpline as well as online support through their website (www.bodywhys.ie). For more help and information, you can lo-call Bodywhys at 1890 200 444 or e-mail info@bodywhys.ie.

References

References for this article are available on request. The article was written and researched by pharmacist Eamonn Brady and Eamonn will forward references upon request.