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Eating Disorders in Adults

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Summary: Eating disorders (such as anorexia and bulimia) are unfortunately all too common in a society that creates unrealistic expectations for body image. Anorexia (anorexia nervosa) is a condition where individuals eat so little that they become malnourished. Symptoms may include loss of menstrual periods, feeling cold, or troubles with mood or thinking. Bulimia is a condition where individuals maintain a somewhat normal weight, but have problems with binging (eating large quantities of food at once) and/or purging (making themselves throw up or vomit). The good news, is that there effective ways to support and help individuals with eating disorders.

Introduction

Everyone has times when they don't eat normally; sometimes we eat less, sometimes we eat more. But when a person has such extremes of eating that it causes problems, it may be an eating disorder.

These extremes may range from purposely starving oneself and trying to not eat in order to lose weight, to the opposite extreme of binging or overeating. At either extreme, there are usually feelings of extreme distress or concern about body weight or shape.

A person with an eating disorder may have started out just eating smaller or larger amounts of food than usual, but at some point, the urge to eat less or more spirals out of control.

The main types of eating disorders are:

- Anorexia, marked by fears of gaining weight that leads to severe under-eating, which leads to starvation and undernutrition.
- Bulimia, marked by binge eating followed by purging (e.g. self-induced vomiting, or excessive exercise).
- Eating Disorder NOS

When Do Eating Disorders Appear?

Eating disorders frequently appear during adolescence or young adulthood, but some reports indicate that they can develop during childhood or later in adulthood. Women and girls are much more likely than males to develop an eating disorder. Men and boys account for an estimated 5 to 15 percent of patients with anorexia or bulimia and an estimated 35 percent of those with binge-eating disorder.

Other Conditions

Eating Disorders frequently occur along with other psychiatric disorders such as depression, substance abuse, or anxiety disorders. People with eating disorders also can suffer from numerous other physical health complications, such as heart conditions or kidney failure, which can lead to death.

Treatments for Eating Disorders

Despite the severity of eating disorders, they are nonetheless treatable conditions. Treatment plans are tailored to the person's individual needs and may include:

- Medical care and monitoring of the patient's weight
- Medications
- Nutrition counselling
- Individual, group and/or family psychotherapy.

Some patients may also need to be hospitalized to treat malnutrition or to gain weight, or for other reasons.

Anorexia Nervosa

Anorexia nervosa is marked by a severe pursuit of thinness and refusal to eat and maintain a healthy weight. People with anorexia nervosa will usually try to lose weight through avoiding eating, but may also use other strategies such as exercising excessively; making themselves vomit, or misusing laxatives, diuretics or enemas.

Many people with anorexia see themselves as overweight, even when they are starved or are clearly malnourished. Eating, food and weight control become obsessions. A person with anorexia typically weighs herself or himself repeatedly, portions food carefully, and eats only very small quantities of only certain foods. Some who have anorexia recover with treatment after only one episode. Others get well but have relapses. Still others have a more chronic form of anorexia, in which their health deteriorates over many years as they battle the illness.

Anorexia is a serious illness. According to some studies, people with anorexia are up to ten times more likely to die as a result of their illness compared to those without the disorder. The most common complications that lead to death are cardiac arrest, and electrolyte and fluid imbalances. Suicide also can result.

Many people with anorexia also have coexisting psychiatric and physical illnesses, including depression, anxiety, obsessive behavior, substance abuse, cardiovascular and neurological complications, and impaired physical development.

Other symptoms may develop over time, including:

- Thinning of the bones (osteopenia or osteoporosis)
- Brittle hair and nails
- Dry and yellowish skin
- Growth of fine hair over body (e.g., lanugo)
- Mild anemia, and muscle weakness
- Severe constipation
- Low blood pressure, slowed breathing and pulse
- Drop in body temperature, causing a person to feel cold all the time
- Low energy with fatigue and lethargy

Treatment of Anorexia

Treatment involves various components:

- Restoring the person to a healthy weight;
- Treating the psychological issues related to the eating disorder; and
- Reducing or eliminating behaviors or thoughts that lead to disordered eating.
- Medications may be helpful in improving mood and/or anxiety symptoms that often occur along with

anorexia.
- Psychotherapy may be helpful as well and includes:
- Individual therapy (therapy done one on one with the person)
- Group therapy (done with a group of individuals with an eating disorder), and/or
- Family therapy (done with the person and other family members)

Bulimia Nervosa

Bulimia nervosa is marked by frequent episodes of eating unusually large amounts of food (e.g., binge-eating), and feeling a lack of control over the eating. This binge-eating is followed by a type of behavior that compensates for the binge, such as purging (e.g., vomiting, excessive use of laxatives or diuretics), fasting and/or excessive exercise.

Unlike anorexia, people with bulimia can fall within the normal range for their age and weight. But like people with anorexia, they often fear gaining weight, want desperately to lose weight, and are intensely unhappy with their body size and shape. Usually, bulimic behavior is done secretly, because it is often accompanied by feelings of disgust or shame. The binging and purging cycle usually repeats several times a week. Similar to anorexia, people with bulimia often have coexisting psychological illnesses, such as depression, anxiety and/or substance abuse problems.

Many physical conditions result from the purging aspect of the illness, including electrolyte imbalances, gastrointestinal problems, and oral and tooth-related problems.

Other symptoms include:

- Chronically inflamed and sore throat
- Swollen glands in the neck and below the jaw
- Worn tooth enamel and increasingly sensitive and decaying teeth as a result of exposure to stomach acids
- Gastroesophageal reflux disorder
- Intestinal distress and irritation from laxative abuse
- Kidney problems from diuretic abuse
- Severe dehydration from purging of fluids

Treatment for Bulimia

Treatment involves a combination of options and depends on the needs of the individual.

To reduce or eliminate binge and purge behavior, a patient may undergo nutritional counseling and psychotherapy, especially cognitive behavioral therapy (CBT), or be prescribed medication.

Eating Disorders Not Otherwise Specified

Eating Disorders Not Otherwise Specified (Eating Disorders NOS) refers to other variations of disordered eating. Most of these disorders are similar to anorexia or bulimia but are slightly different.

Binge-Eating Disorder

Binge-eating disorder is another type of Eating Disorder and consists of repeated binge-eating episodes during which a person feels a loss of control over his or her eating. Unlike bulimia, binge-eating episodes are not followed by purging, excessive exercise or fasting. As a result, people with binge-eating disorder often are overweight or obese. They also experience guilt, shame and/or distress about the binge-eating, which can lead to more binge-eating.

Obese people with binge-eating disorder often have coexisting psychological illnesses including anxiety, depression, and personality disorders. In addition, links between obesity and cardiovascular disease and

hypertension are well documented.

Treatment for Binge-Eating Disorder is similar to those used to treat bulimia. Antidepressants may reduce binge-eating episodes and help alleviate depression in some patients.

Psychotherapy, especially CBT, is also used to treat the underlying psychological issues associated with binge-eating, in an individual or group environment.

About this Document

Adapted from Eating Disorders, from the National Institutes of Mental Health.

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