Anorexia: Definition

Anorexia Nervosa is a serious, potentially life-threatening eating disorder characterized by self-starvation and excessive weight loss.

Anorexia Nervosa Types:
- Restricting Type Anorexia Nervosa
- Binge and Purge Type Anorexia Nervosa

How is it diagnosed?

- Diagnosing anorexia nervosa is a complex process.
- The diagnosis of anorexia nervosa will often begin with concerned family members.
- Most people suffering from anorexia will only seek medical attention due to a complication of the disorder.
- The Diagnostic and Statistical Manual of Mental Disorders (DSM), published by the American Psychiatric Association lists criteria for diagnosing anorexia, which are also the primary symptoms:
  - Weight Loss
  - Fear of Weight Gain
  - Distorted Body Image
  - Amenorrhea

A doctor who suspects someone has anorexia would want the patient to have:
- A physical exam
- Laboratory tests
- A psychological evaluation
- Other tests, such as X-ray and electrocardiogram
Prevalence rate:
In the United States, as many as 10 million females and 1 million males are fighting a life and death battle with an eating disorder such as anorexia or bulimia. Millions more are struggling with binge eating disorder.
- Approximately 90-95% of anorexia nervosa sufferers are girls and women (American Psychiatric Association, 1994).
- Between 0.5-1% of American women suffer from anorexia nervosa.
- Anorexia nervosa is one of the most common psychiatric diagnoses in young women (Hes, 1995).
- Between 5-20% of individuals struggling with anorexia nervosa will die. The probabilities of death increases within that range depending on the length of the condition (Zerbe, 1995).
- Anorexia nervosa has one of the highest death rates of any mental health condition.
- Anorexia nervosa typically appears in early to mid-adolescence.

Causes and Risk Factors:
- Psychological causes and risk factors for anorexia
  - Family and social pressures
- Biological causes of anorexia

Major risk factors for anorexia nervosa
- Body dissatisfaction
- Perfectionism
- Strict dieting
- Troubled family relationships
- Low self-esteem
- History of abuse
- Difficulty expressing feelings
- Family history of eating disorders

Symptoms: Four Primary Symptoms
- Resistance to maintaining body weight at or above a minimally normal weight for age and height
- Intense fear of weight gain or being “fat” even though underweight
- Disturbance in the experience of weight or shape or denial of seriousness of low body weight
- Loss of menstrual periods

Warning signs:
- Dramatic weight loss
- Preoccupied with food, weight, calories and dieting
- Anxiety about being fat or gaining weight
- Denial of hunger
- Excuses to avoid meal times or situations involving food
- Withdrawal from friends and activities
Anorexia bulimia

Treatments: The most effective and long-lasting treatment for an eating disorder is some form of psychotherapy or counseling, coupled with careful attention to medical and nutritional needs. Ideally, this treatment should be tailored to the individual and will vary according to both the severity of the disorder and the patient’s individual problems, needs, and strengths.

Which treatment is right the right one?

Bulimia

Definition: Bulimia is an illness in which a person binges on food or has regular episodes of significant overeating and feels a loss of control. The affected person then uses various methods — such as vomiting or laxative abuse — to prevent weight gain.
Anorexia bulimia

**What are signs that may suggest a person has bulimia?**

It is not always possible to tell whether a person has bulimia. Those affected may be overweight, underweight, or of normal body weight. However, some warning signs may be present, although these do not confirm the diagnosis of bulimia:

- Going to the bathroom after every meal (to induce vomiting)
- Compulsive or excessive exercising
- Physical signs arising from excessive vomiting such as swollen cheeks or jaw, broken blood vessels in the eyes, or teeth that appear chipped due to damage to tooth enamel
- Excessive preoccupation with body image or weight

**There are five basic criteria in the diagnosis of bulimia:**

1. **Recurrent episodes of binge eating.** This is characterized by eating within a two-hour period an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances.

2. **A sense of lack of control over the eating during the episode, or a feeling that one cannot stop eating.**

3. **In addition to the binge eating, there is an inappropriate compensatory behavior in order to prevent weight gain.** These behaviors can include self-induced vomiting, misuse of laxatives, diuretics, enemas or other medications, fasting, or excessive exercise.

4. **Both the binge eating and the compensatory behaviors must occur at least two times per week.** They happen at least once a week during episodes of anorexia.

5. **Finally, there is dissatisfaction with body shape and/or weight.**

As with anorexia, **denial and secrecy** complicate the diagnosis of bulimia. The individual usually does not come to the attention of the practitioner until an associated medical condition or serious psychological problem manifests itself.
There is little data on the prevalence of bulimia nervosa in the large, on general populations. Most studies conducted thus far have been on convenience samples from hospital patients, high school or university students. These have yielded a wide range of results: between 0.1% and 1.4%.

Expectations
Bulimia is a chronic illness and many people continue to have some symptoms despite treatment.

People with fewer medical complications of bulimia, and who are willing and able to engage in therapy, tend to have a better chance of recovery.

Causes:
- Culture - Women in the U.S. are under constant pressure to fit a certain ideal of beauty. Seeing images of flawless, thin females everywhere makes it hard for women to feel good about their bodies.
- Families - If you have a mother or sister with bulimia, you are more likely to also have bulimia. Parents who think looks are important, diet themselves, or criticize their children’s bodies are more likely to have a child with bulimia.
- Life changes or stressful events - Traumatic events (like rape), as well as stressful things (like starting a new job), can lead to bulimia.
- Personality traits - A person with bulimia may not like herself, hate the way she looks, or feel hopeless. She may be very moody, have problems expressing anger, or have a hard time controlling impulsive behaviors.
- Biology - Genes, hormones, and chemicals in the brain may be factors in developing bulimia.
How does bulimia affect pregnancy?
If a woman with active bulimia gets pregnant, these problems may result:

- Miscarriage
- High blood pressure in the mother
- Baby isn't born alive
- Baby tries to come out with feet or bottom first
- Birth by C-section
- Baby is born early
- Low birth weight
- Birth defects, such as blindness or mental retardation
- Problems breastfeeding
- Depression in the mother after the baby is born
- Diabetes in the mother during pregnancy

What should I do if I think someone I know has bulimia?

- Set a time to talk
- Tell your friend about your worries about his or her eating or exercising habits.
- Ask your friend to talk to a professional.
- Offer to help your friend find a counselor or doctor and make an appointment, and offer to go with him or her to the appointment.
- Avoid conflicts. If your friend won't admit that he or she has a problem, don't push. Be sure to tell your friend you are always there to listen if he or she wants to talk.
- Don't place shame, blame, or guilt on your friend. "You just need to eat."
- Instead, say things like, "I'm concerned about you because you won't eat breakfast or lunch." Or, "It makes me afraid to hear you throwing up."
- Let your friend know that you will always be there no matter what.
If your loved one has bulimia:
• Offer compassion and support. Keep in mind that the person may get defensive or angry. That’s all the more reason to remain calm and supportive.
• Avoid criticizing, name calling, guilt trips, and patronizing comments. Name calling is often a normal way for people to understand how others feel about their bodies.
• Set a good example for healthy eating, exercising, and body image. People who make negative comments about their own bodies or someone else’s.
• Accept your limits. As a parent or friend, there’s a lot you can do to help your loved one’s bulimia. The person with bulimia must make the decision to move forward.
• Take care of yourself. Know when to seek advice for yourself from a counselor or health professional. Talking with an eating disorder is stressful, and it will help if you have your own support system.

Treatments
For more information on bulimia, please call womenshealth.gov at 1-800-994-9662 or contact the following organizations:
National Institute of Mental Health (NIMH), NIH, HHS
Internet Address: http://www.nimh.nih.gov
National Mental Health Information Center, SAMHSA, HHS
Phone: (800) 789-2647
Internet Address: http://mentalhealth.samhsa.gov
Academy for Eating Disorders
Phone: (847) 498-4274
Internet Address: http://www.aedweb.org
National Association of Anorexia Nervosa and Associated Disorders
Phone: (847) 831-3438
Internet Address: http://www.anad.org
National Eating Disorders Association
Phone: (800) 931-2237
Internet Address: http://www.nationaleatingdisorders.org

Can someone with bulimia get better?
• Yes
• A health care team of doctors, nutritionists, and therapists will help the patient recover.
• They will help the person learn healthy eating patterns and cope with their thoughts and feelings.
• Treatment for bulimia uses a combination of options. Whether or not the treatment works depends on the patient.
Anorexia bulimia

How does this disorder affect academics and the person socially?

People with an eating disorder tend to become fixated on their eating habits and it's all they can think about. Therefore, their grades drop, they do not focus in class, they start to lose interest in hanging out with friends to avoid food situations. When is the next time they will be able to purge?

What can we as educators do to help?

- Educate yourself on the signs and symptoms
- Be a good role model in regard to sensible eating, exercise, and self-acceptance
- Contact the nurse if you are concerned about a student
- Find out what procedures you would need to follow if a student tells you they have an eating disorder? or another student came to you about a friend.