

# **The Truth about Eating Disorders**

**Practical Guide about Eating Disorders - Special Report**



# Special Report - The Truth about Eating Disorders

## INTRODUCTION

What is an eating disorder? It is a condition that springs from a distorted view of food. This view of food arises from a distorted view of your body. In order to control your body, food is the tool that is used. Eating disorders are not limited to one segment of the population or to one gender.

Due to the way that someone suffering from an eating disorder looks at food, they do not develop a healthy relationship with it. People either eat too much or eat too little but to the extremes on both counts. Changing the view of food is integral to recovering from the disorder once it has been discovered.

In this report you will learn about the major eating disorders. Binge eating is included in this category because it is a major problem and does involve a problem with the relationship an individual has with food. It is not recognized as a psychiatric disorder but because it occurs more than the other two, it is worthy of notice.

You will also become familiar with these eating disorders. Beyond knowing about them is the treatment and recovery. Any type of compulsive disorder can wreck a family. Not only is the sufferer's health at stake but the entire family dynamic. Learning how to cope will speed recovery for everyone.

## TYPES OF EATING DISORDERS

### Anorexia nervosa

Anorexia nervosa first gained national attention with the death of singer Karen Carpenter. Her weight had dropped so low that she was emaciated. Her death was due to heart failure as a result of anorexia nervosa.

Anorexia nervosa is an eating disorder characterized by a fear of gaining weight. Sufferers believe that food is the cause of their distress and seek to control their surroundings by controlling the food that they eat. As with all eating disorders, there is more to the condition than just food.

### Bulimia nervosa

Bulimia is known as the "binge and purge" condition. Bulimics have an unhealthy view of their body. They use extreme dieting to try and resolve issues with their distorted body image. During stressful situations in their lives, they are prone to binge eating as a way of coping.

After bingeing, they feel guilt over their lack of control and seek to regain it. Self-induced vomiting is one of the major ways that they absolve their guilt.

### Binge eating disorder

This is the most common eating disorder although it is not medically termed as psychological. There are several conditions that can trigger a binge eating episode. The basic feeling is a lack of control.

Similar to bulimia nervosa, binge eating disorder involves times when a person will eat way more than the average person at one sitting. This type of eating is a coping mechanism. Unlike bulimia, those suffering from binge eating disorder do not vomit or purge their food. When they feel guilty it causes them to binge again and again.

### **THE TRUTH ABOUT ANOREXIA**

Anorexia is a psychiatric disorder that involves an intense fear of gaining weight. It is a common eating disorder. A person suffering from anorexia will believe that they are too fat even though they are not. This view of their body stems from a distorted self-image. To them, food is the enemy and they must seek to control it in some way.

Anorexia may not be easy to spot at first but it will make itself known eventually. Bulimics may be of normal weight or slightly overweight when the disorder takes hold. Most anorexics have been on at least one diet in their lifetime. What happens to them is that they learn that as they lose weight, that food becomes a powerful tool to change their entire look.

The behavior of an anorexic individual will change from how they may have normally acted. For one, outgoing kids and adults will slowly withdraw from their family and friends. Most family gatherings center on food. In an effort to master their control over food, they will limit their proximity to it.

Anorexics are also obsessed with calorie counting. They will even analyze the caloric value of water. You may see them counting out crackers or even divvying up a stalk of celery so that they don't eat too much. What starts as a marginally decent meal will be pared down before your eyes as they count, recount and strip away as much of it as possible so that they don't eat more than they consider "safe."

In normal conversation, the topic always comes back to weight. You may complement them on their clothing and all the anorexic will see is that they are too fat in them. The obsession takes over their entire life and their thoughts. They will even wear baggy clothing so that no one can see the shape of their body. This is partly because they are ashamed of their perceived lack of control over food but also to hide a body they feel is inadequate.

There are no concrete causes for anorexia. It could be a diet that has gotten out of control. Amongst teenagers, dieting is not uncommon. At that time, kids are struggling with hormones, peers and body image. But, most teen dieting doesn't evolve into an eating disorder without other factors being present.

What are those other factors? Especially for teens, there are always high expectations placed on them by parents, teachers, coaches and the community. The pressure can leave them feeling overwhelmed. In a desperate attempt to make sense of their lives, they turn to their bodies.

Athletes suffer from anorexia as well. Certain sports have weight limits that challenge body image especially for teenagers who are experiencing puberty and all that goes along with that.

The majority of those affected by anorexia nervosa are female. Teenagers and young adults are usually the age groups that deal most with the condition. It has become known as a "female condition." For kids, as many as two girls in 100 are affected by eating disorder. In a Harvard study of 3,000 people, 25 percent of those with anorexia were male.

Men and boys also struggle with body image. The media is mostly to blame for that. Society's idea of beauty has sent many to the brink with their body image. For men, looking at magazine covers filled with actors bearing six-pack abs. When girls swoon, the guys wonder if that is the body type that they desire.

Not many men are treated for anorexia because of this stigma. They are ashamed to be viewed as "effeminate." Unfortunately, this leads to suffering in silence and a poor acceptance of their condition as genuine.

Anorexia is an eating disorder that has devastating and even fatal results if left untreated. The sheer lack of nutrition has a cascading effect on the body. The body itself will begin to look emaciated to everyone else around them. Pelvic bones are prominent as well as the rib cage and joints.

Anorexics suffer from chronic fatigue. This is in part due to the lack of iron in the blood. Other nutrients can stop the function of organs at the cellular level. Hair will begin to fall out as well as teeth becoming loose. Loss of calcium leads to brittle bones that easily fracture. For girls, menstrual periods will stop after a time and not resume until the body is restored to health.

Eventually the body will shut down. The heart will not be able to support the body any longer and give out. Even if the condition is caught before death is imminent, the recovering anorexic will have a lifetime of health issues caused by irreversible damage.

#### THE TRUTH ABOUT BULIMIA NERVOSA

Bulimia is another eating disorder that is almost as common as anorexia. It is considered a "fashionable" eating disorder. You can control your weight without and eat what you want. Bulimia stems from a distorted body image. Many bulimics are of a normal weight or are overweight.

The eating disorder is characterized by cycles of bingeing and purging. When stress levels get to be too much, bingeing is the result. Eating foods that we like or crave leads to a calm state brought about by endorphins being released. Bulimics eat large amounts of food during the bingeing period. It is not uncommon for them to eat several thousands of calories at one time.

Once the stressful situation has passed or at least the feeling of being overwhelmed, guilt begins to set in. It is that guilt that leads to purging. Bulimics purge themselves of the food they just ate by vomiting. Self-induced vomiting is the easiest method of getting rid of those calories. Besides vomiting, bulimics purge themselves using laxatives, diuretics and enemas.

It is not easy to spot someone who is bulimic. They are of normal weight or slightly overweight. Their weight can fluctuate a lot but not to the point of being gaunt or stick thin. They are prone to exercise to the extreme as a way of controlling their weight.

Many bulimics have compulsive tendencies. They may have had previous addictions such as drugs or alcohol. Exercising control over food is the next step in an already vicious cycle.

Since bulimia is not as noticeable as anorexia it is important to know how to recognize the condition. Some common signs of bulimia include:

- Eating alone. Bulimics are often embarrassed to eat in front of others because of the amount of food that they eat when they are bingeing.

- Disappearing after meals. As soon as they finish eating, bulimics will feel the need to purge themselves of their meal. Leaving the table involves making up excuses like having a headache or feeling sick. When this is the excuse at every meal, get suspicious.
- Chipmunk cheeks begin to show. Have you ever seen a chipmunk? You know how big their cheeks are. As a result of constant vomiting, the salivary glands expand and the cheeks look larger than normal.
- Buying laxatives and other diuretics. Laxatives are only used for constipation and diuretics are used by adults to help with weight loss. Teenagers and diuretics or laxatives are a warning sign that something is not quite right.
- Becoming argumentative with parents. Bulimics, like anorexics don't like to talk about their situation with food. Questions about food often lead to arguments. They are uncomfortable enough about their body image without drawing more attention to it.

Bulimia stems from a poor body image and low self-esteem. Bulimics have dieted before and may be on a diet when they discover this eating disorder. Because of their addictive personality, it is not hard for them to make the leap from simply dieting to an eating disorder.

The inability to deal with stresses in their lives is one condition that bulimia solves for sufferers. Food is their "drug of choice." Until they learn to deal with problems in their life, things will never change. Families where lack of communication is the norm or there are overweight parents or siblings are also fuel for a bulimic lifestyle.

Bulimia nervosa affects both men and women. While the majority of sufferers are female at least ten percent of those dealing with the disorder are men. Athletes are more likely to suffer as they have to maintain a certain weight or body shape for their sport.

Bulimia is not often fatal when undiagnosed or caught too late like anorexia, but it does have lifelong health consequences. Constant vomiting results in strictures in the esophagus. Ulcers may also form in the stomach or throat that can lead to bloody vomiting. These strictures affect eating habits when they return to normal. Also, acid that comes in constant contact with teeth can strip away the enamel leaving teeth sensitive to heat and cold and gum diseases like gingivitis.

Lack of nutrition in the body causes organ function to be impaired. Bones become brittle; electrolyte imbalances affect the heart (arrhythmias) and dehydration causes weakness and kidney damage.

### **THE TRUTH ABOUT BINGE EATING DISORDER**

Binge eating disorder is the most common eating disorder. Food is used as a tool for coping with the pressures of life. These individuals have low self-esteem and are prone to emotional problems. They disapprove of their body shape and image. Out of their unhappiness they binge to regain control.

Binge eaters often maintain a normal weight. Many are overweight already or as a result of the binge eating. The bingeing involves eating large amounts of food not because of hunger but out of desperation, depression, anxiety and fear.

It is hard to diagnose binge eating unless you know the person and their habits very well. Being overweight, in general, is not an indication of binge eating disorder. You can be overweight for a variety of reasons not related to eating disorders at all. Because many of them tend to be in the normal weight range, you can't tell by looking at their outward appearance.

Periods of bingeing can last for several months. It doesn't have to occur every day but when it does, the actual eating period can last for a few hours. During that time, they eat any and all food that they can get their hands on. The eating will continue until the emotion has passed. Many binge eaters say that they can't stop themselves from eating once the binge has begun.

When it comes to eating meals, binge eaters often dine alone. They are embarrassed about their condition. Some already have depressive thoughts and feelings along with the other emotions that are triggering the binge eating disorder.

Binge eating disorder stems from an unhealthy body image. The view can come from society or from family or friends who are overly critical of the sufferer. Lack of communication can further support the bingeing because they feel that they have nowhere to turn. The medical establishment doesn't always consider binge eating disorder to be a true condition in and of itself like anorexia and bulimia. The shame of being ignored in this way also feeds into the disorder.

Only someone close to a binge eater will recognize subtle changes in their behavior. Gaining a lot of weight over a period of time is one occurrence that warrants a trip to the doctor even if it is not an eating disorder that is the cause.

Binge eating disorder is not fatal. Poor health outcomes are a result of becoming obese after eating so much food at each meal for so long. Obesity brings with it an increase in heart disease, diabetes, stroke, high cholesterol, high blood pressure and sleep apnea. This is a long list but not the entire one.

## **TREATMENT FOR EATING DISORDERS**

Eating disorders often carry a stigma. For women, the stigma is being thought of as weak because they can't control their life. Men are fearful of being seen as less than a man if they admit to having eating disorders. Taking control is the role of the male in a family or any relationship so how could they be out of control? This misconception has led to the underreporting of male eating disorders.

Treatment for any eating disorder begins with acceptance. Once it is discovered that a family member, friend or mate has the signs of the disorder, denial is not an option. Whether male or female, they need for you to believe that they have a problem and need your help.

### **Cognitive Behavior Therapy**

This therapy revolves around changing the mind in order to change the body. The picture of a poor self-image begins in the thought process before it ever manifests itself as an eating disorder. A psychologist will use this technique to teach the sufferer to recognize their behavior as destructive and offer new ways to begin changing how they think about their body image and about food.

The first thing that they need to know is that the disorder doesn't define them. They are worthy: worthy of love and worthy of a healthy view of themselves. They need to look inward for validation and not to others or society.

## **Family Intervention**

Lack of communication hinders recovery for eating disorder patients. Part of the problem in the first place surrounds pent-up feelings that no one will speak about. Talking to the sufferer about their condition and how they feel lets the person know that someone cares about their well-being. While you may be hurt that the situation has occurred it is not about you at the moment but about them and their recovery.

Those who suffer from an eating disorder often feel isolated. Communicating openly with family members who will listen can begin to break through that isolated feeling and bring them back into a loving group setting. Remember, eating disorders are not about the food but about a loss of control in some area of the person's life that requires attention.

## **Healthy Eating Habits**

Doctors and loved ones work together to develop sensible eating habits for the person with the eating disorder. In conjunction with cognitive behavior therapy and family intervention the sufferer can feel comfortable taking baby steps and also telling someone when they feel the pressure is too much.

Recovering from eating disorders is not an overnight process. The sufferer will not always feel like doing the work. When they feel overwhelmed they will need your help not to relapse into old behaviors.

## **CONCLUSION**

The most common eating disorders are anorexia, bulimia and binge eating disorder. Eating disorders are the result of poor body image and low self-esteem. They affect mostly young adults and teenagers but younger pre-teens have been known to begin developing a distorted body image.

Other factors play into whether or not a person is prone to an eating disorder or not. Compulsive behaviors and obsessive personalities are more likely to turn from dieting to a more extreme solution for what they perceive as faults in their looks.

Identifying and treating eating disorders are everyone's responsibility. Through constant and open communication with parents, teachers and role models teens, young adults and others will feel safe to voice their misgivings about their body and deal with them rationally instead of resorting to a life-altering, life-threatening solution like an eating disorder.