

ANOREXIA & BULIMIA

I. General Information

A. Eating disorders are not because of food

1. Binge, starve, compulsively eat and purge as a way of self-medicating
2. Hiding from feelings they cannot bear to experience
 1. Family dysfunction
 - a. Alcoholism
 - b. Sexual abuse
 - c. Depression
 - d. Poor communication
 2. Perfectionism + low self-esteem
 3. Separation Issues

B. Three main areas believed to be the cause eating disorders

1. Personality Traits

a. Anorectics

1. Rarely disobey
2. Keep their feelings to themselves
3. Perfectionists
4. Good students
5. Excellent athletes
6. People pleasers who seek approval and avoid conflict
7. Want to be special and stand out from the masses
8. Obsessive-Compulsive

b. Bulimics

1. Impulsive
2. Alcohol or drug abuse
3. Sexually promiscuous
4. Problems with anxiety/depression
5. No truly satisfying friendships or romantic relationships

c. Both

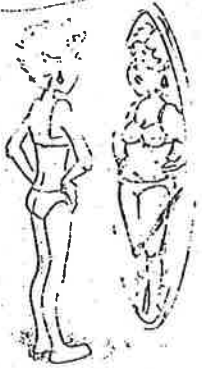
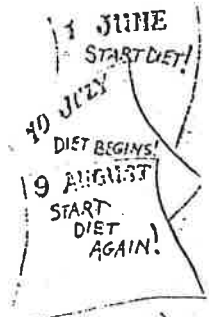
1. Low self-esteem
2. Feelings of helplessness
3. Fear of becoming fat

2. Genetics and the environment

- a. Tend to run in families
- b. Children of alcoholics-1/3 of children of alcoholics becomes bulimic

3. Biochemistry

Characteristic trait	How commonly expressed
Drive for perfection	"I haven't missed a day of exercise in five years."
Desire for control	"I never touch white flour, refined sugar, red meat, or any food with more than 1 gram of fat."
Compulsive behavior	"I work out for two hours every day, regardless of holidays, injuries, or family crises."
Feelings of inadequacy	"I could have run even faster if I'd lost more weight."
Difficulty having fun	"You folks enjoy the movie. I have some work to catch up on."
Trouble with intimate relationships	"My wife gets angry with me for spending more time exercising than with my family."



II. Signs & Symptoms

A. Anorexia

1. Intense fear of becoming obese
2. Feelings of becoming fat when emaciated
3. Weight loss >15% of body weight
4. Refuse to maintain appropriate body weight
5. Loss of menstrual period >3 months
6. Baggy clothes
7. Distorted body image
8. Social withdrawal
9. Growth of fine body hair-noticeable on face and arms
10. Food rituals
11. Anxiety at meals
12. Cold hands/feet and sensitivity to cold
13. Water retention
14. Hair loss, brittle nails
15. Excessive working or studying, compulsiveness and rigidity
16. Excessive exercise
17. Recurrent overuse injuries and/or stress fractures
18. Lightheadedness
19. Inability to concentrate
20. Low pulse rate
21. High emotions: tearful, uptight, overly sensitive, restless

B. Bulimia

1. Recurrent binge eating at least 2 times per week
2. Fear of being unable to stop eating
3. Regular purging (vomit, exercise, laxatives, diet pills)
4. More than 2 binges per week > 3 months
5. Over concern with body shape or weight
6. Disappearance after meals
7. Secretive behavior
8. Swollen glands, puffy face, eroded tooth enamel
9. Hand sores, calluses, bloodshot eyes
10. Weakness and dizziness
11. Frequent weight fluctuations
12. Ability to eat enormous meals without weight gain
13. Petty stealing of food or money to buy food for binges
14. Depression
15. Difficulty retaining food, damage to throat



III. How to help

A. Heed the signs and symptoms

1. Express your concern carefully.
2. Approach these individuals gently but persistently, saying you are worried about their health.
3. Give evidence for why you believe they are struggling to balance food and exercise and ask if they want to talk about it.
4. Individuals who are truly anorexic or bulimic commonly deny the problem, insisting that they are perfectly fine.
5. Continue to share concerns about their lack of concentration, light-headedness, or chronic fatigue. These health changes are more likely to be stepping stones for accepting help.

B. Do not discuss weight or eating habits

1. This person takes great pride in being perfectly thin and may dismiss your concern as jealousy.
2. Avoid any mention of starving and bingeing as the issue; focus on life issues not food issues.

C. Suggest unhappiness as the reason for seeking help

1. Point out how anxious, tired or irritable the person has been lately.
2. Emphasize that he or she does not have to be that way.

D. Be supportive and listen sympathetically

1. Don't expect someone to admit right away that there is a problem
2. Give it time and constantly remind the person that you believe in him/her. This will make a difference in the recovery.

E. Offer a written list of professional resources for help

1. Although the person may deny the problem to your face, she or he may admit despair at another moment.
2. If you don't know of local resources, ask the national organizations for the closest resource.
3. List of national organizations to help someone with anorexia or bulimia:
 - a. American Anorexia/Bulimia Association, Inc.
293 Central Park West, Suite 1R
New York, NY 10024
212-501-8351
 - b. American Dietetic Association
National Center for Nutrition and Dietetics
216 West Jackson Blvd., Suite 800
Chicago, IL 60609-6955
800-366-1655
 - c. Anorexia Nervosa and Related Eating Disorders (ANRED)
P.O. Box 5102
Eugene, OR 97045
503-344-1144
 - d. National Anorexia Aid Society
1925 East Dublin Granville Rd.
Columbus, OH 43229
614-436-1112
 - e. You can also call:
 1. Your local sports medicine clinic and ask to speak to their physician or nutritionist
 2. Your local health center to consult with a pediatric or adolescent medicine specialist

ANOREXIA

Health Risks

Anorexia can be fatal. Up to ten percent of anorexics may die: half from starvation, the other half from suicide. Early stages of starvation cause these other health risks.

Heart failure.

Your heart shrinks and weakens; a slow pulse, irregular heartbeat, and heart failure can result.

Kidney failure.

Dehydration, often caused by strict rules about drinking liquids, can lead to kidney stones and kidney failure.

Suicide.

The depression and isolation of anorexia can lead to suicide.



Low protein stores. Your body "steals" protein from muscles and internal organs, such as kidneys, to fuel your basic body needs.

Digestive problems. Constipation, difficulty urinating, and bowel irritation are common (anorexics may purge with laxatives).

Electrolyte imbalance. Many anorexics vomit to lose weight; loss of sodium and potassium can lead to irregular heartbeat and heart failure.

BULIMIA

Health Risks

The risks of bulimia stem from the mild starvation caused by dieting (which leads to low protein and fat stores) and damage to your digestive system from bingeing and purging.

Electrolyte imbalance.

Losing electrolytes (sodium and potassium) after purging can lead to irregular heart beat, heart failure, and kidney damage.

Laxative dependence.

Laxative abuse leads to diarrhea, constipation, and dehydration.

Throat damage.

Vomiting irritates the throat lining, can rupture blood vessels so you cough up blood, and can cause swollen glands.

Dental problems.

Vomiting brings up stomach acids that destroy tooth enamel and cause cavities.

Stomach rupture.

Violent vomiting or inability to vomit after a big binge can tear tissue in your stomach or esophagus.

Irregular menstruation.

Without the body fat needed for hormone production, menstrual patterns change.

