



CEU Update

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EATING DISORDERS

The National Women's Health Information Center helps us understand anorexia.

What is anorexia nervosa?

A person with anorexia (a-neh-RECK-see-ah) nervosa, often called anorexia, has an intense fear of gaining weight. Someone with anorexia thinks about food quite often and limits the food she or he eats, even though she or he is too thin. Anorexia is more than just a problem with food. It's a way of using food or starving oneself to feel more in control of life and to ease tension, anger, and anxiety. Most people with anorexia are female. An anorexic:

- has a low body weight for her or his height
- resists keeping a normal body weight
- has an intense fear of gaining weight
- thinks she or he is fat even when very thin
- misses three (menstrual) periods in a row, for girls/women who have started having their periods

Who becomes anorexic?

While anorexia mostly affects girls and women (90–95 percent), it can also affect boys and men. It was once thought that women of color were shielded from eating disorders by their cultures, which tend to be more accepting of different body sizes. Sadly, research shows that as African American, Latina, Asian/Pacific Islander, and American Indian and Alaska Native women are more exposed to images of thin women, they also become more likely to develop eating disorders.

What causes anorexia?

There is no single known cause of anorexia. But some things may play a part:

- 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. More and more, men are also feeling pressure to have a perfect body.
- Families. If you have a mother or sister with anorexia, you are more likely to develop the disorder. Parents who think looks are important, diet themselves, or criticize their children's bodies are more likely to have a child with anorexia.
- Life changes or stressful events. Traumatic events like rape as well as stressful things like starting a new job, can lead to the onset of anorexia.
- Personality traits. Someone with anorexia may not like her or himself, hate the way she or he looks, or feel hopeless. She or he often sets hard-to-reach goals for her or himself and tries to be perfect in every way.

- Biology. Genes, hormones, and chemicals in the brain may be factors in developing anorexia.

What are signs of anorexia?

Someone with anorexia may look very thin. She or he may use extreme measures to lose weight by:

- making her or himself throw up
- taking pills to urinate or have a bowel movement
- taking diet pills
- not eating or eating very little
- exercising a lot, even in bad weather or when hurt or tired
- weighing food and counting calories
- moving food around the plate instead of eating it

Someone with anorexia may also have a distorted body image, shown by thinking she or he is fat, wearing baggy clothes, weighing her or himself many times a day, and fearing weight gain.

Anorexia can also cause someone to not act like her or himself. She or he may talk about weight and food all the time, not eat in front of others, be moody or sad, or not want to go out with friends.

What happens to your body with anorexia?

With anorexia, your body doesn't get the energy from foods that it needs, so it slows down.

Can someone with anorexia get better?

Yes. Someone with anorexia can get better. A health care team of doctors, nutritionists, and therapists will help the patient get better. They will help her or him learn healthy eating patterns, cope with thoughts and feelings, and gain weight. With outpatient care, the patient receives treatment through visits with members of their health care team. Some patients may need "partial hospitalization." This means that the person goes to the hospital during the day for treatment, but lives at home. Sometimes, the patient goes to a hospital and stays there for treatment. After leaving the hospital, the patient continues to get help from her or his health care team.

Individual counseling can also help someone with anorexia. If the patient is young, counseling may involve the whole family too. Support groups may also be a part of treatment. In support groups, patients and families meet and share what they've been through.

Often, eating disorders happen along with mental health problems such as depression and anxiety. These problems are treated along with the anorexia. Treatment may include medicines that fix hormone imbalances that play a role in these disorders.

Can women who had anorexia in the past still get pregnant?

It depends. When a woman has active anorexia, meaning she currently has anorexia, she does not get her period and usually does not ovulate. This makes it hard to get pregnant. Women who have recovered from anorexia and are at a healthy weight have a better chance of getting pregnant. If you're having a hard time getting pregnant, see your doctor.

Can anorexia hurt a baby when the mother is pregnant?

Yes. Women who have anorexia while they are pregnant are more likely to lose the baby. If a woman with anorexia doesn't lose the baby, she is more likely to have the baby early, deliver by C-section, and have depression after the baby is born.

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

If someone you know is showing signs of anorexia, you may be able to help.

1. Set a time to talk. Set aside a time to talk privately with your friend. Make sure you talk in a quiet place where you won't be distracted.
2. Tell your friend about your concerns. Be honest. Tell your friend about your worries about her or his not eating or over exercising. Tell your friend you are concerned and that you think these things may be a sign of a problem that needs professional help.
3. Ask your friend to talk to a professional. Your friend can talk to a counselor or doctor who knows about eating issues. Offer to help your friend find a counselor or doctor and make an appointment, and offer to go with her or him to the appointment.
4. Avoid conflicts. If your friend won't admit that she or he has a problem, don't push. Be sure to tell your friend you are always there to listen if she or he wants to talk.
5. Don't place shame, blame, or guilt on your friend. Don't say, "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."
6. Don't give simple solutions. Don't say, "If you'd just stop, then things would be fine!"
7. Let your friend know that you will always be there no matter what.

(Adapted from "What Should I Say? Tips for Talking to a Friend Who May Be Struggling with an Eating Disorder" from the National Eating Disorders Association.)

PsychCentral explains Bulimia

People with bulimia nervosa do two things. First, they eat. Second, they work very hard to get rid of what they have eaten. People with bulimia binge eat. That is, in a small amount of time they eat copious amounts of food, much more than an average person would eat in an equivalent amount of time. They often lose control over their eating, and are unable to stop until the food is gone. When the food is gone, guilt over the consumption appears and they have to get rid of the evidence. They will vomit, or use laxatives, diuretics, enemas or other medications. Sometimes they choose to fast for days in response to a particularly bad binge. Others will exercise excessively. The goal is to not absorb or to burn off any of the calories that were consumed in the binge.

Unlike people with anorexia nervosa, you cannot readily identify people with bulimia based on their weight and public eating behavior. Often body weights hover around the average range, although one might see remarkable weight fluctuations in a person.

People with bulimia are often ashamed of their eating problems and attempt to conceal their symptoms. Binge/purge behavior is often quite secretive, and one's obvious, or public, eating patterns vary from being relatively "normal" to being highly restrictive.

Typically people with bulimia are very body and weight conscious and are frequently dieting. They place excessive emphasis on body weight and shape in their self-evaluation. Often these factors are the most important ones for them in determining self-esteem.

Specific Symptoms of Bulimia Nervosa:

This disorder is characterized by recurrent episodes of binge eating, occurring at least twice a month for a minimum of three months, which consists of:

- Eating, in a discrete period of time (e.g., within any 2-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.

- A sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating)

Individuals who suffer from this disorder often engage in behavior in order to try and prevent themselves from gaining any weight. This behavior may include such things as self-induced vomiting; overusing laxatives, diuretics, enemas, or other medications; refusing to eat (fasting); or excessive exercise. A person's self-image is usually directly correlated with their weight, with a great deal of attention focused on how their body looks.

This disorder can only be diagnosed if it is not better accounted for by anorexia nervosa.

There are two types of bulimia nervosa:

- Purging Type: -- The person regularly engages in self-induced vomiting or the misuse of laxatives, diuretics, or enemas
- Non-purging Type: -- The person has used other inappropriate compensatory behaviors, such as fasting or excessive exercise, but has not regularly engaged in self-induced vomiting or the misuse of laxatives, diuretics, or enemas.

Bulimia nervosa typically begins during adolescence, and while it most often occurs in women, it also affects men. Individuals with the disorder usually feel acutely out of control during both their bingeing and the purging episodes and afterwards suffer from intense feelings of shame, guilt and self-loathing. Embarrassed by their behavior, they typically "binge and purge" in secret and are often successful in hiding their problem from others. Even family members and close friends may have difficulty detecting bulimia nervosa in someone they know.

Although bingeing and purging usually occurs in secrecy or as inconspicuously as possible, the signs that a person has bulimia nervosa eventually become detectable. Warning signs include:

- Abdominal pain and bloating.
- Irregular menstrual cycle.
- Constipation.
- Swollen "chipmunk cheeks."
- Dental erosion and decay.
- Overall weakness.
- Swelling (edema).
- Swollen salivary glands.
- Calluses and scabs on the back of the hand from constantly scraping them against their teeth while inducing vomiting.

Treatment

The first course of action should be to seek help from a physician to diagnose and treat any physical problems. To treat the symptoms of bulimia nervosa, people often benefit significantly from therapy. There are therapists who are especially experienced at helping people who have eating disorders. Therapy provides a safe, comforting, and confidential setting in which to receive the kind of help that can best determine and treat any underlying emotional and psychological causes for the disturbed eating behavior, as well as address the effect it has had on their sense of self, their relationships with others,

and their capacity to function optimally in everyday life.

New Research

Researchers have found that women with a history of bulimia show key differences in their brain's regulation of a hormone that controls mood and appetite, possibly suggesting an inherent susceptibility to the eating disorder.

"These alterations may make some women vulnerable for developing an eating disorder," lead author Dr. Walter H. Kaye, of the University of Pittsburgh School of Medicine in Pennsylvania, told Reuters Health.

Kaye's team studied nine women who have recovered from bulimia for at least one year. Bulimia nervosa is an eating disorder in which patients alternate between binge eating and purging. They suffer from a distorted body image and, often, mood disturbances such as depression. All the women were scanned using positron emission tomography, or a (PET) scan, to gather images of brain activity. These were compared with brain scans from 12 women who had never had an eating disorder.

The researchers found that the bulimic patients' brains showed a reduction in the ability of the chemical serotonin to bind to receptors in certain brain regions. They also found that these women did not show the normal decline in serotonin binding that comes with aging.

Serotonin is a neurotransmitter that helps regulate appetite, mood and impulse control. The findings are published in the July issue of the American Journal of Psychiatry.

"I suspect this finding suggests that there is a dysregulation of the serotonin system, which contributes to extremes of impulse control--under eating as well as overeating--both of which are often found in bulimia," Kaye said.

He and his colleagues suspect the brain alterations were not a result of the bulimia, but a possible cause.

"While this finding could be a consequence of having bulimia, there is other data that suggests that certain traits, such as anxiety, may occur in childhood in people who later develop bulimia," Kaye said.

"Serotonin alterations could contribute to such traits."

Previous research, he noted, has also found some evidence that bulimia has a genetic component.

What is binge eating disorder?

People with binge eating disorder often eat an unusually large amount of food and feel out of control during the binges. People with binge eating disorder also may:

- eat more quickly than usual during binge episodes
- eat until they are uncomfortably full
- eat when they are not hungry
- eat alone because of embarrassment
- feel disgusted, depressed, or guilty after overeating

What causes binge eating disorder?

No one knows for sure what causes binge eating disorder. Researchers are looking at the following factors that may affect binge eating:

- Depression. As many as half of all people with binge eating disorder are depressed or have been depressed in the past.
- Dieting. Some people binge after skipping meals, not eating enough food each day, or avoiding certain kinds of food.
- Coping skills. Studies suggest that people with binge eating may have trouble handling some of their emotions. Many people who are binge eaters say that being angry, sad, bored, worried, or stressed can cause them to binge eat.
- Biology. Researchers are looking into how brain chemicals and metabolism (the way the body uses calories) affect binge eating disorder. Research also suggests that genes may be involved in binge eating, since the disorder often occurs in several members of the same family.

Certain behaviors and emotional problems are more common in people with binge eating disorder. These include abusing alcohol, acting quickly without thinking (impulsive behavior), and not feeling in charge of themselves.

What are the health consequences of binge eating disorder?

People with binge eating disorder are usually very upset by their binge eating and may become depressed. Research has shown that people with binge eating disorder report more health problems, stress, trouble sleeping, and suicidal thoughts than people without an eating disorder. People with binge eating disorder often feel badly about themselves and may miss work, school, or social activities to binge eat.

People with binge eating disorder may gain weight. Weight gain can lead to obesity, and obesity raises the risk for these health problems:

- type 2 diabetes
- high blood pressure
- high cholesterol
- gallbladder disease
- heart disease
- certain types of cancer

What is the treatment for binge eating disorder?

People with binge eating disorder should get help from a health care provider, such as a psychiatrist, psychologist, or clinical social worker. There are several different ways to treat binge eating disorder:

- Cognitive-behavioral therapy teaches people how to keep track of their eating and change their unhealthy eating habits. It teaches them how to cope with stressful situations. It also helps them feel better about their body shape and weight.
- Interpersonal psychotherapy helps people look at their relationships with friends and family and make changes in problem areas.
- Drug therapy, such as antidepressants, may be helpful for some people.

Other treatments include dialectical behavior therapy, which helps people regulate their emotions; drug therapy with the anti-seizure medication Topiramate; exercise in combination with cognitive-behavioral therapy; and support groups.

Many people with binge eating disorder also have a problem with obesity. There are treatments for obesity, like weight loss surgery (gastrointestinal surgery), but these treatments will not treat the under-

lying problem of binge eating disorder.

For some people, exercise becomes an obsession, especially when combined with a distorted body image (Body Dysmorphic Disorder) or a fixation on a particular body part.

Why the obsession?

Robert P. Sprafkin, PhD, senior psychologist at Syracuse VA Medical Center, says, “With society’s values, which emphasize thinness and perfectionist fitness, one finds plenty of encouragement and justification for going to whatever extremes necessary to achieve these goals. We don’t find these patterns of behavior in cultures that have different ideals of beauty.”

Societal beauty ideals have a greater impact on women than on men and begin to affect women at an earlier age. Recent studies on body perception published in the journal *Perception and Motor Skills* showed that by eighth grade, 69 percent of girls surveyed said they thought they should be thinner, as opposed to only 25 percent of the boys.

As women age, these negative perceptions persist. A subsequent study that looked at 20-year-old men and women found that women not only expressed thinner ideal weights but also perceived themselves as heavier than their actual weight. Men, on the other hand, loosened up in their expectations and judged themselves lighter.

Based on these findings, psychologists speculate that most women diet and exercise because they’re dissatisfied with their body, while men appear to work out for different reasons.

When is enough enough?

It interferes with daily activities and relationships.

You believe that bad things will happen if you don’t work out.

You develop a perfectionist attitude toward exercise and your body.

You ignore the signs of illness, injury or fatigue and work out despite them.

You set unattainable goals (miles run, hours worked out, percentage of body fat, etc.)

You ignore friendships or satisfying hobbies in order to exercise.

Exposure and response prevention are two techniques used to treat intense anxiety and obsessions.

“Instead of avoiding the thought of being a few pounds overweight, the person would be asked to imagine that possibility over and over again, until he or she ‘habituates’ and is no longer upset by the thought or image,” says Sprafkin.

Then, for the response prevention element, the ritual the person has done to relieve her anxiety is eliminated. “This might be applied to exercise or body image problems by limiting exercise time or by not looking in the mirror or checking one’s weight.”

Some people can do these techniques on their own, says Sprafkin. Outside help is often needed initially because the person is accustomed to rationalizing the need for excessive exercise.

Regular exercise is healthy. When a person’s desire to work out blocks satisfying relationships and enjoyment of life in other areas, it’s a serious problem. “It becomes a quality of life decision,” Sprafkin says.

What if the person you care about refuses to admit there is a problem?

This is often the case with teenagers in general, and with anorexia nervosa at any age. Whether you merely suspect there is a problem, or you know that the problem exists and is serious, when your loved one or friend says nothing is wrong, you have a difficult situation.

The assessment of an eating disorder can be complex even for a professional. Knowing whether a disturbed eating pattern is part of a temporary phase, versus the beginning of a full-blown eating disorder, can be tricky. The best first step is to seek a professional consultation, with or without your loved one. You may start by going to a therapist without your child, loved one or friend. Do not second-guess yourself or put it off, the earlier an eating disorder has intervention, the better chance for recovery.

The worst case scenario, if you follow your instincts, is that the professional will say that they think the situation may best be handled by backing off. However, the professional will also be able to give you tools and information so that you will know what to do if things get worse.

Do not expect that your loved one will be open, cooperative or grateful to your intervention. It may feel like the hardest thing that you have ever had to do. You may worry that it will jeopardize the relationship you have with your loved one. When your loved one is in denial they are very ill. Their mind has been more or less possessed by the eating disorder and they are driven only by the fear of getting fat.

Do not personalize their irrationality or be controlled by the strong emotional displays, which are inevitable when they are taken over by the eating disorder “demon.” With recovery, gratitude often comes.

Many people are still turned off by seeking help for a mental health concern, like depression, bipolar disorder, ADHD, an eating issue, or anxiety. While a man will think nothing nowadays of asking his doctor for a prescription of Viagra to help him perform better sexually, that same man will often turn to alcohol or denial to deal with his depression. A woman will go for her annual pap smear to guard against cancer, but refuses to acknowledge that eating has become an emotional issue rather than just about nutrition.

Why do people still refuse to get help for these concerns when help is so readily and easily available?

The answers may surprise you.

It may seem like an obvious observation that a person can't always be helped until they first acknowledge the need for help. But many people are stuck in a stage of not acknowledging the problem is a problem.

People call this kind of being stuck, “denial,” because the individual is simply denying – either consciously or sometimes unconsciously – that a problem even exists. “Oh, I’m not depressed, I just haven’t been getting enough sleep lately,” even though the “not getting enough sleep” excuse has been batted around in the person’s head for 4 months now. “Oh, I wasn’t manic, I just felt like I had a lot of energy and could get things done finally,” even though none of the projects was ever finished and the energy has long since worn off, giving way to depression.

Denial of a problem is a common reason people don’t seek treatment. Without accepting that a problem

even exists, we can't get help for it. Just as we are often our own worst critics, people are also sometimes the opposite – the last to admit their own shortcomings or failings.

Why are people in denial when the problem is so obvious to everyone around them?

There are many reasons why denial is a common coping mechanism used by people. One is that, despite it ultimately not being beneficial to the person using it, it does work to some degree. It allows the person to continue to function in daily life, even if they are not always functioning well.

Second, a person may have been brought up and taught that denial was the way a person dealt with irrational feelings or unsavory behaviors. We are the products of our upbringing, whether we admit it or not. Those behaviors can be unlearned, but it takes time and often, professional assistance (e.g., a therapist).

Third, sometimes a person can't always see things objectively when it comes to their own behaviors and feelings. For instance, when we are in love, we irrationally believe our loved one can do no wrong and the world revolves around that person. Objectively, nothing has changed in your life except that you've found someone to share your life with. Your loved one is still a human being, will still make mistakes, and can do wrong.

Since the roots of denial are often buried deep within a person's sense of who they are and how they were brought up to view themselves and the world around them, it can take a life-changing event to shake up a person's denial.

Such an event can happen when a loved one close to us dies because they themselves didn't seek care or treatment from a medical professional for an illness that they could've survived. It could be when we see the depths of despair or emotional turmoil a friend or family member suffers, and resolve that we're not going to walk that same difficult, painful path. Or it could just be that a person finally gets so fed up with the issue hurting meaningful parts of their lives – such as a loved one or their career – that they decide they're going to give it a try.

Sometimes combating denial is simply done by acknowledging that you may or may not have a problem, but you'll go to a professional therapist to check it out. If you decide to go down this route (perhaps with the "encouragement" or threats from a spouse or loved one), try your best to clear your head and keep an open mind about what you hear from the professional about the problem or issue you're facing. If you don't, you're just wasting both your and the professional's time.

CEU QUESTIONNAIRE

Complete the questions below to receive 10.5 continuing education credits. All questions must be answered completely to receive credit.

1. What is an anorexic's greatest fear? _____
2. How is food used by an anorexic? _____
3. Which sex is affected most by anorexia? _____
4. Name one thing that plays a part in the cause of anorexia _____
5. Describe one sign of anorexia. _____
6. What happens to an anorexic's body? _____
7. How is becoming pregnant affected by anorexia? _____
8. What do bulimics do? _____
9. Why do some bulimics use laxatives? _____
10. Why can't you always identify a bulimic? _____
11. What is purging? _____
12. Name one warning sign of bulimia. _____
13. What have researchers found concerning bulimia? _____
14. What is binge eating? _____
15. What may affect binge eating? _____
16. What health problems are caused by binge eating? _____
17. Name one way to treat binge eating. _____
18. What is Body Dysmorphic Disorder? _____

19. How does society play a role with body image? _____
20. Name one warning sign that exercise is becoming an obsession. _____
21. Describe exposure and response prevention. _____
22. When in denial, what may have happened to the sufferer's mind?

23. Name one warning sign that exercise is becoming an obsession. _____
24. Describe one way to combat denial. _____

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