

Eating Disorders
Part 2 of 2
The Secret Disease that Steals Lives
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Eating Disorders (ED) occur in 3% of woman and < 1 % of men. Unfortunately, EDs are increasing, especially in males, teens and children, as is pediatric obesity.

Below are warning signs of an ED:

- Refusal to eat /denial of hunger
- fear of weight gain
- Negative self-image
- Excessive exercise
- Irritability
- Preoccupation with food
- Social withdrawal
- Thinness
- loss of menstruation
- Constipation
- Abdominal pain
- Frequently being cold
- Low blood pressure
- Dehydration
- Eating to the point of discomfort
- Self-induced vomiting
- Laxative use

- Going to the bathroom after eating
- Damaged teeth
- Sores on the knuckles

Medical complications for ED are significant. Most commonly seen are absent menstruation, swelling in feet, elevated liver enzymes, bloating, anemia, low white cells, bone loss, sodium and potassium abnormalities, low thyroid hormones, estrogen and progesterone, delayed puberty, growth retardation, dental cavities and erosion, gastric ulcers, and heart abnormalities, at times life threatening. EDs have the highest rate of death in Mental Health Disorders. The statistics are overwhelming with 5-10% of anorexics dying within 10 years and 18-20% within 20 years. Bulimia has an estimated 3% death rate. Death occurs in EDs from complications regarding the ED, suicide, and heart.

When considering why an individual may develop an ED, a look at studies reveals risk:

- Female
- Puberty
- Dieting
- Depression and anxiety (especially Obsessive Compulsive Disorder)
- Childhood feeding difficulties

Family history of EDs

Insecurity

Critical family environment

Sports, especially those that emphasize thinness

Perfectionism

Sexual abuse

Diabetes

With regards to the treatment of EDs, the earlier the individual enters treatment, the better the outcome for recovery. All treatments are aimed at establishing medical stability, restricting exercising and purging, return to normal food consumption, and prevention of relapse. This care needs to be delivered by individuals who are knowledgeable in the field of EDs.

Tools used in treatment include:

- Individual, group, and family psychotherapy- supportive psychotherapy, cognitive behavioral therapy, and the Maudsley approach- a family based approach of assuming responsibility for feeding the affected child
- Medical care and monitoring
- Nutritional counseling and supplements

- Medications- indicated when identified co morbid issues exist such as anxiety and depression

Resources:

<http://www.nimh.nih.gov/health/publications/eating-disorders/index.shtm>

<http://www.nationaleatingdisorders.org/>

<http://www.bulimia.com/index.cfm>

<http://www.aedweb.org//AM/Template.cfm?Section=Home>

<http://www.medainc.org/>