



Mental Health Service

Eating Disorders: An Introduction

Auckland Eating Disorders Service

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An Introduction to Eating Disorders

Eating disorders are a group of conditions characterised by specific difficulties with body shape, weight, eating and exercise. The potential to develop and maintain an eating disorder appears to be influenced by a range of factors.

- **Genetic makeup** - some individuals have a genetic pre-disposition towards developing an eating disorder. The likelihood of this developing increases when combined with other factors such as those below.
- **Individual personality** - each individual has personality characteristics. Some of these, like perfectionism and low self-esteem, are often associated with eating disorders.
- **Psychological Factors** - many people with eating disorders struggle to access and communicate their feelings, feel overwhelmed with a sense of emptiness and ineffectiveness, especially when faced with developmental challenges of adolescence and early adulthood.
- **Family of origin** - how our family functions, especially at times of crisis and change, can affect the course of an illness like an eating disorder.
- **Culture** - we live in a culture where acceptance and self-esteem are often linked to physical appearance. We are often judged and valued by the way we look.

It is the interaction of some or all of the above factors that can contribute to weight preoccupation, dieting and then weight loss that can result in an eating disorder, such as anorexia nervosa or bulimia nervosa.

Risk Factors for Developing an Eating Disorder

There are groups of people who are at particular risk of developing an eating disorder:

- those whose **career or sport** requires them to be thin eg., dancers, gymnasts, jockeys, models, body builders
- those with a **family history** of mental illness eg., eating disorders, alcoholism, depression, obsessive-compulsive disorder
- those with **multiple problems** resulting from childhood sexual abuse or neglect, drug or alcohol problems, and unstable relationships
- people with **diabetes**
- those with problems of **self-esteem and identity**
- **women** are more prone to eating disorders than men.
- **Youth** – adolescence is a time when the majority of people first present with an eating disorder.
Anorexia usually begins at a younger age i.e. during or after puberty (and before 45 years);
Bulimia usually starts when the person is a young adult i.e. usually 19 years (and rarely starts after 45 years).
- those who are **overweight** and diet
- those who engage in **dieting**

Anorexia Nervosa and Bulimia Nervosa

Bulimia nervosa and anorexia nervosa are often more alike than different. Some people with anorexia will also have bulimic symptoms eg. purging (self-induced vomiting). Many people with bulimia will begin with dieting and have a phase of weight loss first. They may also continue to restrict while bingeing and purging.

When a person has **anorexia nervosa**, the most important feature is deliberate weight loss – the result of dieting, particularly avoiding fat and high calorie food. Excessive exercising for many hours a day may also be used to lose weight. Part of the nature of anorexia is that the person is unable to see that his/her dieting is out of control and they generally do not feel unwell. They often see themselves as fat when they look in the mirror, even though they may be extremely thin. They often deny they have a problem and may become very angry with anyone who suggests they do.

The essential feature of **bulimia nervosa** is a cyclical pattern of restricting, bingeing and purging. The body reacts to restricting as a period of starvation, and responds in ways that increases the urge to eat. This makes bingeing more likely once the person starts to eat something. Bingeing refers to the eating of large amounts of food in a short time, with a feeling of being out of control and unable to stop. Binges are usually secretive, and may be felt as both pleasurable and shameful.

The pleasure of eating quickly turns to fear about weight gain. To compensate for having eaten too much, and the fear of weight gain, strategies such as vomiting and/or abusing laxatives and/or excessive exercise are used. All these compensatory behaviours together are known as purging.

Features common to both anorexia and bulimia are:

- An extreme **fear of fatness** and desire for slimness. Typically the person believes that losing weight is the most important thing in the world, and that if she/he can only lose enough weight they will be happy and feel good about themselves. Any suggestion that weight loss is dangerous is likely to be shrugged off as unimportant.
- **Body image distortion** - the person believes themselves to be fatter than they actually are. Even if they are able to accurately assess others, and at times themselves, they may still feel disgusting and fat.

Signs of Anorexia and Bulimia

Both anorexia and bulimia generally start with worrying about weight and shape and a feeling of being too fat. As dieting is an accepted practice in our culture, it is easy for the problem to be well entrenched before family and friends realise the dieting has become out of control. Many people with bulimia have normal weight. This, coupled with the bulimic behaviours happening in secret, means it can also go undetected for long periods of time.

Signs of anorexia nervosa include:

- increasing concern about weight and disgust with body shape
- feeling fat when not overweight
- refusing to eat with others although often happy to prepare food
- rituals around eating, such as counting mouthfuls, eating from a particular plate only, or taking tiny mouthfuls
- taking a long time to finish food

- reduction of the variety of foods eaten, often avoiding foods that are seen by them as unhealthy
- lying about their food intake (“I have already eaten”)
- excessive exercising - becoming very anxious if unable to exercise
- moodiness and hostility if confronted about any of the above behaviours
- a loss of interest in activities not related to food or exercise
- wearing baggy or concealing clothing

Signs of bulimia nervosa include:

- household food disappearing, especially high calorie foods
- spending long periods of time in the toilet or shower, especially immediately after meals, sometimes running a tap for long periods of time (possibly being used to mask vomiting)
- excessive unexplained tiredness - the need to sleep during the day, even after a good night’s rest.
- frequent weight fluctuations
- excessive teeth cleaning
- the use of strong perfumes in an attempt to hide the odour of vomiting
- excessive tooth decay caused by vomiting
- shoplifting food
- swollen cheeks (like mumps) caused by swelling of the parotid gland due to vomiting
- a callous at the base of fingers caused by repeatedly using the finger to vomit
- an increased isolation from others
- a loss of interest in activities which are not related to food or exercise.

Physical Consequences

The body compensates for weight loss by a variety of means. It does this by:

The physical consequences of anorexia nervosa

- **Slowed metabolism** – due to all chemical and physical activity in the body (metabolism) slowing to conserve energy. Identified by slow pulse, lowered blood pressure, lowered body temperature, feelings of tiredness.
- **Menstruation (periods) stops** – due to low levels of the hormone oestrogen. Pregnancy is extremely unlikely in this state.
- **Bones become thinner and lose their strength** – due to poor nutrition, lack of sexual hormones (eg. oestrogen and testosterone) and reduced calcium levels. This can lead to retarded maturation or even breakdown of the bone resulting in osteoporosis and an increased risk of fractures.
- **Extreme thinness (emaciation)** – due to body fat and then muscle being used up to provide the body with energy. Vital organs (eg. heart and brain) can also be affected.
- **Low blood sugar (hypoglycaemia)** - due to poor nutrition.
The person experiences extreme irritability, inability to concentrate, shakiness, tiredness leading to drowsiness.
NOTE: This has potentially dangerous consequences eg. collapsing When driving.
- **Chronic anaemia** - due to iron deficiency.

- **Fingers and toes turn blue and cold** - due to reduced blood flow to the arms and legs.
- **Loss of concentration, difficulty in thinking clearly, depression and irritability** – due to starvation of the brain.
- **Disturbances in heart rhythm, heart failure and sudden death** – caused by starvation of the heart muscle.

NOTE: It should be stressed that the person is unlikely to complain of much except some intolerance of cold weather.

The physical consequences of bulimia nervosa

- **Low blood sugar (hypoglycaemia)** – due to repeated vomiting. The person experiences extreme irritability, inability to concentrate, shakiness, tiredness leading to drowsiness. **NOTE: This has potentially dangerous consequences eg. collapsing when driving.**
- **Fluctuations in the body's chemical balance** - particularly potassium and sodium – due to repeated vomiting and laxative abuse. **NOTE: This is potentially life threatening as it can lead to irregular heartbeat and cardiac arrest.**
- **Loss of normal bowel function** - including chronic constipation and permanent damage - due to laxative abuse.
- **Loss of tooth enamel and damage to the oesophagus** - due to the damage caused by the stomach acid with repeated vomiting.

Treatment of Anorexia Nervosa and Bulimia Nervosa

Treatment involves giving attention to physical / medical well-being and addressing underlying problems with psychotherapy (“talking therapy”). In general, eating disorders should be treated by mental health professionals, with the involvement of a general practitioner or physician, and a dietitian.

Good treatment aims to restore normal eating behaviour and a healthy weight, as well as leaving the person feeling more able to control their life and more comfortable with who they are and what they feel. Many people do successfully take this journey.

Most people will have contact with their GP before being referred for specialised treatment. Various treatment formats can be used in a treatment programme for eating disorders. This needs to be tailored to individual needs and may include;

- Individual psychotherapy
- Educational and skills groups
- Group therapy
- Family therapy
- Medical management
- Medication
- Nutrition management with a dietitian

Most people can be treated in an outpatient setting. At some stage in the treatment it might be necessary to attend a day programme for a period of time. A minority of cases may require treatment in an inpatient setting before they can continue with outpatient treatment. In cases of severe medical complications admissions to a medical hospital ward might be necessary.

Treatment of adolescents will usually involve their parents.

Recovery From Anorexia and Bulimia

Recovery is not only about an absence of eating disorder symptoms but also regaining roles and responsibilities lost during the progression of the eating disorder (eg. work/school, relationships, social activity, making your own decisions etc.). Some people may continue to have occasional episodes of eating distress but can still be considered in recovery.

Anorexia (Mental Health Foundation of NZ, 2002)

- Many people with anorexia recover after a few years.
- Many may go on to have other problems such as depression, alcohol problems and anxiety disorders
- A small number become 'chronic' and remain very underweight
- Approximately one in 100 people with anorexia die each year, usually from complications of starvation.

Bulimia (Mental Health Foundation of NZ, 2002)

There is no clear information on the long-term outlook for those with bulimia. What is known is that;

- After 10 years about half of those who have had bulimia will be recovered (Mitchell, J. (1997) says after 5 years)
- About 30 percent will be improved but may relapse from time to time
- About 20 percent will have ongoing problems with bingeing and purging
- Among those that are unimproved many have other psychiatric problems
- Approximately 0.3 in 100 of those with bulimia will die (although it has been stated that this figure is too low). Suicide is a common cause of death particularly for those who have associated depression.

Is Your Eating Becoming a Problem?

Tick the boxes that apply to you:

- You have lost weight but feel you still need to lose more.
- You feel uptight at mealtimes and find it very difficult to eat or you avoid eating.
- You avoid eating with other people.
- You spend a lot of time preoccupied with your weight and finding ways of getting thinner, as **you** feel you are too fat.
- You feel your efforts are never good enough, regardless of what other people think.
- You feel that you are out of control with food.
- You have made yourself vomit or use laxatives after eating
- You love to cook but feel unable to eat, or avoid eating your own cooking, however good it is.
- Other people express concern about your low weight.
- You find yourself either dieting or over eating.
- Your menstruation (period) has stopped.
- You feel compelled to exercise
- You try to eat less than everyone else at the table.
- You lie to others about what you eat.
- You spend a lot of time thinking about food.
- You feel extremely guilty after eating some foods.

If you tick **four or more** of the following questions, it is recommended that you speak to your parents, your family doctor, or school nurse / school counsellor.

If you are concerned about a friend, you should also speak to your friend and/or one of the above.

Self Care

Below are suggestions of things you can do to change a problematic pattern of eating behaviours and / or lessen the risk of developing an eating disorder.

Focus on Normal Eating

- Food nourishes and comforts us. It gives us pleasure. Dieting can make food seem like the enemy.
- Food gives us energy to live a full, active life.
- Most of the time normal eating is three meals a day plus snacks.
- Normal eating is non-restrictive. This means eating all food types. There are no good or bad foods, just food. All food types have a place in our life.
- Normal eating takes up some of our time and attention but it keeps its place as only one of the many areas of our lives.
- Normal eating is flexible. It varies in response to our emotions, schedule, hunger and proximity to food.
- Normal eating is trusting our bodies to feel hunger, fullness, and satiety, and to respond to those messages.

Other suggestions

- **Eat regular meals (3 a day) and snacks (2-3 a day).**

It is recommended that you have no longer than 3 hours between each meal / snack. Small regular meals are easier to metabolise than a few larger ones.

- **Don't go on crash diets.** If you feel you have a weight problem, see your doctor or a dietitian, or talk to your school nurse or school counsellor.
- **Be aware of WHY you eat.** We sometimes eat for reasons other than hunger (eg. to be social, to relieve boredom, to avoid feeling sad, to feel happy, to be comforted etc).
- **Trust your body.** Learn to identify feelings of hunger and fullness (satiety). Eat in response to those signals. People with eating disorders often deny these – are you doing this?
- **Nurture yourself in healthy ways** (e.g. have a relaxing bath, listen to certain music). Use whatever works for you and don't let food become the only way you nurture yourself.
- **Learn to relax.** Look in your local library for books, or contact the Mental Health Foundation for tapes about relaxation.
- **Exercise in moderation** – (unless you are underweight, then you should stop exercising). Moderate exercise is healthy and supposed to be enjoyable. Think about team sports or exercising with a friend to increase your enjoyment and reduce the focus on weight.

- **Find other activities** - you can do that takes away the focus from food, weight and body shape and the urge to compensate for over-eating.
- **Become more objective** about the media promotion of the 'ideal woman'. Look at how advertisements / magazines / movie images influence your view of yourself. How real or attainable is that image?
- **Avoid comparing yourself negatively to others.** Learn to like and appreciate yourself as you are.
- **Be responsible for your own actions** - but don't punish yourself when things go wrong or you make a mistake. We all make mistakes, it is how we learn.
- **Be aware of your good points** - acknowledge when you do something well. Learn to hear and believe compliments.
- **Talk over problems** - with someone you can trust. Learn new ways of dealing with your problems.
- **Seek professional help** – if you feel (or people have told you) things are getting out of control. Your GP would be your first contact. They can arrange appropriate referral for you. There is also a list of Community Supports at the back of this booklet.

For Families and Friends

It is often difficult for family and friends to understand why the person they care about has developed problems with food and weight. An eating disorder can be seen as a coping strategy the individual has developed to help them deal with deeper problems they are unable to deal with directly. They may not be able to identify or name these problems. They are often unable to see that their eating patterns are out of control and may become angry with anyone who suggests there is a problem and deny it.

Family and friends may fear that by saying something they may make things worse and create upset. However, it is very important to tell someone you think may have an eating disorder that you are concerned about him or her.

A few suggestions that you can follow are;

- **Learn** all you can about eating disorders and treatment options from reputable books not womens' magazines.
- Let them know that you are **concerned** for his / her health, while still respecting their privacy.
- Be prepared for the possibility that a **discussion** about their eating problems might not lead to any change in attitude or behaviour on their part. Demanding change is unlikely to work.
- It is important to **involve a GP** in their care.
- Understand the **symptoms** for what they are – as part of the disorder / illness. Try not to take the behaviours personally, or see the person as being “difficult”.

- **Parents of adolescents** need to be involved in **setting caring and reasonable, but firm, limits** around problematic eating behaviours eg. when the adolescents wants to skip meals, eat alone, or gets mad when someone eats their “special” food. It is useful to decide beforehand what the limits will be and to be consistent with these.
- Try to **avoid power struggles**.
- **Partners and friends of adults** need to **negotiate** the nature of the support offered.
- Be aware that **comments about weight or appearance** can cause strong negative reactions. Even remarks that are intended to be complimentary may reinforce the negative body image focus.
- Be **supportive** and provide appropriate information that may help them see alternatives to their current situation.
- Examine your **own attitudes** about food, weight, body image and body size. Encourage discussion on the societal pressures to look a certain way, and how these pressures can lower self-esteem.

Remember, “feeling” fat is not “being” fat.

- Find ways of **communicating** that will open up discussion without blame and punishment eg. “This is difficult for all of us so let’s try to discuss it.”
- Seeing someone you love struggling with an eating disorder might make you feel very scared, angry, frustrated and helpless. However, be careful **not to blame** them. Try to understand the eating problems as a means of coping that has been successful and therefore hard to change or give up.
- As family or friends you may find it helpful to **get some support for yourself**. You need to look after yourself as well.

Reading List

Bryant-Waught, Rachel & Lask, Bryan. (1999) **Eating Disorders : A Parents' Guide**. Penguin Books; London.

Cooke, Kaz. (1994) **Real Gorgeous: The Truth About Body & Beauty**. Allen & Unwin; NSW.

Fairburn, Christopher G. (1995) **Overcoming Binge Eating**. Guilford Press; NY.

Mental Health Foundation of New Zealand. (2002) **Anorexia Nervosa**. Mental Health Foundation; Auckland NZ.

Mental Health Foundation of New Zealand. (2002) **Bulimia Nervosa**. Mental Health Foundation; Auckland NZ.

Singh, J. & Rosier, P. (1989) **No Body's Perfect: A Self-Help Book for Women Who Have Problems with Food**. New Women's Press Ltd; Auckland, NZ.

Schmidt, U & Treasure, J. (1998) **Getting Better Bit(e) by Bit(e): A Survival Kit for Sufferers of Bulimia Nervosa and Binge Eating Disorders**. Psychology Press Ltd; UK.

Treasure, J. (1997) **Anorexia Nervosa: A Survival Guide for Families, Friends and Sufferers**. Psychology Press Ltd; UK.

Community Support Groups

North Shore Women's Centre

Support, groups, referral - particularly for bulimia or binge eating.

Mayfield Centre, 5 Mayfield Rd, Glenfield, Auckland

PO Box 40-016, Glenfield, Auckland

Ph: Caz Palmer (09) 444-4618

Fax (09) 444-4626

Eating Difficulties Education Network (EDEN)

Health promotion, support, information, referral.

4 / 4 Warnock St, Grey Lynn, Auckland

PO Box 78-005, Grey Lynn, Auckland

Ph: Jane Tyrer (09) 378-9039

Fax (09) 378-9393

Overeaters Anonymous

Support.

PO Box 90-380, Auckland Mail Centre

Ph: (09) 376-3068

Making a referral to Auckland EDS

We are a Specialist Service and can only accept referrals from GPs, hospitals and Community Mental Health Centres. You can access our service by seeing your doctor, and discussing a referral to our service.

 Auckland District Health Board is part of the public health care and there is no charge for New Zealand residents.

Location

EATING DISORDERS SERVICE

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