

INFORMATION PACK FOR THE MEDICAL PROFESSION

WHAT IS EATING DISTRESS?

Eating Disorders such as Anorexia Nervosa, Bulimia Nervosa, Binge-Eating Disorder and Eating Disorders Not Otherwise Specified, as described in the psychiatric manual DSM IV, are just labels which concentrate mostly on the description of a person's behaviour. The different types very often overlap and even the top experts agree that it is difficult to make a clear diagnosis. But all of these are only the symptoms of the condition known as Eating Distress (ED).

ED is a condition where the mind culminates all of the negative assumptions the person has about him or herself. The negative mind becomes more powerful than the positive mind and has much more influence on the person's thinking, feelings and behaviour. This state of mind develops subconsciously and the person is not always aware that they are victims of this self-destructive condition. Often we read that sufferers have a low self-esteem. However, in reality, he or she has no sense of self at all. Therefore, this condition is extremely abusive and manifests itself with highly destructive symptoms in which an Eating Disorder is one.

All types of eating disorders, Self-mutilation, Substance Abuse, Self-harm and Activity Disorder are different manifestations of the one basic condition. Food becomes the most important relationship, but is never a happy one or an easy one. Slowly and surely everything is eventually excluded and thoughts constantly centre on food or body. It is a way of communicating with inner unhappiness. To help, we need to develop more understanding about this matter and especially more understanding of what ED is really about.

Controlling the body is a way of controlling life. Control is the centre of a sufferer's life. ED is very preoccupying. That is its function. ED occupies the mind fully and excludes all other issues. ED is a cushion against painful reality. ED is symptom of how the person relates to the world; food is only a lonely substitute.

Eating Disorders are usually very private disorders and not often brought voluntarily to the attention of health professionals. The symptomatology of slimming may be so normal in our society that recognition of its adverse consequences is easily ignored.

ED is a self-abuse; the person wants to be so perfect that they stop being aware of reality. EMOTIONAL SUFFERING is common in all forms of ED however the physical symptoms differ.

Anyone can suffer from an ED at any age.

WHAT IS NEEDED WHEN TREATING A SUFFERER?

Recognition
Respect
Reassurance
Repetition

We need to get inside the person's world. Learn to value the eating behaviour as a *necessary way for them to express their feelings*, rather than a nuisance. **Learn to understand their behaviour, and how they use it.**

The ED sufferer relies more than most on other peoples' opinions and reflections of her/him to determine how she/he feels about herself/himself. Eating Disorder sufferers are terrified of criticism, it is usually translated in the sufferer's mind, as others do not approve of something they do or say, and it is taken as a personal judgement.

ED person is not just a need for approval, but a *hunger* for care and affection as well. **Despite the feeling of dependency, people with ED don't want to rely on or need other people.** Feeling dependent or needy leaves them feeling weak or like a failure, and it is avoided at all costs. For some people there is an intense fear that others will be overwhelmed by their needs and leave them, or stop loving them. To avoid this they try to be perfect inside and out. The strain is enormous. They feel, to be loved, they need to be perfect. Eating Distress has a long and complex build up and there is not one single cause. Just as the disease is a combination of factors, many outside our control, so is the cure.

All Eating Disorders develop subconsciously; victims are as confused as those around them when the symptoms emerge.

MAIN TYPES:

Anorexia Nervosa
Bulimia Nervosa
Eating Disorder Not Otherwise Specified (EDNOS)
Binge Eating Disorder
Compulsive Eating
Emotional Eating
Chaotic Syndrome
Dieting Syndrome
Orthorexia

Different types very often overlap and even the top experts agree that it is impossible to make a clear diagnosis. All of these forms of Eating Distress are simply different manifestations of one basic condition.

ANOREXIA IS CHARACTERISED

- Fear of gaining weight
- Denial of physical and emotional needs
- Distorted body image
- Develops ritualistic eating habits
- Becomes more critical and less tolerant of others
- Missing a monthly menstruation
- Withdrawing from all social contacts
- Perfectionist in their own world
- Feeling cold
- Dizziness and fainting spells
- Dressing in layers to hide body
- Fear situations where food may be present
- Rigid exercise program
- Insecurities about their capabilities
- Does not reveal feelings
- Has highly self-controlled behaviour

Sufferers tend to isolate themselves, they feel very unhappy, lonely and confused. Panic attacks are common. People with Anorexia become addicted to the sensations caused by starvation. Long-term data indicates that mortality in anorexia sufferers is 10% to 15%. Organs in both the digestive and nervous system are, in most cases, affected. Most medical complications are the result of starvation and can be reversed with a well-planned re-feeding program. This re-feeding, however, is only effective when in combination with intensive psychological work.

THIS DISEASE IS VERY WIDESPREAD, AFFECTING ALL SECTORS OF SOCIETY. There is at present, no organic cause for this illness has been identified.

BULIMIA IS CHARACTERISED

- Repeated episodes of compulsive binge eating with or without self-induced vomiting
- Laxative and diuretics abuse
- Abuse of diet pills or other energy enhancers
- Over exercising
- Complaints of fatigue and muscle pain
- Swollen glands
- Puffiness in the cheeks broken blood vessels under the eyes
- Tooth decay
- Weight fluctuations, often within 10 to 20 lb ranges
- Preoccupation with and constant talk about food or weight
- Bathroom visits after meals
- Extreme mood shifts from very excited to severe depression, sadness, guilt and self-hate
- Self-worth determined by weight

About 4% of the western population show full blow symptoms. 9% show sub-clinical syndrome symptoms. **Both bulimia types are more common than anorexia and less easily detected.** There is still a lot of confusion about this condition. Not all specialists are alert to the distress and the physical danger to their patients with bulimia symptoms. People of normal weight may have disrupted their body chemistry so severely that they are at risk of sudden, fatal heart attack, epileptic fits, kidney failure and hypoglycaemic attacks.

Anorexia attracts all the attention and sympathy, **but bulimia involves the greater risk to the health, both physical and emotional.**

People can appear cheerful, relaxed, and confident. **But, in reality, they have a very strong sense of shame, self-hate and need for security.** More and more people with bulimia are coming for help. But, because of the shame factor, they came for help under the pretence of physical complaints. However, About 40% of people with anorexia have bulimia symptoms. Experts agree that the real number will be much higher.

EMOTIONAL OVER-EATING / DIETING SYNDROME

This condition has only recently started to be recognised. Emotional overeating is a psychological disorder in which food is used, unknowingly, to cope with stress, emotional conflicts and daily problems. Dieting is mistakenly seen as the solution and is undertaken with strenuous effort. Feelings of deprivation set in because the dieting is approached in a rigid manner. Whether emotional overeating or dieting, the person is still engaged in a struggle with food. About 80% of women and more and more men are on diets or feeling out of control around food. Mental turmoil and self-hate is intense and destructive. They feel socially unaccepted.

Emotional overeating is often confused with obesity. However, one does not necessarily follow the other. Obesity is a term used when someone weighs more than 25% above the expected normal body weight. A person who overeats, may or may not be obese.

Obesity is a definition based on weight with no reference to psychological factors. It can result from any number of conditions that are unrelated to psychological issues. As with the other forms of ED, the person who is vulnerable is the one for whom the food meets psychological needs. When someone does not have other tools or resources to deal with stressful situations, then food may be used as a way of coping.

There is a high proportion of males who overeat. Men and women alike seek treatment. It is a common clinical observation that emotional overeating runs in families with a low tolerance for stress.

Emotional Eating and Dieting Syndrome Involves

- Either constantly eating through the day or occasional binges
- Eating in secret, often eating at night
- Feels out of control and hopeless around food
- Eats rapidly
- Makes excuses to skip meals and does not eat with others
- Develops a tendency to be perfect in almost everything
- Conversation is mostly focuses on food or around body shape
- Often hears other people's problems, but ignores his or her own
- Highly self-critical
- Pattern of strict dieting, possible abuse or use of laxatives, diuretics and slimming tablets
- Hypertension or fatigue
- Inability to maintain consistent weight
- Mood swings
- Guilt and shame about amount eaten
- Compulsive spending
- Looking constantly for approval from other people
- Low libido
- Weight is the focus of life
- Fantasising about being a better person when thin

People are driven to emotional eating through suppressed anger, loneliness, stress in work. They turn to food to compensate for the areas they cannot fulfil in their life. They can also suffer from malnutrition in the western sense of the word; they may be starved of nutrients because of their insufficient intake.

There is also a tendency to pretend that the problem does not exist.

If someone in the family develops an ED, it is time to listen, not to blame. Families need to learn about the condition and then can be supportive!

If we only concentrate on controlling the eating behaviour, the ED gets worse.

ED deserves to be taken seriously, but, panicking does not help. The sufferer is in a vicious circle and the easiest thing to do in a vicious circle is to stay within it.

- At least 5% to 20% of ED sufferers will eventually die from an Eating Disorder.
- If a person suffers for up to 5 years, the chance of a fatality is 5%.
- If a person suffers for over 20 years, the chance of a fatality is 20%.
(Professor Maher, University of Colorado)
- Bulimia has a much higher mortality rate.
- Bulimia has higher suicidal tendencies and long term medical complications.

Dr. Andersen, University of Iowa 1992, has linked ED with the rings of a tree; each episode leaves a permanent impression. We must become aware of the impact an Eating Disorder can have on each organ and the body as a whole.

ASSESSING THE SITUATION

Behaviour

Psychological

Medical

- 1- Eating behaviour and attitudes
- 2- Depression and negativity
- 3- Cognition - thought patterns
- 4- Hopelessness and suicidality
- 5- Anxiety
- 6- Interpersonal skills
- 7- Body image, shape and weight concerns
- 8- Sexual or other trauma
- 9- Obsessions
- 10- Family history and family symptoms
- 11- Relationship patterns
- 12- Other behaviour: drugs, alcohol...

Eating distress is a psychosomatic disorder; the sufferer's health needs to be monitored regularly.

Disturbed psyche contributes to a disturbed soma/body.

MEDICAL ASSESSMENT

- Laboratory and other diagnostic tests
- Nutritional evaluation
- Physical exam

Consequences of starving

- Dry thin hair
- Dry skin covered with downy fuzz
- Brittle splitting nails
- Weak and wasted muscles or tremors
- Constipation, bloating and abdominal discomfort

ANOREXIA AND OVER-EATING: 2 SIDES OF THE SAME COIN
THE ROLE OF FAMILY AND PROFESSIONALS IN ED RECOVERY

- Kidney and bladder infections
- Urinary track stones
- Cavities and gum disease
- Frantic activity and depression
- Hormonal imbalance
- Absence of menstrual cycle for females

Consequences of bingeing and vomiting

- Menstrual irregularities in females and low testosterone in men
- Swollen glands in neck beneath jaw
- Sore throat or sinus infections
- Hair loss
- Cavities and loss of tooth enamel
- Puffy, moon-shaped face
- Raw fingers caused by acid from vomiting - Russell's stings
- Bags under eyes
- Fainting spells
- Blurred vision
- Tremors
- Rapid or irregular heartbeat
- Stomach and abdominal discomfort as well as bloating
- Nausea
- Oedema
- Ulcers or colitis
- Blood sugar irregularities
- Kidney and bladder infections
- Weak muscles

Eating disorders are the most life threatening of all psychiatric illnesses; people need regular medical attention.

Two people with the same behaviour may develop completely different symptoms. It is necessary to have a well-trained and experienced physician as part of the treatment for an Eating Disorder.

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