I've been struggling with anorexia for 4 years. I'm 5'7" tall and I weigh 102 pounds. Everyone tells me I look horrible, but I feel I still look too fat.

It started when I was 15. At first, I just wanted to lose a few pounds. Then, I liked the feeling of control so much that I kept going until I got down to 100 pounds. When I first started dieting, I'd limit myself to a few bagels a day. Then, I'd eat just a few graham crackers. Then, I'd limit water to just a few ounces a day. And all the time, I was at the club doing aerobic workouts for an hour or so every day.

dying for a good image

When I gain a pound or two, I get scared and I want to stop eating altogether. In fact, sometimes I feel as if the only way I can control anything in my life is to eat the least possible amount. It's like a game.

I have paid a price for getting this thin. My kidneys began to fail, and I was hospitalized twice to keep them from shutting down altogether. I worried that I might have to go on dialysis. I went to support group meetings for awhile and that helped, but now I'm back on the diet track. All I think about is food and how fat I feel. I hope and pray that I don't ruin my health, but I just don't know... –RITA, 19

by Nina K. Schlachter, D.O.

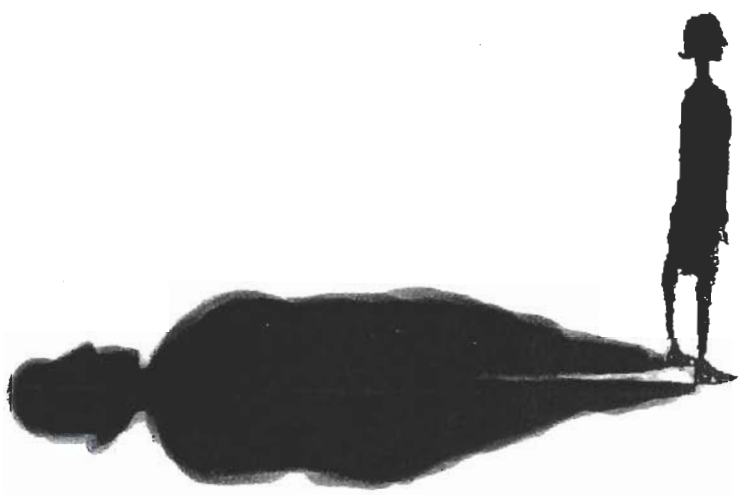
In the quest for control, perfection, and beauty, more and more young people envision food as the enemy, a foe to be vanquished at all cost–even at the cost of life. The great irony is that, the more young people try to control food, the more it begins to control them. The consequences are dire; serious medical problems result from anorexia and bulimia, and can lead to death.

The public and medical professionals are becoming increasingly aware of the array of eating disorders that affect adolescents and young adults. News reports and public awareness campaigns highlight the key facts:

- One out of every 100 adolescent women suffers from anorexia.
- Six out of every 200 young women have bulimia.
- Nine of every 10 people with eating disorders are female.

Hoffman, L. (1994). Eating disorders–decade of the brain. Office of Scientific Information, National Institute of Mental Health.

According to the National Institute of Mental Health, one case in ten of anorexia leads to death from starvation, cardiac arrest, other medical conditions, or suicide.



But the bad news extends beyond the numbers. The quest for a perfect body through control of eating too often leads to a damaged body. Many people are not aware of the wide range of medical complications associated with anorexia and bulimia. Some effects are modest (mild anemia), but some are serious and even life-threatening. According to the National Institute of Mental Health, one case in ten of anorexia leads to death from starvation, cardiac arrest, other medical conditions, or suicide. A person with bulimia risks stomach rupture and an eroded esophagus, as a result of systematic binging and vomiting. Almost every organ system in the body is affected by eating disorders.

The two main categories of eating disorders differ in their symptoms and medical consequences, although the treatment approach for both is similar.

I've been dieting since I was in junior high school. All my friends were obsessing about losing weight, and I couldn't stand to be the "fatty" in the group. My friends and I were talking about food and dieting all the time–it was kind of like a competition to see who could eat the least and lose the most.

I was so successful that I guess it got out of control. I was officially diagnosed as having anorexia when I was 14 and had to be hospi-

talized. That brought me up short and I began to focus more on health than weight loss. But it didn't last and I started losing weight again. I know the things I need to do to keep healthy, but I just can't make myself do them. Some days, I feel like I'm the biggest health nut around, and other days I want to destroy my body. I am so filled with self-hate. I feel trapped. – MARY ANN, 22

Anorexia nervosa is basically a disorder of self-starvation. Characteristics include:

- refusal to maintain body weight at or above the minimally normal weight for age and height (e.g., weight loss leading to maintenance of body weight less than 85% of that expected; or, in pre-adolescent girls, failure to make expected weight gain during period of growth);
- intense fear of gaining weight or becoming fat, even though underweight;
- distorted view of body weight or shape; and
- amenorrhea, or cessation of menstrual period, for at least three cycles.

AMERICAN PSYCHIATRIC ASSOCIATION (1994). DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS, (FOURTH ED., REVISED) (P. 251). WASHINGTON, DC.

Many people think that our thinness-glorifying culture spurs young girls to take the first steps toward anorexia. Models are the heroines that inspire. A preoccupation with body image and dieting to achieve the perfect shape begins for some in elementary school.

Dieting to lose "just a few pounds" can set a vulnerable adolescent on a roller coaster obsession with food and weight loss. She is never thin enough. She thinks about food constantly and becomes totally absorbed with her determination to control her intake. Although she is starving, she denies that she is hungry or claims to be full after a few bites.

The most obvious sign of anorexia is the wasting, the emaciation. A trained diagnostician also will note a young woman's thinning hair, especially around the crown; a growth in fine body hair, called lanugo, which may include facial hair; and, another classic symptom of anorexia, sunken temples.

The body's response to anorexia is to shift to "slow gear." The hypothalamus, the part of the brain that regulates body temperature, water balance, endocrine gland functioning and metabolism, gets out of whack. As a result, the person with anorexia may display a slowed heart rate, with erratic beats; lowered blood pressure and pulse; non-specific electrolyte abnormalities, particularly low levels of potassium; and a sluggish thyroid. And, of course, the reproductive system is affected, with cessation of menses as one of the first signs of anorexia. Self-starvation also injures the kidneys, by dumping more protein than the organ can handle.

As a result of her reduced body fat, a young woman with anorexia is intolerant of cold. She also may experience shortness of breath when she exercises, and frequently feel lightheaded.

Signs of long-term or advanced anorexia include elevated cholesterol, low white blood count, anemia, low levels of protein in the blood, and loss of menses. Prolonged loss of menses results in osteoporosis.

Potential damage to the heart is a real concern. Sudden shifts of electrolytes, especially low levels of potassium, harm the heart's electrical impulses, with sudden death a real possibility for these young women. One of my patients, an obsessive exerciser, eliminated all fat intake from her diet, and basically starved herself. She had had two heart attacks by the age of 28. Another young woman with anorexia had such a bad heart that she needed a pacemaker by the time she was 21.

I thought I was different from other women. I never had to worry about my weight and never got caught up in the hysteria about dieting. But when I turned 26, I started gaining weight, even though my eating patterns didn't vary. So I upped my exercise routine. Now I work out about 2 hours every day. I got such a high from the exercise and from positive comments about my looks that I started cutting back on food, too. I try to eat just tea and rice. I don't feel happy unless I'm hungry all the time.

My fiance thinks I look great, but he doesn't know what I do to keep the shape he loves. I'm considering taking laxatives on a regular basis to help me control the weight.

Is this just a passing phase? Or am I getting into serious trouble?

I know what I'm doing is wrong, but I can't seem to break the pattern. This feels like an obsession. – ALLISON, 26

Bulimia nervosa combines binge eating with behavior that attempts to compensate for the caloric overload: vomiting, abuse of diuretics, diarrhea induced by laxatives, or compulsive exercise.

The official diagnosis for bulimia describes characteristic behavior that occurs at least twice a week over three months:

- recurrent episodes of binge eating (eating large quantities of food, very rapidly, in a short period of time and feeling a loss of control over eating during the period); and
- recurrent and inappropriate compensatory behavior to prevent the weight gain from such binges (self-induced vomiting, misuse of laxatives or diuretics, fasting, or excessive exercise).

AMERICAN PSYCHIATRIC ASSOCIATION (1994). DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS, (FOURTH ED., REVISED) (P. 252). WASHINGTON, DC.

Like anorexia, bulimia often begins with an adolescent's yen to shed a few pounds and progresses to an obsession about controlling food and weight. And like the anorexic woman, the bulimic measures her self-esteem by what she weighs and how she sees her body–often, a warped image of her true shape.

The difference, of course, is the see-saw nature of bulimia, the gorge-and-purge cycle that women keep in motion to reduce or maintain their body weight. The binge episodes of frantic, furtive eating signal a loss of control; the purging or excessive exercise is a bulimic's way of attempting to regain control. In the process, she can inflict significant damage to her body. But the damage can develop unnoticed. An adolescent or young adult who binges and purges may appear attractive and "normal," as her disordered eating behavior takes place behind closed bathroom doors or, if she compulsively exercises, in a socially accepted setting like the college gym or athletic club.

But the signs of ravage eventually emerge. Frequent vomiting erodes tooth enamel and inflames the esophagus. The parotid glands on both sides of the neck become swollen–a classic sign of purging associated with bulimia. Women who abuse diuretics are likely to suffer from low levels of potassium, with associated muscle cramps, tingling in the feet and hands, and dizziness.

Bulimia is the fastest growing eating disorder in this country. It is common on college campuses, where an estimated 13% of coeds routinely binge and purge. Reflecting the medical profession's concern over this epidemic,

The National Association of Anorexia Nervosa and Associated Disorders

The National Association of Anorexia Nervosa and Associated Disorders (ANAD) provides free support groups for persons with eating disorders and their supporters around the world; publishes a quarterly newsletter; promotes education and research, and lobbies against legislature, corporate policy and advertising that encourages further discrimination against people of certain sizes and shapes.

For More Information write to:
ANAD Box 7, Highland Park, IL 60035,
or call (312) 831-3438

In Atlanta, ANAD meetings are held on Wednesdays at 7:30 P.M., at Ridgeview North Fulton in Alpharetta, and on Saturdays at 10:00 A.M., at Ridgeview Institute in Smyrna. Both meetings are open to persons with eating disorders and their supporters. For more information on ANAD's programs and services in Atlanta, contact Tammy Holcomb, LPC, (404) 628-0957.

the National Mental Illness Screening Project recently launched a nationwide campaign to raise students' awareness of the problem. More than 600 colleges and universities were invited to participate in free, anonymous screenings, coupled with educational presentations and referral to health professionals.

People say I look fine, but I know I'm overweight (I wear a size 6-8). I began purging about 6 months ago. My parents found out and made me start seeing a therapist. That helps a lot, but sometimes I just want to curl up in a ball and make it all go away. When you think about it, I don't really have a problem. I mean, I have friends who've been dealing with bulimia for 5 years or more. I just need to do it for a few more months until I get my weight under control, and then I'll stop. I'm sure I'll be able to. – ELEANOR, 18

The profile of the "typical" person with eating disorders is shifting. The familiar portrait is of a young, white, middle-class female from a family that places a high value on achievement and appearance. Increasingly, however, we are seeing the condition spread to men, especially those involved in athletics where weight control is important, and to people of color. The medical literature recently reported the case of a woman whose first onset of bulimia occurred at age 64. And grade-school girls worry about their weight, and some begin dieting as young as age 8.

These trends are not surprising, given our culture's pursuit of perfection and holding up thinness as the standard for beauty. Comments about weight loss are often framed in a positive way, even by doctors. The family physician might compliment an adolescent patient–"You look great–have you lost weight?"–or inadvertently contribute to a problem by suggesting "You look good, but you could stand to lose another 10-15 pounds."

Society's mixed messages about weight and health often hit hardest for bright, ambitious children of loving families who value education and achievement. The exhortation to "do your best" can be interpreted as a requirement for perfection–which, in our culture, is linked to body image, food, and exercise.

Further complicating the picture is that weight control is one of the few "legal drugs" available to young people. It offers stellar advantages: adolescents can exercise a sense of control and practice the behavior–all the while maintaining their image as "a good kid."

What are the prospects for young people with an eating disorder? About a third will improve on their own, another third can get better with the help of a doctor and therapist, and another third may remain chronic sufferers.

Eating disorders are complex and often intractable. Many with the condition deny the problem or minimize its seriousness, so it is often a parent or spouse who must encourage–or insist on–treatment.

An observant primary care physician–family physician, internist, pediatrician, or obstetrician-gynecologist–can be alert to warning signs such as significant weight loss with no medical etiology, body weight of 15% below normal, and amenorrhea. The physician can gently confront the patient, offer evaluation, and recommend therapy. Individual, group, and family therapy–or a combination–are essential to attack the root of the problem and the frequently accompanying depression.

If the patient continues to lose weight over the next six months despite therapy, referral to a specialist is appropriate. It is important that a referral be sought before the patient reaches a crisis. Treatment becomes extremely difficult when the condition is advanced.

In severe cases of anorexia, re-feeding is imperative. Often, the patients must be hospitalized to enforce this. Some cases require feeding through a naso-gastric tube. Careful monitoring in the following weeks is important to check for medical problems that may not surface immediately. The care of a person with an eating disorder often involves the participation of a team of medical professionals: a family practitioner for overall coordination of care, possibly an endocrinologist or gastrointestinal specialist, as well as mental health professionals and a nutritionist.

The important challenge for parents and physicians is to recognize the signs of disease, respect the potentially dangerous medical consequences, and get the person with an eating disorder into treatment as early as possible.

The Women's Center at Ridgeview provides specialized programs for women with eating disorders and trauma survivors. Our continuum of care includes intensive inpatient, partial hospitalization and outpatient treatment options. For more information, call the Ridgeview Access Center, (770) 434-4567 or 1-800-329-9775.

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