



I N S T I T U T E

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The Great Hunger: Understanding and Treating Adolescent Eating Disorders

By Nina K. Schlachter, D.O.

An alarming number of our children are severely harming themselves. They deliberately starve, exercise to the point of exhaustion, wreck their digestive systems with massive amounts of laxatives or binge on food and then make themselves vomit, some many times a day. Most of these children are girls; a smaller but growing number are boys. All of them, no matter how they carry out this self-destruction, have one thing in common: their lives revolve around food and body image.

The medical community identified anorexia nervosa in the 19th century. Called “the starving consumption” at that time, the disease was almost always fatal. Today anorexia nervosa and bulimia nervosa are destroying many of our nation’s youth, “infecting” our schools, camps, dormitories and athletics. There are treatment strategies that can help. The first step is gaining an understanding of eating disorders so we can break through the secrecy and denial that surround them and help our children learn how to deal with life in healthy ways.

A SEARCH FOR CONTROL

The late psychiatrist Hilde Bruch, M.D., described anorexia nervosa as “the relentless pursuit of thinness.” Considered the grandmother of anorexia research, Dr. Bruch began studying young girls with the disorder soon after WWII, a time when the psychiatric community first recognized anorexia as a serious problem. What she found was a population of girls who literally had lost their appetites – both for food and for life itself. Current studies show that 2 in 100 adolescent girls are anorexic, double the incidence of 15 years ago.

(Margin statement #1) Combination of cultural pressures and family expectations may contribute to eating disorders in patients who have a genetic predisposition.

Research indicates that a combination of cultural pressures and family expectations may contribute to eating disorders in patients who have a genetic predisposition. American culture presents young women in particular with an unrealistic standard of beauty. Girls as young as four talk about being fat and going on diets, words they learn from the media and from parents, who often are obsessed with their own weight; and some studies report

that girls as young as eight suffer from full-blown eating disorders. Families often expect girls to assume a great deal of responsibility, caring physically and emotionally for younger siblings and sometimes even for ailing or addicted parents. At a critical time in life when children need their families' support to learn who they are and grow into adulthood, they instead must support their families. As a result, they never develop the social skills, coping skills, or self esteem they need to face the world.

Children with eating disorders, often overwhelmed with a sense of duty and overshadowed by our culture's impossible images of beauty, have gotten the message that it's not all right for them to express – or even have – their feelings. As those normal, human feelings begin to build up and rage out of control, these children decide to exert some control over the one area of their lives they can: their own bodies.

With anorexia, a girl of normal weight looks in the mirror, searching for the perfect images that are all around her in magazines, and on television. She sees only imperfection, an intense fear of fat sets in, and a vicious descent begins. She stops eating, or eats only small portions, or begins exercising excessively. Her starving body begins to feed on itself, and she begins to lose weight. No matter how little she weighs, however, she still fears losing control of her body.

As her weight continues to fall, the protective layer of body fat that keeps her warm disappears. If she has reached puberty, she may damage her sexuality as well. Pubic hair falls out, breasts waste away, menstrual periods cease. As her body tries to keep her internal organs warm, she will become lethargic and have difficulty concentrating. She may also feel numbness in her hands and feet, as well as a slowed heart rate. Her skin may develop a covering of downy hair called "lanugo," a sure sign of starvation. Anorexics also face the risk of heart irregularities, brittle bones, thyroid dysfunction, fluid retention problems, and kidney failure. No matter how far down the scale they descend, children with anorexia share a common physical trait: they are hungry all the time, but they will never admit it. Five to 15% of people with anorexia will die of their disease.

THE ULTIMATE DIET

From the Greek word bouilimia, meaning "the great hunger," bulimia nervosa has been recognized by the medical community only since the late 1970's. Adolescents with bulimia use food to numb unexpressed feelings. Overwhelmed by constant cravings, bulimics eat large amounts of food at a time and then, because they fear getting fat, they purge. Some force themselves to vomit, while others abuse laxatives, diuretics, diet pills or exercise, all in an uncontrollable quest to avoid gaining weight. Like anorexia, the prevalence of bulimia in the general population has doubled in the last ten years (5%).

Just like anorexia, bulimia is a disease of denial, secrecy, and shame. In some cases, bulimia is the next logical step in the progression of anorexia. The longer anorexics go without food, the harder it is for them to deny their hunger. When hunger becomes overwhelming, they binge, trying to meet the physical need for sustenance they've been

denying themselves for so long. Eating, however, triggers shame and fear of becoming fat, and they feel compelled to rid their bodies of the food.

Eating disorders are always a symptom of some underlying problem, from depression or extreme anxiety to family pressures or major family changes. For example, divorce, the death of a significant family member, or a move to a new city can trigger an eating disorder.

The cycle of bulimia causes a host of serious physical problems. The body's electrolyte system – those chemicals in the blood that transport food and oxygen, remove waste, and keep organs functioning – can be thrown off balance. A drop in potassium can cause sudden death from heart failure. Stomach acid from frequent vomiting can cause dental damage as well as mouth, throat, and stomach pain and bleeding. Bulimics who abuse laxatives to lose weight face gastrointestinal problems and kidney damage. During a time when children are supposed to be learning about healthy sexuality, bulimia converts healthy sexual feelings into shame and fear.

Eating disorders are common among high school seniors and college freshmen because those times represent leaving childhood and home behind and entering adulthood, creating stressful transitions that are difficult for all teenagers. Research also has shown a link between eating disorders and traumatic childhood events, such as sexual, physical, or emotional abuse. Both anorexia and bulimia have high incidence of comorbid affective disorders – major depression, obsessive compulsive disorders, anxiety disorders, impulse disorders.

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Although many adolescents with bulimia come from high-pressure families and learn to equate perfection, both in appearance and behavior, with acceptance and love, they tend to rebel against that standard more often than do anorexics. Children with anorexia usually are quiet, orderly, and obedient, while children with bulimia are more likely to get in trouble at school, at home, and with the law. These kinds of behavioral problems sometimes will alert parents that their children are suffering. More often, however, children with bulimia are so good at hiding their disease that they don't get help until the physical consequences become too severe to conceal.

STUFFING FEELINGS

A growing number of therapists and treatments centers are beginning to recognize compulsive overeating (binge eating) as a serious disorder as well. A powerful, sometimes irresistible urge to eat beyond the amount of food needed for sustenance, compulsive overeating can result in severe physical and emotional disability. Some compulsive overeaters binge, eating large amounts of food all at once, while others eat smaller amounts consistently throughout the day.

Like anorexics and bulimics, the lives of compulsive overeaters revolve around food, and they eat to numb their emotions. In most cases, obesity can be linked to this disorder, which may lead to high blood pressure, diabetes, and other medical problems.

As with anorexia and bulimia, compulsive overeating is a sign that our children find the demands of growing up overwhelming. Being overweight used to be embarrassing. Today, in our overly appearance-conscious society, it is regarded as a moral lapse or a character flaw. As children begin to gain weight from consuming excess food, binge eaters often face the cruelty of their peers. Being overweight is one of the most painful experiences an adolescent can have, and the shame it produces can lead to more compulsive eating, which then leads to more shame. It's a vicious, progressive cycle.

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EATING TO LIVE

In a society obsessed with body image, food, and dieting, it's no wonder that so many of our adolescents are suffering from eating disorders. Daily images from the media, friends, and families teach our children that they should look perfect, while many families teach them that they should be perfect. This combination can be deadly.

Teenagers go through so many changes that it can be difficult to determine which ones are healthy and which may signal an eating disorder. Since eating disorders are driven by denial and secrecy, it's rare for adolescents to seek help on their own. Usually they enter treatment after their parents begin to notice behavioral problems. Some adolescents, for example, may isolate themselves from friends and the rest of the family. Anorexics may spend most of their time preparing family meals and feeding others, but refuse to eat anything themselves. Bulimics may get in trouble for shoplifting or skipping school. Compulsive overeaters may become depressed and let their grades slip.

Ridgeview Institute's Eating Disorders Program, incorporated within the Women's Center, provides a safe place for adolescents to begin recovering from their disorders and learn to experience the feelings they used food or starvation to suppress. There are not cures for eating disorders. Treatment simply provides the tools adolescents need to deal with life and begin an ongoing process of recovery, and the skills that families need to understand and help them in this process.

Ridgeview's Eating Disorders Program offers the full compliment of levels of care – inpatient, partial hospitalization and intensive outpatient treatment – so that the adolescent can enter the appropriate level of care, minimizing the disruption of their life. The first step in treatment is to help restore patients to a healthy physical state – correct dehydration, electrolyte imbalances, and nutritional deficiencies. Once patients are out of physical danger, a master's level clinical dietician helps create and explain the individualized diet plans designed to help them learn to eat normally.

After each meal, food focus groups help patients connect their feelings to what they eat. Most teens with eating disorders confuse feelings of hunger and satiety with their

emotions. Treatment helps them learn the difference and become comfortable with the full range of human emotions. Eating disorders nearly always mask deeper emotional, social, and spiritual problems, and the program offers individual and group therapy to begin healing these problems.

The family, an adolescent's main support system, needs healing as well for lasting recovery. Families of teens with eating disorders often feel a lot of shame and guilt. The program enables them to express and work through these feelings, and it provides extensive education about eating disorders as well as an understanding of what each adolescent needs in the way of family support. Ridgeview's Eating Disorders Program emphasizes family participation, strongly recommending at least weekly family therapy and provides a weekly family psycho-education group. Also available is *Friends and Family of People with Eating Disorders* (F.E.D.), a weekly support groups for families and friends of people with eating disorders.

Along with this focus on the family, Ridgeview's Eating Disorders Program offers free support groups for ongoing care – both Overeaters Anonymous (OA) and Anorexia Nervosa and Associated Disorders (ANAD). At Ridgeview, we have found that a combination of cognitive-behavioral therapy, family systems therapy, and multiple group opportunities offer the best foundation for solid recovery.

Recovering from eating disorders is difficult. Alcoholics and drug addicts can avoid chemicals altogether, but we all have to eat. Recovery from eating disorders involves painstaking abstinence from harmful eating patterns, while consuming three healthy meals each day. Imagine trying to recovery from alcoholism by drinking in moderation. In addition, teens with eating disorders may need as much as a year in outpatient follow-up treatment to heal the emotional, spiritual, and physical damage these diseases cause.

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The point of treatment and ongoing recovery is to learn how to grow up. That means accepting the self- body, emotions, and thoughts – as it is. The nation's media and culture may never tell our children the truth about how they should look and who they can be. But we parents, teachers, therapists, and caregivers can. If we are aware of the causes and symptoms of eating disorders among children, the children in our lives will have a better chance of avoiding those disorders and growing up healthy.

COMMON SYMPTOMS OF EATING DISORDERS

- ◆ Increased isolation
- ◆ Constantly thinking about “feeling fat”
- ◆ Intense fear of becoming fat or gaining weight
- ◆ Life revolves around food
- ◆ Feeling a loss of control when eating
- ◆ Guilt or shame after eating
- ◆ Self-induced vomiting
- ◆ Excessive exercise

- ◆ Abuse of laxatives and/or diuretics
- ◆ Eating for emotional comfort to relieve stress or depression
- ◆ Obsessive thoughts and rituals
- ◆ Feelings of hopelessness and helplessness

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Ridgeview Institute is a private, not-for-profit behavioral health care system with inpatient, partial hospitalization, and intensive outpatient programs for children, adolescents, adults and seniors with psychiatric and addictive problems. We are located at 3995 South Cobb Drive, Smyrna, Georgia 30080. For more information about Ridgeview's programs and services, call (770) 434-4567 or 1 (800) 329-9775.

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