

Anorexia and Bulimia: Destructive Disorders

Each year, millions of people in the United States are affected by serious and sometimes life-threatening eating disorders; the two most common being anorexia nervosa and bulimia nervosa. (Hoffman 1) Over 90 percent of those afflicted with the disorders are young women. Approximately 1 percent of adolescent girls develop anorexia nervosa, a dangerous condition in which they can literally starve themselves to death while another two to three percent of young women develop bulimia nervosa, a destructive pattern of excessive overeating followed by vomiting or other “purging” behaviors. These disorders have reached epidemic proportions. For example, a recent study cited by the National Eating Disorders Association showed that 50 percent of girls have significant eating disturbances at some point during their teens. (NEDA website) Obviously, anorexia and bulimia are serious illnesses that need and deserve serious attention. However, many people do not know much about the disorders, thus do not recognize warning signs often times until it is too late.

One of my closest friends suffered a life-threatening case of anorexia and going through it with her was one of the hardest things I have ever seen or done. It made me realize how scary eating disorders can be and how important it is to educate others about them. My friend was lucky enough to survive – but no one should die from an eating disorder. By being more conscious of the disorders and being aware of their destructive nature, perhaps we can prevent the diseases from continuing to grow.

Anorexia nervosa is defined as a disorder in which people intentionally starve themselves. The disorder, which often begins in young people around the time of puberty, involves extreme weight loss. (Hoffman 2) Unlike normal dieting, which stops when the desired weight is reached, in anorexia the dieting and loss of weight continue until the sufferer is well below the normal limit for age and height. Many anorectics look emaciated but are convinced that they are overweight. (Ibid) One of the most frightening aspects of the disorder is that people with anorexia continue to think that they are overweight even when they are bone-thin. For reasons not yet completely understood, they are terrified of gaining any weight. Bulimics share this fear.

About 40 percent of anorexics develop bulimia later. (ABNFV 2) Bulimia nervosa is a bit different from anorexia because bulimics don't avoid eating. Instead, bulimics often eat huge amounts of food over short periods of time and then get rid of the food quickly by vomiting or taking laxatives or diuretics. Bulimia is two to three times more common than anorexia and is also more prevalent in females than males. (Richards 1995) However bulimia affects a slightly older age group, often women in their early to mid-twenties who have (like some anorectics) been overweight as children. (Mental Health 2) Because many individuals with bulimia “binge and purge” in secret and maintain normal or above normal body weight, they can often successfully hide their problem from others for years. (Hoffman 3) The chaotic eating pattern of bulimics is a compulsive and uncontrollable one that leads to chemical imbalances in the body. (ABNFV 2) These imbalances bring about lethargy, depression, and clouded thinking.

When severe, both anorexia and bulimia can cause kidney dysfunction, urinary tract infections, colon damage, dehydration, constipation, seizures, muscle spasms, chronic indigestion, loss of or irregular menstruation, and strain on most of the body's organs. (Ibid) The vomiting practices of bulimia can also lead to erosion of dental

enamel, swollen salivary glands, a ruptured stomach, and chronic sore throat and gullet. (Ibid) The malnutrition of anorexia has its own effects as well: severe sensitivity to the cold, growth of down-like hair all over the body, and inability to think rationally and concentrate. (Ibid) Both anorexia and bulimia have serious physical effects that can be reversible if tackled in the early stages. However the diseases are also fatal and it is unwise to ignore the warnings and delay treatment. Left unattended, the disorders can take away from the person's quality of life – or life altogether.

There are many different ideas about the causes of these two disorders and it is important to understand that not all apply to every sufferer. The Royal College of Psychiatrists lists on its website the possible causes of anorexia and bulimia; they include social pressures, control, puberty, family, depression, and upsetting events. Social pressures to be thin are often brought on by television, newspapers and magazines that are full of pictures of slim, attractive young men and women. Many people believe they must conform to the way the media tells them they look. Others develop eating disorders because they feel out-of-control in many aspects of their life and weight and what they eat is something that they can have control over. (Rust 59)

The recent increases in incidents and prevalence of eating disorders can be attributed to both a rise in the number of cases and improved methods of diagnosis. (Felker 821) However, even with improved eating disorder identification, many anorectics and bulimics do not seek help. (Ibid) Anorexia and bulimia are diseases that are usually kept very quiet as they are not issues that people like to discuss openly. But if people don't talk about the diseases and acknowledge that they exist, how can we treat them? If there is one predictor of a good outcome in anorexia and bulimia, it is getting quality care early on. (Rust 59)

Anorexia nervosa and bulimia nervosa are complex and multidimensional; therefore many experts believe that referral for professional assistance or assessment is essential for individuals displaying symptoms of eating disorders. (Rust 59) However the College of Royal Psychiatrists describes on its website why recognizing that someone has an eating disorder and getting her treatment is not easy. In anorexia, the anorectics' weight loss appears alarming and excessive to everyone around her, but the sufferer will hardly ever admit there is a problem. In bulimia, the sufferer often feels guilty and ashamed of her behavior and may go to great lengths to hide it. For these reasons, all of us must be knowledgeable about the symptoms of the disorders in order to recognize them and decrease their existence.

Once recognized that a person is suffering from either anorexia or bulimia or both, treatment is critical. There are many different options as far as treatment including psychotherapy, family therapy, Cognitive Behavioral Therapy, drug therapy, reality imaging, education, and possibly hospitalization. (Hoffman 6) In therapy treatments, therapists help patients work to change the distorted and rigid thinking patterns associated with eating disorders. (Ibid)

The efforts of mental health professionals need to be combined with those of other health professionals to obtain the best treatment. Physicians treat any medical complications, and nutritionists advise on diet and eating regimes. (Hoffman 7)

Scientists are now discovering that the combination of psychotherapy and medication is also very effective. There are no drugs approved specifically for bulimia or

anorexia, but several, including some antidepressants, are being investigated for this use. (Farley 29) Anorectics and bulimics can be thought of as dieting junkies and a good treatment may be a drug that is usually prescribed to addicts. (Psych Today 112) A Detroit scientist tested Naltrexone, the drug given to kick the heroin habit, in women with anorexia and bulimia and found the drug to be constructive. (Ibid) With the drug, anorectics stabilized their weight and bulimics significantly reduced their binges and purges. (Ibid)

Treatment can save the life of someone with an eating disorder. Friends, relatives, teachers, and physicians all play an important role in helping the ill person start and stay with a treatment program. If you think you know someone with an eating disorder, address the problem. Experts encourage you not to wait until it is too late – don't wait until the medical problems prove you right. (Clark 66)