

Breaking Free

In recent years, therapists and support groups have helped thousands who couldn't control their eating habits learn to live (and eat) without guilt or fear or compulsion.

They now wake in the morning without a sense of shame—or the urgency to lose more weight. They make friends and make goals happen—little by little.

Their lives may not be fairy tales, but in a way they're better than fairy tales, because they're real and they're under their own control—for better or worse.



It happens in small steps—and it starts by learning how to think about yourself and your life again. And the first step—asking for help—is the only one you'll have to take alone.

Do whatever it takes to get yourself well. Call a local counseling program or mental health agency or simply confide in a friend, but make *today* the day that you break free.

Because an eating disorder *is* a serious problem. It just doesn't have to be *your* problem any more. ■



This is one in a series of publications on drugs, behavior, and health published by Do It Now Foundation. Please call or write for a list of current titles, or visit our web site at www.doitnow.org.



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anorexiabulimia EATING DISORDERS



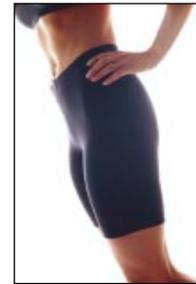
FACTS & FIGURES

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Body Images

Janet started her first diet the same day she started attending high school. She was a little chunky, but nothing that cutting back on lunchtime candy and afterschool snacks wouldn't cure.

She felt good after losing five pounds and thought she'd feel better if she lost a few more. But Janet soon had a bigger problem when she stopped eating completely. When she finally checked into a hospital nine



Women's club. Although some men have them, too, anorexia and bulimia are primarily diseases that affect women.

months later, she weighed 74 pounds. She *still* thought she was too fat.

Carol thinks she is too fat, too. But she can't *stop* eating.

It starts when her husband leaves for work. That's when Carol heads for the refrigerator and wolfs down everything that looks good—and *everything* sometimes looks good to her—cookies, pop tarts, lunch meat, leftovers. Afterwards, she races to the bathroom to throw it all up. She often repeats the cycle in the afternoon.

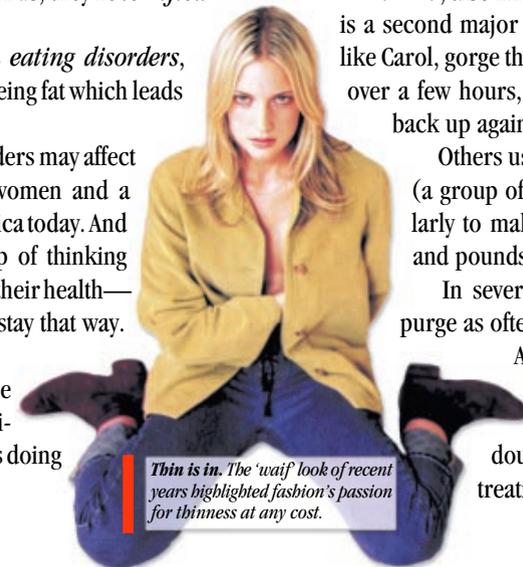
Like a lot of people, Janet and Carol don't want to get fat. But unlike most of the rest of us, they're *terrified* of putting on pounds.

Experts call their problems *eating disorders*, triggered by an intense fear of being fat which leads to uncontrollable eating habits.

Experts say that eating disorders may affect as many as 7 million young women and a smaller number of men in America today. And sufferers who fall into the trap of thinking they're fat when they're not risk their health—and sometimes their lives—to stay that way.

They don't have to.

An eating disorder can be cured, but only after it's identified for what it is. The next step is doing something about it.



Thin is in. The 'waif' look of recent years highlighted fashion's passion for thinness at any cost.

When asked if she'd eaten her breakfast, one anorectic woman said: 'Yes, I had my Cheerio.'



What are eating disorders?

Eating disorders are patterns of dysfunctional belief and behavior that center on diet and eating.

Many involve extreme habits and rituals. Sufferers may exercise exhaustively and stick to impossibly strict diets. (When asked if she'd eaten her breakfast, one anorectic patient replied: "Yes, I had my Cheerio.")

Weighing themselves repeatedly throughout the day, counting and recounting calories in a plate of food, or spitting food out without swallowing are common.

The most widespread eating disorder is **anorexia nervosa**. Anorexics, like Janet, lose weight by literally starving themselves.

Some succeed—too well. An estimated 6 percent of anorexics die of malnutrition or disease brought on by refusing to eat.

Bulimia, also known as the binge-purge syndrome, is a second major type of eating disorder. Bulimics, like Carol, gorge themselves on large amounts of food over a few hours, then force themselves to vomit it back up again.

Others use laxatives, enemas, or water pills (a group of drugs known as *diuretics*) regularly to make sure they're not adding inches and pounds.

In severe cases, bulimics may binge and purge as often as 10 times a day.

And to make matters even more complicated, some sufferers are both anorectic *and* bulimic, which doubles the difficulty of identifying and treating the problem.

■ What causes eating disorders?

That's hard to say. Because the fact is that there's no single, simple answer to explain how and why anorexia and bulimia develop.

Researchers suspect that the disorders involve a complex web of factors, with heredity and emotional conflict playing important roles in both anorexia and bulimia. And increasingly, research has focused on brain chemistry and the role of neurotransmitters in the regulation of both appetite and self-image.

And we *all* know how pervasive cultural influences can be, especially in the media, and its narrow-profile definition of beauty.

For whatever reasons, people with eating disorders feel powerless. They tend to be overachievers who deal with life's uncertainties and difficulties by focusing on one thing they think they can control: their weight.

Anorectics often see dieting as a form of personal control. Breaking a diet, even to sip water or swallow a few bites, can seem a shattering sign of weakness.

■ Family Ties

One fact about eating disorders that's attracted serious interest in recent years is the tendency of the problem to run in families.

No one yet knows why, but the reason seems at least partly biological, according to researchers.

In recent studies involving twins, anorexia was discovered in 9 of 16 identical twins of anorectic patients, but in only one in 14 fraternal twins.

The odds of bulimia also increase with genetic similarity. In another study, the rate for identical twins with bulimia was 23 percent (eight times that of the general public), 9 percent in fraternal twins (three times the national average).

Where this family connection will lead is anybody's guess at the moment. Still, researchers hope it eventually leads to a better understanding of the underlying causes of the diseases and improved biological treatments—if not an outright cure. ■



Bulimics are different, and are more likely to binge on food after a period of dieting. Guilty and depressed about eating, they purge to get rid of calories.

■ What keeps the problem going?

Shame, isolation, and feelings of being out of control can work together to keep eating disorders secret—at least until major health problems set in.

Still, the main problem involves a breakdown in self-image and the resulting inability to see one's body *as it really is*.

People with eating disorders typically overestimate their body size by 25-50 percent.

Anorectics in particular see themselves as being overweight, insisting that they're still too heavy, even as they starve themselves.



Recipe for recovery. Ending an eating disorder starts with an awareness of the problem and a commitment to stop it.

■ What turns a diet into a disorder?

There's no easy answer to that question, either.

But since so many people who develop eating disorders begin experiencing problems during or shortly after puberty, some experts regard it as a way of resolving inner conflicts about growing up.

Often, the first symptoms of anorectic or bulimic behavior surface during a major life event (leaving home for college, for example) or after a personal loss—often by death or divorce—or some form of rejection, either real or imagined.

Strict dieting or bingeing and purging can seem to help ease the tension and depression associated with sudden life changes.

After a while, an eating disorder can virtually become a person's only coping strategy for relieving negative feelings of anger, boredom, or loneliness. Some bulimics even say they gorge *in order to purge*, claiming it relaxes them.

People with eating disorders tend to be overachievers who deal with life's uncertainties and difficulties by focusing on one thing they think they can control: their weight.



■ What are symptoms of an eating disorder?

The main physical symptom of anorexia is obvious: serious and continuous weight loss.

Other signs include dry skin and hair, cold hands and feet, weakness, constipation and digestive problems, insomnia, and kidney and bladder infections.

As weight loss progresses, anorectics usually become withdrawn and depressed and serious health problems set in. Symptoms here can include irregular heartbeat, high blood pressure, diabetes, anemia, and malnutrition.

Bulimics are more difficult to diagnose, since many are nearly normal in body weight and can conceal their behavior, sometimes for years.

Physical signs include weight changes, bloated face, blurred vision, kidney and bladder infections,

diabetes, and ulcers.

Other problems can involve side effects of drugs frequently used to produce weight loss. Constant use of laxatives or diuretics can seriously dehydrate the body and may rupture the stomach or throat.

In addition, bulimics are also more likely to exhibit other compulsive behaviors, such as shoplifting, sexual promiscuity, and drug and alcohol abuse.

Both anorexia and bulimia can result in death. Luckily, things don't have to go that far.

One reason is that two important signs of eating disorders—unexplained stopping of menstruation and severe tooth decay—can be detected by an alert physician or dentist.

And recovery can be helped along with the support of others who've been there and know the way back, and by those who take the time to understand.

▶ Warning Signs and Solutions

Step one in overcoming an eating disorder is recognizing the problem. But that can also be the hardest part of getting help, since eating disorders can be kept secret, sometimes for years.

Certain warning signs can serve to tip off anorectic or bulimic behavior, or dangerous dieting habits that can signal the early stages of an eating disorder. Critical signs include:

■ **Anorexia nervosa:** Preoccupation with weight loss; refusal to eat or extreme dieting; low self-esteem; loss of 25 percent of body weight; menstrual irregularities; dental problems.

■ **Bulimia:** Fear of weight gain; eating binges; vomiting or heavy use of laxatives or diuretics; extreme dieting; menstrual irregularities; dental problems.

Step #2 is getting help for the problem. A combination of individual counseling and behavioral therapy seems to work best, although severe cases of anorexia may require temporary hospital care.

■ **For referral to a therapist in your area, contact:** The American Anorexia/Bulimia Association, 133 Cedar Lane, Teaneck, NJ 07666 (Their web address is www.aabainc.org), or the National Association of Anorexia Nervosa and Associated Disorders, Box 7, Highland Park, IL 60035 (www.anad.org). Their national hotline number is 847-831-3438. ■

