



**EATING DISORDERS
ANOREXIA NERVOSA AND BULIMIA NERVOSA**

DIAGNOSIS & TREATMENT GUIDELINES FOR CONSUMERS AND FAMILIES

Eating disorders are medical illnesses that can usually be successfully treated. These illnesses cause some people to develop unhealthy patterns of eating that are very hard to break. But these are not caused by a failure of will or by any personal weakness. Eating disorders involve serious problems in eating behaviors. These can include an unhealthy reduction of what a person eats or severe overeating. There is a higher than normal concern about body shape and weight. The main types of eating disorders are anorexia nervosa (usually just called “anorexia”) and bulimia nervosa (usually just called “bulimia”). Eating disorders usually develop during the teen-age years or early adulthood. Females are much more likely than males to develop an eating disorder.

Dieting to achieve a very unhealthy low body weight is highly promoted by current fashion trends, sales campaigns for special foods, and in some activities and types of jobs. People with eating disorders often have other disorders such as depression, anxiety and substance abuse. Scientists suspect that family history may combine with social and other factors to increase the risk of developing these illnesses.

ANOREXIA NERVOSA

An estimated 0.5 to 3.7 percent of females suffer from anorexia nervosa in their lifetime. Symptoms of anorexia nervosa include:

- Resistance to maintaining a minimal normal body weight for height and age
- Problems with how the person thinks about their body and an intense fear of being fat
- Infrequent or absent monthly menstrual periods (Amenorrhea)

People with this disorder see themselves as overweight even though they are extremely thin. Unusual eating habits develop. People check their weight several times daily. They may engage in too much exercise, throwing up, or abuse of laxatives. They often seek to be alone most of the time. The most common physical problems are serious heart conditions and kidney failure. The most common causes of death are related to the disorder, such as cardiac arrest or problems with “body chemistry”, and suicide.

BULIMIA NERVOSA

An estimated 1.1 to 4.2 percent of females have bulimia nervosa in their lifetime. Symptoms of bulimia nervosa include:

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- Concern with body weight and shape; problems with how a person thinks about their body
- Eating too much food, over and over, which is often called “binge eating”
- Repeated unhealthy behaviors such as throwing up on purpose, avoiding food, abusing certain medicines to lose weight such as “laxatives” or “diuretics”, and/or too much exercise

People with bulimia usually weigh within the normal range for their height and age. People with bulimia fear gaining weight, want to lose weight and are unhappy with their bodies. People with bulimia are usually upset and ashamed of themselves when they binge. But they also feel relief once they have thrown up. Physical problems, such as lack of enough liquid in the diet, stomach pain, and dental decay, can result from the throwing up.

TREATMENT FOR EATING DISORDERS

Eating disorders can be treated and weight gained. Most people with an eating disorder can be treated in doctor or therapist’s office or a clinic. Evaluation of the patient with an eating disorder before starting treatment is essential in deciding the best setting for treatment. The most important factors that affect this decision are the person’s weight, how well the heart is working, and the person’s body chemistry. The focus of treatment is on medical care and monitoring, nutritional counseling, psychological counseling and medication management. Medications are used most frequently after weight has been restored to maintain weight and normal eating behaviors. Patients may also need treatment for mental health symptoms that often go along with the eating disorder.

Treatment goals for anorexia nervosa include:

- Correct unhealthy and wrong thoughts and attitudes about the body.
- Restore healthy weight.
- Treat physical problems that go with anorexia.
- Increase the patient’s motivation to cooperate and participate in treatment.
- Provider education about healthy nutrition and eating habits.
- Treat mental health problems that may go with anorexia.
- Encourage healthy, but not too much, exercise.
- Seek family support and provide family counseling and therapy where appropriate.
- Prevent the illness from coming back again.

Treatment goals for bulimia nervosa include:

- Address problems in how people think about their bodies, mood problems such as depression, and changing the ways that people solve problems.
- Reduce binge eating and purging (throwing up) behaviors.
- Improve attitudes related to eating disorders.
- Minimize food “rules” that people use to avoid eating.
- Encourage healthy but not too much exercise.
- Treat other medical and mental health problems that may go with the illness.

When people need to be treated in a hospital, they may be started on a treatment plan to address their medical and nutritional needs. Some may need to be fed through a tube for a

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period of time. These people will work in therapy to deal with issues around their low self-esteem and poor body image. Others will work on reducing their binge/purge behavior.

People with eating disorders often do not recognize or admit that they are ill. As a result, they may strongly resist getting and staying in treatment. Family members can be helpful in ensuring that the person with an eating disorder receives needed care and help to resume a normal life. Families will be helped to monitor nutrition and eating patterns. They will be given education about healthy eating habits. Providers will give ongoing support to families and patients. For some, treatment may have to last a long time.

The sooner these disorders are diagnosed and treated, the better the outcomes are likely to be.
You **can** feel better if you follow your treatment plan and take your medicine.
Your doctor and other members of your treatment team will help you as much as they can.
You are the key member of the team. No one can help without your help.

If you would like more information, or if you have questions, please talk with your doctor.

References:

- American Psychiatric Association, Practice Guideline for the Treatment of Patients with Eating Disorders, second edition
- National Institute of Mental Health, Eating Disorders: Facts About Eating Disorders and the Search for Solutions

This diagnosis and treatment guideline for consumers and their families was reviewed and approved by the Member Advisory Committee of the Empire Plan and Northeast Service Centers, October 2004.