Extreme Eating Disorders

Binge eating, excessive dieting or purging only leads a person into the dark alleys of depression, shame and guilt. Emotional eating should be discouraged and children should be encouraged by parents to share their feelings and emotions openly.

EXTREMES in eating behavior can always be self-defeating. Striking during adolescence and young adulthood, such self-destructive or disturbed eating behavior, which usually stems from a psychological illness, can result in serious health consequences.

Although considered to be typically a disorder affecting females, it can also be seen in males. Boys and men are also victims of eating disorder though it may remain undetected. Usually it is seen in teens that have a skewed body image, low self-esteem and often coexists with psychiatric illnesses like depression, anxiety disorders and substance abuse.

The exact cause for this disorder is still unclear though researchers attribute it to a myriad of reasons like genetics, disturbed family relationships and traumatic experiences like death of loved ones or parents’ divorce. Emotional upheavals in young teenage years, such as change of school, rejection from peers or high parental expectations can affect eating habits which may start out with eating less or more food than normal, which gradually spirals out of control.

Individuals with eating disorder exhibit certain personality traits. They are ambitious, perfectionists and suffer from poor self-image with profound dissatisfaction with one’s body shape and weight. When life seems to be out of control, eating pattern gets disrupted and in an attempt to regain a feeling of control, such people go on a diet, setting unrealistic goals for themselves. On failing to achieve these goals, they treat themselves harshly either by severely restricting food intake or by eating excessively and uncontrollably till they are uncomfortably full. They exhibit feelings of inadequacies, shame and guilt and this only makes them ill-treat their body without paying any heed to health consequences.

The young, who are often obsessed with outer appearances driven by typical societal portrayals of beauty, make acquiring a “slim look” an obsession. Vulnerable teens, who have a low self-esteem, who constantly seek approval of others and have little confidence in their abilities are more likely to give in. Along with the stress of coping with pubertal changes, such obsessions often lead to damage to health.

There are three major types of eating disorders. Anyone exhibiting these symptoms must be recognized and treated on time. Often, the treatment is highly individualized and tailored to suit the needs of the suffering individual.

ANOREXIA NERVOSA: Individuals suffering from anorexia nervosa are extremely thin or emaciated due to starvation. Weight loss may be visible even without illness within a short period of time. They severely restrict their diet

Often, due to severe malnutrition, they develop multiple organ failure affecting vital organs like heart and kidneys. Due to loss of muscle mass or lean body mass, they develop low immune states, become weak, have dizziness and fainting spells too.
Adolescents must be encouraged to focus on health rather than weight. Healthy attitudes towards food must be developed and fitness more than slimness should be given significance. The extreme cases not only deteriorates their appearance but also affects their concentration in studies, making happiness and success seem even more elusive.

and eat very little amounts, only from a narrow selection of foods.

Such individuals are preoccupied with food, weight and body image. They constantly weigh food, eat controlled portions of food and repeatedly keep weighing themselves. They are known to keep food records and calorie journals and are intensely focused on losing weight. They always consider themselves overweight even when they are grossly underweight.

Due to low self-esteem, these individuals follow a strict diet and on failing to achieve their weight loss goals, they get anxious. They always worry about gaining weight and hence, starve themselves till they develop serious health complications. Sometimes, in extreme cases, they need hospitalization for stabilizing weight and for correction of nutrient deficiencies which they develop due to a restricted diet.

Some people with anorexia lose weight by dieting or exercising excessively while some through self-induced vomiting, laxative abuse, by misuse of diuretics and enemas. Often, due to severe malnutrition, they develop multiple organ failure affecting vital organs like heart and kidneys. Due to loss of muscle mass or lean body mass, they develop low immune states, become weak, have dizziness and fainting spells too. Multiple nutrient deficiencies lead to weak bones (osteoporosis and osteopenia) and anemia resulting from calcium and iron deficiencies. Iron deficiency anemia causes loss of menstruation or delay in the onset of menstruation in girls.

Other characteristics include growth of fine hair (lanugo) all over the body, brittle hair and nails due to protein deficiency, severe constipation, reduced metabolism which leads to slowed breathing and pulse, low blood pressure and a feeling of cold which occurs all the time due to drop in internal body temperature. Anorexic individuals feel fatigued and lethargic all the time due to malnutrition.

In extreme cases, death can occur due to complications like cardiac arrest, fluid and electrolyte imbalances and suicide can also result if not treated on time. Some anorexics recover with treatment only after one session while some may have relapses. Others may battle with the illness as their health deteriorates due to chronic form of anorexia.

The treatment revolves around restoring weight to a healthy normal range, correcting fluid and electrolyte imbalances and treating the psychological issues that lead to eating disorder and elimination of such behaviours through psychotherapy to prevent a relapse. Besides medical care and monitoring, individual, group or family psychotherapy helps in the healing process.

It is seen that parents who assume the role of feeding the afflicted teen may aid in the recovery. Family-based psychotherapy has been shown to improve the eating habits and mood of the anorexic child. This therapy is known as “Maudsley approach” wherein parents of the suffering individual take on the responsibility of feeding their child.

**BULIMIA NERVOSA:** It is characterized by recurrent and frequent episodes of binge eating (eating excessively large amounts of food) wherein a person loses control over eating leading to a feeling of guilt and shame. They may consume large amounts of food usually quickly and uncontrollably within a short span of time until they are uncomfortably full.

This is carried out in secret as they fear criticism from family and friends. This may lead to feelings of guilt and shame which may trigger a compensatory
FEATURE ARTICLE

**Girls with Anorexia have Elevated Autistic Traits**

Girls with anorexia nervosa show a mild echo of the characteristics of autism, suggests new research in the journal *Molecular Autism*. In particular, compared to typical girls, girls with anorexia have an above average number of autistic traits, an above average interest in systems, whilst they score below average in empathy.

At first glance, anorexia and autism seem very different, but they both share certain features, such as rigid attitudes and behaviours, a tendency to be very self-focused, and a fascination with detail. Both conditions also share similar alterations in structure and function of brain regions involved in social perception.

The team, led by Professor Simon Baron-Cohen at the Autism Research Centre at Cambridge University, tested how 66 adolescent girls (aged 12-18) with anorexia but without autism scored on tests to measure traits related to autism. They compared them to over 1,600 typical teenagers in the same age range, and measured their autistic traits using the Autism Spectrum Quotient (AQ), their ‘systemizing’ using the Systemising Quotient (SQ), and their empathy using the Empathy Quotient (EQ).

They found that on the AQ, five times more girls with anorexia scored in the range that people with autism score in, compared to the typical girls. In addition, on the AQ, over half of the girls with anorexia showed the ‘broader autism phenotype’, compared to just 15% of typical girls. On the tests of empathy and systemising (how strong an interest the person has in repeating patterns and predictable rule-based systems), girls with anorexia had a higher SQ, and a reduced EQ, a profile that parallels that seen in autism.

Professor Baron-Cohen said: “Traditionally, anorexia has been viewed purely as an eating disorder. This is quite reasonable, since the girl’s dangerously low weight, and their risk of malnutrition or even death has to be the highest priority. But this new research is suggesting that underlying the surface behaviour, the mind of a person with anorexia may share a lot with the mind of a person with autism.”

Dr Tony Jaffa, who co-led the study, said: “Acknowledging that some patients with anorexia may also have a raised number of autistic traits and a love of systems gives us new possibilities for intervention and management. For example, shifting their interest away from body weight and dieting on to a different but equally systematic topic may be helpful. Recognizing that some patients with anorexia may also need help with social skills and communication, and with adapting to change, also gives us a new treatment angle.”

behaviour, “purging” in the form of self-induced vomiting, excessive exercising, through the use of laxatives, diuretics, enemas and fasting.

Unlike anorexics, bulimics have a normal body weight and sometimes are overweight due to eating large quantities of food. They carry out this bingeing and purging cycle several times a week. Bulimics also suffer from psychiatric illnesses like depression, anxiety and substance abuse. They too fear gaining weight and desperately want to lose weight.

Bulimics have a poor self-image and a distorted perception about their body and weight. Their intense dissatisfaction with their body shape and size makes them obsessed with weight loss. Their repeated binging and purging cycles of eating behaviour lead to several complications such as stomach and kidney problems.

Due to repeated purging or vomiting, the stomach acids damage the oesophageal lining leading to inflamed and sore throat. Hoarseness of voice occurs due to acid reflux in the throat. The stomach acid also corrodes the tooth enamel causing tooth decay, increased sensitivity and other dental problems. There is inflammation of glands in the neck and below the jaw. Due to misuse of diuretics, fluid and electrolyte imbalances, dehydration may occur leading to kidney problems. Laxative abuse may irritate the gastrointestinal lining and cause distress. There maybe loss of or irregular menstrual periods. Broad fluctuations in weight may occur due to binging and purging.

Treatment involves a combination of therapies suiting individual needs. Medications such as antidepressants, mood stabilizers, and antipsychotics may help in relieving depression and reduce chances of a relapse. Psychotherapy, especially Cognitive Behavioural Therapy (CBT), may help in improving attitudes towards food and body weight. This may be given individually or in a group depending on an individual’s needs. Nutritional counseling may help to reduce or alleviate binge and purge behavior and develop healthy eating habits.

**Binge Eating Disorder:** In contrast to anorexia, wherein people starve themselves to lose weight, binge eating disorder is characterized by frequent and recurrent bouts of excessive eating in which the person is an overeater.
and has no control over his eating. He eats enormously over extended periods of time and is often overweight and obese.

Unlike bulimics, he does not engage in compensatory behaviour like purging through vomiting or exercising but he is definitely plagued with feelings of guilt and shame over his lack of control in eating. People with such disorder are victims of depression, anxiety and personality disorders too. They eat excessively due to a reaction to stress, conflicts and daily problems and this induces feelings of disgust and distress which may encourage them to further binge eat.

Binge eaters are dissatisfied with their body shape and size and express feelings of worthlessness, failure, helplessness and low self-esteem. They eat in private as they are ashamed of their lack of control over eating and do so to overcome feelings of loneliness and depression. Eating gives them emotional comfort but also makes them embarrassed.

Binge eating disorder may affect males and females both equally irrespective of the socioeconomic status. Such persons may have sudden weight gain and are at an increased risk for cardiovascular disease and hypertension. Psychotherapy in the form of CBT may be helpful in changing attitudes towards oneself and in treating the underlying psychological issues related to binge eating. Antidepressants may relieve depression and sometimes appetite suppressants may be given to these individuals.

Eating disorders can affect both males and females though in males it usually goes undetected due to it being stereotypically a “female disorder”. But it is seen in young boys and men too who are dissatisfied with their bodies and want to either lose or put on weight.

Some boys are more interested in being more muscular. This warped sense of body image may lead them to bulk up or have more muscular built, for which, they may sometimes use dangerous drugs like steroids to increase muscle mass. Since, in the glamour world, muscular built is considered more desirable and in vogue, boys perceive it as more attractive and crave to have it by using protein supplements indiscriminately and by way of excessive gymning. This disorder is known as “muscle dysmorphia” which is characterised by an extreme concern with becoming more muscular.

Adolescents must be encouraged to focus on health rather than weight. Healthy attitudes towards food must be developed and fitness more than slimmness should be given significance. Those obsessed with a “slim look” often ruin their health in the long run, the serious consequences of which can only play havoc with their bodies and emotional well-being. This not only deteriorates their appearance but also affects their concentration in studies, making happiness and success seem even more elusive.

Adolescence is a critical growth period when nutritional requirements are high and this lays the foundation for future health. Poor nutrition during such a critical phase of growth and development can adversely impact the health, especially of girls during their reproductive or child bearing years (13-45 years). A malnourished mother cannot have healthy children which in turn affects the health of future generations too.

Hence, “healthy food choices, being physically active and developing a positive attitude towards life” are essential messages that must be given to children and teens. The foundation for emotional health is laid down in the family; therefore, parents must build their child’s self-confidence and self-esteem, empathise with the teens as they go through a transition from childhood into adulthood, never remark on their physical appearance or compare them with others.

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