

FACTS ABOUT EATING DISORDERS

Eating disorders have the highest mortality rate of any mental illness. 480,000 tweens, teens and women die a year from eating disorders. A study by the National Association of Anorexia Nervosa and Associated Disorders (ANAD) reported the following eating disorder statistics:

- 5-10% of anorexics die within 10 years after contracting the disease and 18-20% of anorexics will be dead after 20 years.
- Anorexia nervosa has the highest death rate of any psychiatric illness (including major depression).
- The mortality rate associated with anorexia nervosa is 12 times higher than the death rate of ALL causes of death for females 15-24 years old.
- Without treatment, up to 20% of people with serious eating disorders die. With treatment, the mortality rate falls to 2-3%
- Only 1 in 10 people with eating disorders receive treatment. According to eating disorders statistics, about 80% of the girls/women who have accessed care for their eating disorders do not get the intensity of treatment they need to stay in recovery (they are often sent home weeks earlier than the recommended stay).
- People with eating disorders need anywhere from 3 to 6 months of inpatient care.
- Anorexia is the third most common chronic illness among adolescents.
- 50% of girls between the ages of 11 and 13 see themselves as overweight.
- 80% of 13-year-olds have attempted to lose weight.

If an eating disorder is indicated, a pediatrician or gynecologist keeps track of a person's medical health by checking height, weight, blood pressure, pulse, and temperature. It may be necessary to draw blood for lab tests, to make sure the chemicals in the body called electrolytes are stable. Electrolytes are the sodium, potassium, chloride, and carbon dioxide levels in your body. They keep the heart and body working properly. The doctor may recommend that a person stay in the hospital for a few days if her medical condition is dangerous. They may also order special tests such as an EKG to monitor heart rhythm or a bone density test (DEXA) to see if osteoporosis is present. The doctor will likely discuss treatments such as healthy eating, weight stabilization, calcium and vitamin supplements, exercise, hormone replacement, and possibly medication for anxiety and/or depression. Also, a doctor will usually recommend talking with a nutritionist and therapist as part of the treatment plan.

Symptoms of Anorexia Nervosa:

Physical

- Dramatic weight loss (at least 15% of your total body weight)
- Slow heart rate
- Low blood pressure
- Low body temperature
- Brittle hair and finger nails
- Hair loss
- Dry skin & dehydration
- Growth of lanugo (soft furry hair on face, back & arms to keep the body warm)
- Amenorrhea (menstrual period stops)
- Slow or stunted growth
- Osteoporosis; dry, brittle bones
- Muscle loss and weakness
- Severe dehydration, which can result in kidney failure
- Fainting and fatigue

Emotional

- Depression
- Anxiety
- Obsessive Compulsive Disorder
- Distorted body image
- Intense fear of gaining weight
- Low self-esteem
- Withdrawal from friends and activities, especially when food is involved
- Thinking about food most of the time

Bulimia nervosa is an eating disorder that involves frequent bingeing and purging, as well as a distorted body image. Bingeing means eating a lot of food at one time even when you're not hungry. Following a binge, young women with bulimia will try to get rid of food by vomiting, taking laxatives or by excessively exercising. People with bulimia may hide what they eat from others and feel afraid or ashamed of their behavior.

Bulimia is hard to detect from looking at a person since the health problems a teen may suffer from are not as obvious as with anorexia. For example, someone may have a normal weight, but still suffer from bulimia. Also, they may be secretive about their eating habits so that even their family and friends are not aware that they have a problem. Bulimia is serious and can cause permanent damage to the teeth, stomach, digestive track, and heart.

Symptoms of Bulimia Nervosa

Physical

Electrolyte problems from vomiting, which can cause heart failure

Irregular menstrual periods

Dehydration

Swollen face (fluid retention)

Sore throat

Tooth decay/loss from vomiting

Dry, flakey skin

Heart arrhythmias (due to potassium loss from vomiting)

Potential gastric rupture during periods of bingeing

Inflammation and possible rupture of the esophagus from frequent vomiting

Peptic ulcers and pancreatitis

Constipation

Body weight is typically normal

Emotional

Depression

Shame or guilt

Anxiety

Fear of weight gain

Withdrawal from friends

Binge eating disorder, or compulsive eating disorder, involves eating large amounts of food in short periods of time without purging. Often, people with binge eating disorder will skip meals or eat small portions when they are around others and then eat large amounts when they are alone. Young women with binge eating disorder often suffer from anxiety, depression, loneliness, shame and/or self-hatred. Their body weight can vary from normal to obese.

The health consequences of Binge Eating Disorder are as follows:

- High blood pressure
- High cholesterol levels
- Heart disease as a result of elevated triglyceride levels
- Type II diabetes mellitus
- Gallbladder disease

EDNOS is short for Eating Disorder Not Otherwise Specified. People with EDNOS have some, but not all, of the symptoms of either anorexia, bulimia, or binge eating disorder. For example, young women struggling with EDNOS may have periods of restrictive eating (days or months) followed by periods of overeating or binge eating, or they may be at a very low weight, but not have anorexia because they still get their menstrual period. Young women with EDNOS may also maintain a stable weight that is within a medically safe range, but still have many of the other symptoms and medical complications of eating disorders.

An individual may have a family history of emotional disorders such as depression or anxiety. Eating disorders are often associated with low self-esteem, feelings of helplessness, depression, anxiety, perfectionism, need for control. A person uses dieting or weight loss to provide a sense of control and the irony is that the person is really out of control when they are restricting food. Family stress of any kind can also contribute to the development of these illnesses. Dealing with difficult transitions, loss, or teasing about weight from friends or family may trigger eating disorders.

Teens who participate in competitive sports that emphasize thinness or artistic activities, such as ballet, running, volleyball, basketball, gymnastics, or skating, are more likely to develop an eating disorder.

It's important for parents to seek help, not only for their daughter, but for themselves to learn more about the disorder, along with ways of communicating with their teen that will help distinguish the behavior, not perpetuate it. Although parents only have the best intentions, it can sometimes create a power struggle between the teen with the eating disorder and the parent that wants to take the eating disorder away.