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Eating Disorders

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SUZANNE ABRAHAM

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the**facts**

Eating disorders

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errors in the text or for the misuse or misapplication of material in this book.

Preface and acknowledgements

This book is written for patients, their families, and health professionals, particularly family doctors. More and more women are seeking help for their eating disorder, and most women who want treatment have a mixture of eating-disorder behaviours and characteristics that do not always fulfil the diagnostic criteria for anorexia nervosa or bulimia nervosa. They may have features of both or also be obese. This does not mean that they only have a mild disorder; they may be very physically unwell and have a poor quality of life.

At present, there is no easy way of classifying the eating disorders. It is probably easier to think of one eating disorder with different characteristics. I have chosen in this book to classify the eating disorders as (1) anorexia nervosa and anorexia nervosa-like disorders; (2) bulimia nervosa and bulimia nervosa-like disorders; and (3) obesity and overeating disorders. I hope this will allow readers to select the features that are relevant for them at the time from the different sections.

I wanted the new format of this 6th edition to remain faithful to my original aims, which were: first, to provide accurate information that will allow people who suffer from eating and weight problems to obtain information that improves their quality of life, and secondly, to provide a balanced approach that is useful for the general practitioner, as they will be consulted by people with transitory, easily resolved problems as well as the chronic cases frequently portrayed in books or found on the Internet. The following questions are typical of those asked by carers of patients with eating disorders:

- ◆ What causes the illness?
- ◆ What do you do to make her better?
- ◆ How can we help her?
- ◆ Should we comment on her eating and weight?

- ◆ Should you say anything when her behaviour is unacceptable?
- ◆ Why can't she eat?
- ◆ Why can't she stop eating?
- ◆ Will she ever get better or will she always have an eating disorder?
- ◆ How long will she need treatment?
- ◆ Will her bones recover?
- ◆ Will her heart and kidneys be permanently damaged?
- ◆ Has the family caused the eating disorder?
- ◆ Is it genetic?
- ◆ Will she be able to have children?
- ◆ Is it because her grandmother suffered depression?
- ◆ Will she ever be her old self again?
- ◆ Do you ever really recover from an eating disorder?

I have attempted to answer these questions as fully as possible in this book.

Nowadays most people with eating disorders recover and maintain a good quality of life. They frequently form relationships and desire children; and if they are not achieving pregnancy they will seek assisted conception. Not a lot is known about disordered eating and pregnancy. The chapter on pregnancy and the postpartum period addresses many issues including the challenge of pregnancy and the possible outcomes for both mothers and their babies.

In this 6th edition I would like to thank Christine Allwang and Angela Walker. They have provided their expertise as well as the more mundane work involved in the complete revision, rewrite and reformat of the book. **Eating Disorders: The Facts** could never have been written without discussions and help from our colleagues and friends. They include: Janice Russell, Susan Hart, Catherine Boyd, Jim Telfer, Michael Mira, Janet Conti, Sarah Maguire, Amanda McBride, David Blythe, Georgina Luscombe, Astrid von Lojewski, and the staff at the eating disorders unit at the Northside Clinic, Greenwich.

Most of all I would like to thank our patients. Without them there would be no book. I would particularly like to thank those patients who permitted us to use

their emails, letters and diaries (appropriately modified for reason of privacy) for the case histories and quotations.

This book is not intended to glamorize or sensationalize eating disorders. I have presented the facts in the key points at the beginning of each chapter and highlighted others throughout the book. Some suggestions have also been added that will allow people to help themselves in conjunction with their usual treatment.

Note

Because of problems of gender in the English language, and because we treat more women than men with eating disorders we have chosen to use 'she' rather than 'he' in most cases.

The generally accepted measure of body thinness and fatness is body mass index (BMI kg/m^2) (Appendix A). Conversion for height and weight units is given in Appendices A and B.

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1

Adolescent eating behaviour



Key points

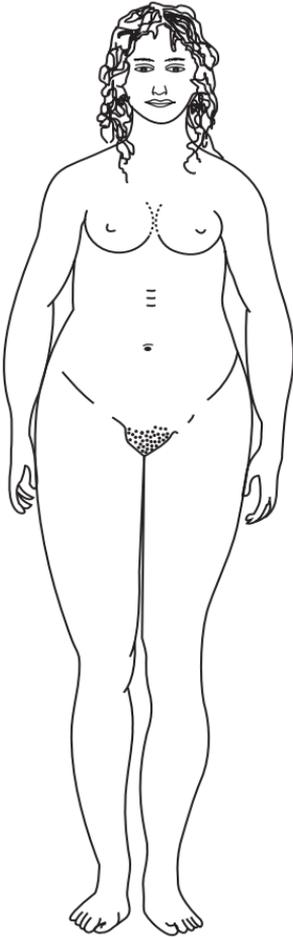
- ◆ Before menstruation, a woman's energy intake increases as unknown factors stimulate her to eat more
- ◆ There is a body weight challenge for women following first menstruation
- ◆ Women's concerns over their body weight, shape, and appearance increase after first menstruation and these are accompanied by a loss of self-esteem and increase in feelings of anxiety, depression, and social unease
- ◆ Between one-third and two-thirds of all teenage women in developed countries go on diets, with one in six adolescents dieting seriously
- ◆ Control around food is easier early in the menstrual cycle

'If I was going to get a job when I left school, I felt I had to be lighter. All my friends were dieting but my mother disapproved. She said it was puppy fat which would disappear. I knew it wouldn't, so I had to pretend I was not hungry because I wanted to be slim.'

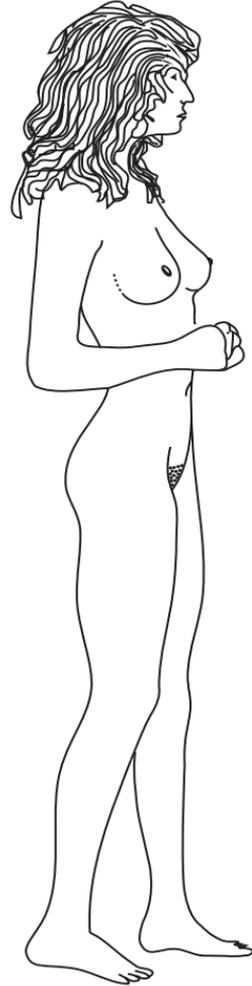
History of body appearance

For most of recorded history, a woman was seen as desirable when her body was plump due to the deposition of fat on her breasts, hips, thighs, and abdomen. It was fashionable to be fat. The cultural belief that to be fat was to be

attractive was due to the uncertainty of food supplies in pre-industrial and early industrial societies, to the irregular occurrence of famines, and to the effects of diseases, which eliminated large numbers of farm labourers. A curvaceous female body indicated that the husband (or father) was prudent,



(a) 1840



(b) Current

Figure 1.1 The changing fashion in women's figures. The first illustration is taken from an obstetrical textbook printed in England in 1840, the second from a current textbook

efficient, and affluent. It also indicated that the woman was prepared for times of food shortage. Her family would be protected because she had sufficient energy, stored in her body in the form of fat, to look after her family.

Over the past 75 years, with abundant food supplies and good food distribution in most of the developed nations of the Western world, almost for the first time in history slimness has begun to be fashionable. This is documented in fashion magazines, in *Playboy* centrefolds, and in records of the ‘vital statistics’ of women winning beauty contests. For the past three decades, the public perception has been that a woman is attractive, desirable, and successful when she is slim. Fashion models have become taller and thinner, and have body weights at least 20% less than a woman of similar age and height living in a consumer society (Figure 1.1).

Over the same period of time, the body weight of men and women of all ages has risen and is continuing to increase at alarming rates in Westernized and less-developed countries. Obesity is considered the major global health problem of this century. Not surprisingly, this has led governments worldwide to consult their public health experts and produce guidelines for ‘healthy eating and exercise as a way of life’.

A major global health message is to be or to become thin, and to look and be ‘fit and healthy’. The messages ‘to lose weight’ and ‘to be fit and healthy’ particularly influence teenage women at a time in their life when they are undergoing emotional stress as they seek to achieve independence from their parents, to compete with their peers, and to find their identity. Adolescence is a time of concern about appearance. They believe that achieving the ideal body image will ensure success and happiness.

Growth spurts and body image changes during puberty

In late childhood, hormonal changes trigger an increase in height in girls and boys. This increase, or growth spurt, occurs at an earlier age in girls than in boys and is achieved by the child increasing the amount of food he or she eats (Figure 1.2). In girls, the onset of the growth spurt precedes the onset of menstruation.

There is a wide time range in the onset and duration of the growth spurt, and the peak may be reached by girls as early as 10 years of age or as late as 15. The growth spurt is accompanied by marked changes in the bodily appearance of the two sexes, which in turn are dependent on the sex hormones that

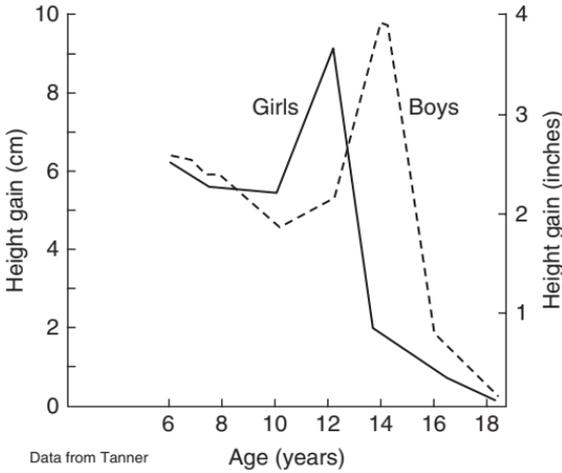


Figure 1.2 The spurt in growth at puberty

are now being produced in the girl’s ovaries or the boy’s testicles. Girls have a particularly large spurt in hip growth, resulting in widening of the hips.

Fat is also deposited beneath the skin, in the breasts, and over the hips. Obviously the amount of fat deposited is related to the energy absorbed from the food the girl eats and is influenced by the hormonal changes that are occurring at this time. During early adolescence, unknown factors stimulate the teenager to eat more, with the consequence that the energy intake for girls reaches a maximum during the age range of 11–14, at a time when her energy needs are great. From about the age of 14, a teenage girl’s energy needs fall, but if she continues to eat the same amount as she has been eating, she will absorb an excess of energy, which will be converted into fat, and she may gain weight.

! Fact!

In contrast to boys, girls do not lose fat during the growth spurt.

Girls have a tendency to increase their body fat, particularly on the upper legs, as they cease to gain height.

At puberty, both sexes show an increase in muscle bulk, but this is much more marked in boys.

Body weight after the first menstrual period (menarche)

A clearer picture of the weight challenge young women experience emerges if we look at when women have their first menstrual period rather than their age. Recently, we measured the height and weight of over 300 girls aged 11–16 and asked them about the weight they would like to be, how they felt about their body appearance, and how many months it had been since their first menstruation.

! Fact!

Women gain weight following first menstruation.

Women have a poorer body image after first menstruation.

Body mass index (BMI) was calculated from the student's height and weight measurements (see page 22) and is shown in Figure 1.3. In the 6–12 months

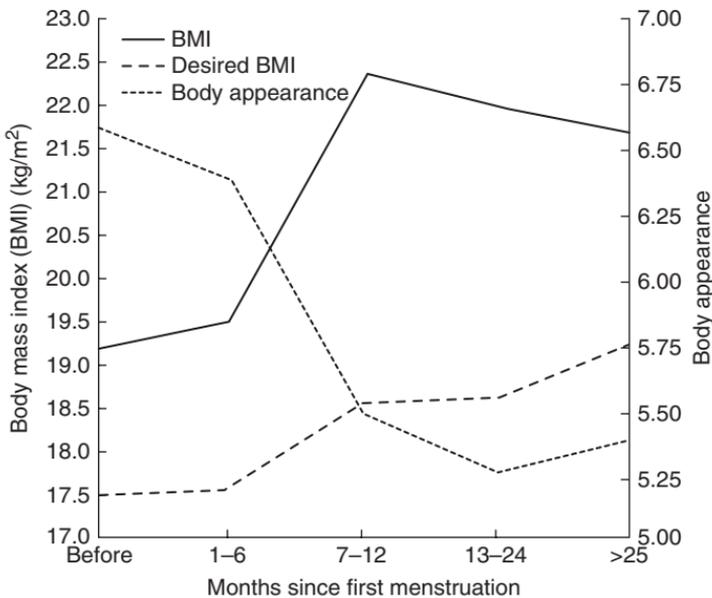


Figure 1.3 BMI, desired BMI, and increasing negative feelings about body appearance (on a scale of 0–10) following first menstruation

after a woman has her first period, there is an increase in BMI, almost all of which is due to a rapid rise in body weight, although women are still growing a small amount in height at this time. The decreasing BMI that occurred more than a year after first menstruation suggests that these students had changed their eating and exercise habits and lifestyles, some because they were responding to their bodies altered energy needs while others were starting to use methods of weight loss at this time.

The students desired BMI, which is the weight they would like to be for their height, and their rating of their body appearance (out of 10, with 10 being the best) are shown in Figure 1.3. At all times, they wanted their body weight to be less than their actual weight and did not like their body appearance as much after their weight gain in the year after first menstruation.

This is the adolescent girl's dilemma. She may wish to remain thin or to become thin, because cultural norms expect her to be thin, or she may reject those norms, either because of conflict within herself or within her family, or because she enjoys and finds emotional release in eating. If she chooses to become and remain thin, she has to learn new eating habits that provide a balance between her energy input and her energy needs (output). This can be a challenge for the adolescent woman.

Changes in self-esteem during adolescence

In the early stages of puberty and before first menstruation, most girls feel good about themselves. They feel content with their relationships, their family and friends, their school life, their performance, and how they look. In other words, they have a high self-esteem. As a girl's growth spurt comes to an end and her first menstrual period occurs, her self-esteem and feelings about her body appearance decline (Figure 1.3).

It is these changes around first menstruation, including weight gain, that are accompanied by a loss of confidence and a decrease in self-esteem among young women. Not only is their opinion of their body appearance poorer, but their overall self-esteem is lower; this includes the areas of self-esteem that are valued most by young women, which are relating well to others and having close relationships, doing well at school or work, and being romantically attractive to others.

Young men are different. In a recent study of pre- and post-pubertal male and female school students, we found that post-pubertal male students had the greatest self-esteem and female post-pubertal students the lowest. There was a big discrepancy between what young women feel they 'should be like'

and how they 'feel they are'. In other words, young women in their early teens already feel they have failed to reach their expectations of themselves, whereas young men are fulfilling their expectations of themselves.

 **Fact!**

Young women experience a decrease in their self-esteem after first menstruation.

Young men experience an increase in their self-esteem as they grow taller, become heavier, and increase their muscle mass.

Being overweight and obese in the teenage years also affects students' self-esteem. Overweight young people, both male and female students, have a lower self-esteem than their normal-weight male and female peers.

Anxiety, depression, and adolescence

Accompanying the changes in self-esteem are changes in other psychological characteristics. A large epidemiological study found that there was an increase in feelings of depression and anxiety during adolescence for both young men and young women. This change was greatest for young women at the time of first menstruation. The results led the researchers to conclude that '*menarche marks a transition in the risk for depression and anxiety in young women*'.

One particular type of anxiety called 'social anxiety' becomes apparent during puberty. The main feature of social anxiety is a fear of embarrassment or humiliation in social situations where the person worries that others are judging their performance. It is a fear of failing in front of others. This can occur when people are eating or speaking in front of other people and in the classroom when someone watches them working. The sufferer may avoid eye contact with people, blush, stop what they are doing, and appear generally anxious.

 **Fact!**

Feeling anxious around people, particularly people you do not know well, is a common worry of people with eating problems.

Attitudes to diet after first menstruation

Until a few months before a woman's first period, she usually does not think about dieting and if she is asked the question 'What does dieting mean?', she is likely to describe dieting as 'healthy eating'. It is not until she has grown taller, menstruated, and increased her body weight that her perception of dieting includes the idea that dieting is for loss of body weight (see box below). Prepubertal girls who report dieting for weight loss have usually been advised to lose weight and exercise by their school as they have been classified as overweight or obese, while others are shown how to diet by their older sister or mother as they wish to avoid becoming like family members who are overweight or obese. Frequently, they 'diet with' their sister or mother and understand dieting to be a lifestyle that is continued throughout life.

Responses of 13-year-old students trying to lose body weight when asked, 'Is dieting different after your first period?'

- ◆ 'Dieting becomes more serious and you think about it more.'
- ◆ 'You start to get more interested [in yourself].'
- ◆ 'I put on stacks of weight.'
- ◆ 'You feel you're getting fat. I don't want to turn out like my stepmum.'
- ◆ 'After your period you worry about your appearance.'
- ◆ 'I worry what people think—mostly boys.'
- ◆ 'Don't know, I've only had one period.'
- ◆ 'I try to lose weight for my boyfriend.'
- ◆ 'My sister's friend was anorexic. She didn't get periods. She stopped eating to stop her periods.'

Over-perception of body size

A young woman's perception of her body is important to her psychological well-being. She may see her body as overweight, unhealthy, and unfit

compared with those of fashionable and popular media personalities. The over-perception of body size is found among teenage girls in many countries. Nine studies on the perception of body size of teenage women from Sweden, the USA, and Australia have been conducted over the decades ranging from the 1960s to the present. The investigations showed that between one-third and one-half of teenagers whose weight was normal perceived themselves to be overweight, and three-quarters wanted to lose weight. These percentages have remained constant over each decade.

Like Swedish and American teenagers, most Australian women want to lose more weight from certain parts of their body. When asked, from where do you want to lose weight, their answers were:

- ◆ Thighs 64%
- ◆ Bottom 45%
- ◆ Hips 43%
- ◆ Waist/stomach 22%
- ◆ Legs 20%
- ◆ Face 9%
- ◆ All over 9%
- ◆ Breasts 6%
- ◆ Arms 6%.

Body image after first menstruation

Young women's concerns about their body weight, body shape, and body appearance increase in the year after their first period. In response to these worries, most women commence dieting, exercising, or trying to reduce their food intake. A few years later, these young teenagers appear to adjust and become more accepting of their increased body weight but not their body appearance. Their body image concerns continue to increase along with psychological changes in anxiety, depression, social unease, and feelings of loss of control following first menstruation. The development of all of these worries, feelings, and dieting behaviour from the time of first menstruation are shown in Figure 1.4.