

Anorexia Nervosa

Definition: Anorexia nervosa is characterized by emaciation, a relentless pursuit of thinness and unwillingness to maintain a normal or healthy weight, a distortion of body image and intense fear of gaining weight. Anorexia nervosa is a potentially life-threatening eating disorder. Anorexia can affect individuals of all genders, races and ethnicities. While most common among females, about 10-15% of all individuals with anorexia are males. People of all ages develop anorexia but it is most common for onset to occur during adolescence. Anorexia is the third most common chronic illness among adolescents in the United States. Because of self-starvation, the body is denied essential nutrients needed to function normally. The body is forced to slow down all its processes to conserve energy, resulting in acute and long-term medical consequences:

- Abnormally slow heart rate and low blood pressure
- Damage to the structure and function of the heart
- Reduction of bone density causing dry, brittle bones
- Muscle loss and weakness
- Severe dehydration which can result in kidney failure
- Swelling
- Fatigue, fainting, lethargy, and overall weakness
- Dry skin and hair, nail loss
- Anemia
- Severe constipation
- Arrested sexual maturity and failure to grow
- Infertility
- Increased risk of suicide

Symptoms: To be diagnosed as having Anorexia Nervosa, an individual must display the following:

- Persistent restriction of energy intake leading to significantly low body weight (in context of what is minimally expected for age, sex, developmental trajectory, and physical health).
- Either an intense fear of gaining weight or of becoming fat, or persistent behavior that interferes with weight gain (even though significantly low weight).
- Disturbance in the way one's body weight or shape is experienced, undue influence of body shape and weight on self-evaluation, or persistent lack of recognition of the seriousness of the current low body weight.

Not everyone with anorexia experiences all of the same symptoms and behaviors. Here are symptoms to look for organized within categories that reflect common obsessive behavior- Weight & Body Shape, Food & Eating and Personality & Social Behavior.

Weight & Body Shape

- Dramatic weight loss, or failure to make expected weight gains during periods of normal growth (i.e. during childhood, adolescence, pregnancy)

- Excessive weighing of oneself; setting progressively lower and lower goal weights
- Body checking behaviors such as looking in mirrors, measuring or assessing body parts or frequently asking others for reassurance with questions like "do I look fat?"
- Changes in weight have a significant impact on mood
- Frequent comments about feeling "fat" or overweight despite weight loss
- Focused on particular parts of their body being "fat" or too big
- Excessive exercise – adhering to a rigid exercise regimen despite bad weather, fatigue, illness or injury

Food & Eating Behaviors

- Deny being hungry
- Dieting, limiting food intake
- Counting calories and/or fat grams
- Refusal to eat certain foods, progressing to eliminating categories of food such as no meat, no carbs, no processed foods
- Cooking elaborate meals for other people and then not eating
- Food rituals such as eating foods in a certain order, excessive chewing, rearranging food on plate
- Use of laxatives, herbal weight loss products, or diet aids
- Excuses to avoid mealtimes or situations involving food

Changes in Personality and Behavior

- Withdrawing from friends and activities they used to enjoy
- Symptoms of depression and anxiety
- Irritability, moodiness
- Interpersonal conflicts
- Defensive when confronted about weight or eating behaviors
- Low energy and fatigue
- Tendency toward perfection is increased

Causes:

The exact cause of anorexia nervosa is unknown, but it's probably a combination of biological, psychological, and environmental factors. There may be some genetic changes that make some people more vulnerable to developing anorexia. Some emotional characteristics may contribute to anorexia such as young women who are perfectionists and never think they are thin enough or have obsessive-compulsive traits that make it easier to stick to a strict diet and not eat even if they are hungry. Our culture emphasizes thinness through the media and peer pressure may drive the desire to be thin, especially for young girls.

Treatment:

Treatment for anorexia nervosa may include medical care and psychotherapy. If there are immediate threats to your health, hospitalization may be required. A dietitian may be used to help guide the individual toward a healthy diet and learning how to maintain an appropriate weight. Individual, family and group therapy may all help too. Individual treatment can help identify and deal with the behavior and thoughts that lead to anorexia. Family therapy can support the individual and help with decision-making when it comes to sticking to a healthy eating plan. Group therapy can help by giving you a way to connect with others working through an eating disorder. There are no medications associated with treating anorexia, but sometimes anti-depressants are used to treat other issues involved such as depression or anxiety.

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