



# LIFELONG battles

BY FRITZ ESKER

Experts constantly remind people that mind and body health go hand in hand. But nowhere is that statement more clearly illustrated than with eating disorders. Unlike many diseases or ailments, treatment can never be focused on one thing. Instead, the fight against eating disorders is a battle with many fronts - psychological, physical, and nutritional.

## THE DISEASES

Typically, anorexia nervosa is defined as a condition where a person severely limits the amount of food she/he consumes. The person is unable to stay at the the healthy minimum body weight for their height. Bulimia nervosa is an illness characterized by episodes of binge eating followed by purging. While the most commonly known method of purging is forced vomiting, excessive exercise and laxative use can also be forms of purging.

While these are the most bare-bones definitions of the two most common eating disorders, the reality features more overlap and more gray areas. A person can show symptoms of both conditions. "A bulimic might restrict (food intake) all day and binge at night because they're so hungry, then feel guilty for consuming so much food and then purge," said Marian McGavran, program coordinator for the eating disorders treatment center at River Oaks Hospital.

Traditionally, people associate eating disorders with young women, but that is not always the case. Elesha Kelleher, a registered dietician with Ochsner's Elmwood Fitness Center, reports seeing more and more moms in their 40s seeking treatment. McGavran says men are becoming increasingly susceptible to eating disorders as well.

## THE CAUSES

On the most global level, American culture glamorizes slender women. When a woman cannot live up to that, she may feel pressure to make herself resemble the societal ideal by any means necessary. In a city like New Orleans, that can be particularly challenging because so much of the city's culture revolves around food (and often not very healthy food).

But while much has been written about the influence of American culture on eating disorders, the causes can actually be both more subtle and more overt. Many people who have suffered from eating disorders have cited the influence or pressure of a parent or a spouse or peer groups. Now, obviously, none (or almost none) of these groups would actually tell a person, "You should starve yourself."

However, small statements can add up over the course of time. A parent might belittle his/her daughter for her weight. Nothing overtly cruel or harsh, just steady statements about their weight. A husband may vocalize his preference for a certain type of woman when looking at movies or magazines. Such comments may not seem like anything major if said only once or twice, but the cumulative effect of comments and attitudes can wear on a person's self-esteem over time. And a child or a spouse may want to please their loved one so much that they slowly develop an eating disorder. Thus, it's important for everyone to remember - your loved ones listen to you more than you think. Take care in what you say to them. It's a fine line between encouraging fitness and causing someone to develop a complex about weight.

While some causes of eating disorders can be subtle, others can be more overtly horrific. Often, a person who suffers from an eating

disorder was the victim of a prior trauma and/or childhood abuse (physical or verbal). McGavran says more than 35% of eating disorder victims have suffered some sort of sexual abuse. The disorder might symbolize a desire for control. The person may not have been able to control the abuse that happened to them, but they can try to fastidiously control their weight.

A trauma does not have to be as severe as sexual abuse to trigger an eating disorder. Quite often, eating disorders arise during a transitional time in a person's life. A teenager might be anxious over starting at a new school, a college freshman might be anxious about leaving home, an adolescent may be upset over his/her parents' divorce. It can and does vary wildly from person to

societal pressures, may feel like it is out of control, but the person can gain a sense of power by strictly controlling their food intake. Some patients even report getting an endorphin rush from this feeling.

Some patients are so obsessed with feeling like they can control their food or eating that they become eager to cook for others. It may seem contradictory, but many people with eating disorders love to cook. "It's the ultimate test of power," McGavran said. "To see if they can smell it, cook it, serve it to everyone else, but still not eat it." Because people deny themselves food and are so concerned about its effects, it becomes an obsession - either through cooking or through watching food-centered television shows.

"Bulimics often have trigger foods - foods they're uncomfortable with (e.g. a bulimic might be vulnerable to bingeing on ice cream)," Kelleher said. "I want to give them foods they're comfortable with and have them keep it down."

With anorexics, the goal is to slowly re-introduce more and more foods in their diets. Often, anorexics are missing out on fats and proteins and exist on low-cal foods like rice cakes, pretzels, and carrot sticks. So, small amounts of heart-healthy fats must be introduced. Weighing the patient with the patient stepping backwards onto the scale so he/she cannot see the weight is a preferred way of monitoring weight. "You want to de-emphasize numbers," McGavran said.



person. "Trauma is just like beauty - it's in the eye of the beholder," McGavran said.

The most common answer given regarding the feeling eating disorders give their victims is a sense of power and control. Their life, because of trauma, transitions, or

## THE TREATMENT

Treatment should be approached with a therapist and a nutritionist. Ideally, therapy should not just consist of individual therapy, but family therapy as well. The treatment approach can also vary with bulimics and anorexics.

Like any other disorder, the sooner it is treated, the better - both from a mental and a physical standpoint. Mentally, the damage is harder to undo when an adult has been suffering from an eating disorder for many years. "If an adult has used it as a coping mechanism for a long period of



lunch, and a very small piece of meat and a salad for dinner. In addition to severely limiting her food intake, Cathy exercised relentlessly. Every night, she would do 100 laps in the pool. At her lowest body weight, she was 108 lbs. (she stands 5 feet, 8 inches tall).

Things began to turn for Cathy at the end of her freshman year of college. She was so malnourished, she could barely even hold a pen without shaking. And even though her disorder began in part because of her desire for acceptance, she had no friends. Physically, socially, and emotionally, she was in shambles. She quit school after her first year. “I just wasn’t happy,” she said.

Her parents threatened to put her in the hospital if she did not get better. However, this was in the 1970s, so treatment options for eating disorders were scarce. She never sought professional help in the form of a therapist or a dietician. Slowly, she began increasing the amounts of food she ate at each meal. She describes it as a 5-10 year process of gradually becoming more comfortable with eating.

While she successfully changed her life without the help of a professional, Cathy says it was more by necessity than by choice. She strongly advises anyone with an eating disorder to seek professional help immediately.

Cathy says that there are a number of misconceptions about eating disorders. People often think every individual case will show the same symptoms. This is not true. A person can have a less extreme case of anorexia, and, as a result, not get diagnosed for a long time, but still do a great deal of damage to their bodies.

Lastly, she says an important thing that many people do not realize is that a battle with eating disorders is a lifelong battle. Even once a person begins eating healthy amounts again, the psychological effects never go away. “You can never truly just sit down and enjoy food and not worry about the calories you are eating,” she said. “It’s something that never leaves you, your obsession with food and not eating things that are bad for you.”

time, it’s going to be hard to give up,” said Brenda Aranda, a licensed clinical social worker at East Jefferson General Hospital.

“When you ignore any other ways to get self esteem (like success at work or school, or through relationships), it will become a problem,” McGavran said. “It’s like tunnel vision and the more you do it, the worse it gets.”

Physically, the damage can be severe and it can occur even at a young age. The damage can be fatal and even if the patient survives, irreversible damage can occur. “Anorexia has the highest mortality rate of any psychiatric illness,” McGavran said. More people with anorexia die than those with depression, schizophrenia, or bipolar disorder. Often, it is because when the body is not getting enough food, it will start dissolving muscle tissue for energy and this will cause heart damage and it can be fatal.

Even if it is corrected in time to save the heart, eating disorders can still cause osteoporosis. And once you have osteoporosis, it cannot be cured or corrected. This is a serious concern regardless of the age of the victim. “I’ve seen 16 year olds with osteoporosis,” McGavran said.

## A SURVIVOR’S STORY

For Cathy (not her real name), her eating disorder began during her sophomore year of high school. Like all children that age, she desperately wanted to fit in and often felt powerless. “There’s so much pressure on girls to be thin, to have a certain body type,” she said.

The societal pressures and the comments from other girls at her school about her weight took a slow toll on Cathy. The eating disorder did not come overnight or happen out of the blue; it happened gradually.

But happen it did and soon, her meals for the day would resemble the following: 4 saltines with grape jelly for breakfast, a cup of soup for