

## TREATMENT FOR EATING DISORDERS

The sooner someone seeks help, the sooner they will benefit from treatment. However, people with an eating disorder usually work very hard to keep it secret, and find it very difficult to acknowledge that they have a problem. Diagnosis can be difficult, since the symptoms of eating disorders often occur in combination with depression, anxiety and substance abuse.

A multi-disciplinary approach is the most effective treatment route. This involves a thorough medical assessment, nutritional guidance, support, medical follow-up, individual, group and family therapy. Because eating disorders have a profound negative impact on all family members, the entire family may need counselling.

## WHAT CAN I DO?

If you are struggling with an eating disorder, you are not alone. Many men and women have eating disorders and there is no shame attached in asking for help. The problem is too big to fix on your own, and help and support are available.

If you think someone you know has an eating disorder, learn what you can about these conditions. Express your concerns calmly and in a caring way. You can't force someone to change their behaviour, but you can let them know that you care and want to support them. Encourage the person to seek professional help. Don't lay blame and focus discussions on feelings, not food. Examine your own issues around food and weight. Be supportive, but do not enable the behaviour.

## WHERE TO GO FOR MORE INFORMATION

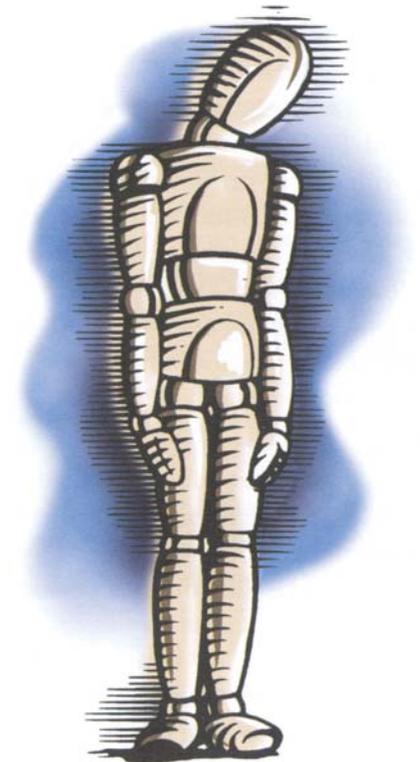
For further information about eating disorders, contact a community organization like the Canadian Mental Health Association to find out about support and resources in your community. In addition, the National Eating Disorder Information Centre keeps a national listing of treatment services and resources online at [www.nedic.ca](http://www.nedic.ca).

The Canadian Mental Health Association is a nation-wide, voluntary organization that promotes the mental health of all and supports the resilience and recovery of people experiencing mental illness. CMHA accomplishes this mission through advocacy, education, research and service.

Visit the CMHA website at [www.cmha.ca](http://www.cmha.ca) today.

## MENTALLY HEALTHY PEOPLE IN A HEALTHY SOCIETY

# EATING DISORDERS



CANADIAN MENTAL  
HEALTH ASSOCIATION  
ASSOCIATION CANADIENNE  
POUR LA SANTÉ MENTALE



Our society's preoccupation with body image is reflected in the fact that, at any given time, 70% of women and 35% of men are dieting. More seriously, a 1993 Statistics Canada Survey reported that in women between the ages of 15 and 25, 1-2% have anorexia and 3-5% have bulimia. Eating disorders have the highest mortality rate of all mental illnesses, with 10% to 20% eventually dying from complications.

Clearly, these potentially life-threatening conditions are a growing problem. Despite their collective label, these disorders are not about food. Eating disorders are a way of coping with deeper problems that a person finds too painful or difficult to deal with directly. They are complex conditions that signal difficulties with identity, self-concept and self-esteem. Eating disorders cross cultural, racial and socio-economic boundaries, and affect men and women.

Eating disorders can be difficult to detect. The media glamorization of so-called ideal bodies, coupled with the view that dieting is a normal activity, can obscure a person's eating problems. It can be difficult for a person with an eating disorder to admit they have a problem. Knowing how to support someone with an eating disorder is also a challenge. Treatment is available – it can be a long process, but an eating disorder can be overcome. If you think that you, or someone you know, has an eating disorder, it is important to learn the facts. Gaining an understanding of these conditions is the first step in the journey to wellness.

## **ANOREXIA NERVOSA, BULIMIA NERVOSA AND BINGE-EATING DISORDERS**

Three chronic eating disorders have been identified. **Anorexia nervosa** is characterized by severe weight loss due to extreme food reduction. Symptoms include:

- refusal to keep body weight at or above the normal weight for one's body type
- dieting to extremes, usually coupled with excessive exercise
- feeling overweight despite dramatic weight loss
- loss of menstrual periods
- extreme preoccupation with body weight and shape

**Bulimia nervosa** results in frequent fluctuations in weight, due to periods of uncontrollable binge eating, followed by purging. As well as a preoccupation with body image, symptoms include:

- repeated episodes of bingeing and purging, usually by self-induced vomiting, abuse of laxatives, diet pills and/or diuretics - methods which are both ineffective and harmful
- eating beyond the point of fullness

**Binge-eating disorder**, or compulsive eating, is often triggered by chronic dieting and involves periods of overeating, often in secret and often carried out as a means of deriving comfort. Symptoms include:

- periods of uncontrolled, impulsive or continuous eating
- sporadic fasts or repetitive diets

## **WARNING SIGNS**

Eating disorders can be difficult to detect. Someone suffering from bulimia can have a normal weight, but the activities they are engaging in can be deadly. Here are some warning signs:

- low self-esteem
- social withdrawal
- claims of feeling fat when weight is normal or low
- preoccupation with food, weight, counting calories and with what people think
- denial that there is a problem
- wanting to be perfect
- intolerance of others
- inability to concentrate

## **WHAT CAUSES AN EATING DISORDER?**

When someone has an eating disorder, their weight is the prime focus of their life. Their all-consuming preoccupation with calories, grams of fat, exercise and weight allows them to displace the painful emotions or situations that are at the heart of the problem and gives them a false sense of being in control.

There is no single cause. An eating disorder generally results from a combination of factors. Psychological factors include low self-esteem, feelings of inadequacy or lack of control, depression, anger or loneliness. Interpersonal factors include troubled family and personal relationships, difficulty expressing emotions and feelings, history of physical or sexual abuse. Media promotion of unrealistic images and goals, along with its tendency to equate a person's value with their physical appearance is another contributor.

The possibility of biochemical or biological causes is being studied. Some people with eating disorders have been found to have an imbalance of chemicals in the brain that control hunger, appetite and digestion, possibly as a result of the disorder.