

Eating Disorders: A Growing Problem

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Eating Disorders: An Overview

- Documented behaviors such as self-starvation, bingeing, and purging date back centuries.
- The 1970s and 1980s saw a surge in public attention, with the death of Karen Carpenter and a focus on media influence.
- The incidence of bulimia in 10–39 year old women **TRIPLED** between 1988 and 1993 (Hoek & van Hoeken, 2003).

(myneda.org)

Eating Disorders: An Overview

- In the United States, 20 million women and 10 million men suffer from a clinically significant eating disorder at some time in their life, including anorexia nervosa, bulimia nervosa, binge eating disorder, or eating disorder not otherwise specified (EDNOS)(Wade, Keski-Rahkonen, & Hudson, 2011). (EDNOS is now recognized as OSFED, other specified feeding or eating disorder, per the DSM-5.)

(myneda.org)

What does an eating disorder look like?

- Typically, the public has an assumed image of a person with anorexia nervosa: Thin, white, adolescent, and female
- In reality, however:
 - Eating disorders span all body types, races, genders, ages, and communities
 - Not all symptoms of eating disorders are visibly recognizable
 - There is not a one-size-fits-all approach to eating disorders treatment

Eating Disorders in Special Populations

Today, we're going to spend some time talking about eating disorders in special populations:

- Eating disorders in young children
- Eating disorders in older women
- Eating disorders in males
- Eating disorders in the LGBT community

Case Study

Client description

Patrick is a 10-year old Caucasian male from an intact family. He is a popular, athletic, A-student who loves basketball and playing outside with friends. He presented for treatment following a 13 pound weight loss, which resulted in medical complications including dangerously low heart rate and failure to thrive. The weight loss was precipitated by an incident with a “bad hamburger” 8 months earlier which resulted in vomiting and nausea. Since the experience, Patrick began a course of excessive worry and anticipatory anxiety about vomiting, which led to restricting intake dramatically.

Eating Disorders in Children

What's Different?

Patrick's case illustrates how eating disorders in children sometimes differ from the "typical anorexia case" in that they may exhibit obsessive worry about choking or vomiting which results in restricted intake and weight loss.

Eating Disorders in Children

What's the Same? (Common Red Flags)

Patrick's case illustrates the following common features of eating disorders, particularly Anorexia Nervosa:

- He was high achieving and exhibited perfectionist qualities.
- He was anxious, and as a young child was a picky eater and displayed separation anxiety.
- He displayed rigid, “all-or-nothing” thinking.

How We Helped...

- Patrick was gradually de-sensitized to “fear foods” in the dining room while simultaneously being challenged in therapy to acknowledge the improbability of vomiting.
- Patrick was encouraged to explore the “worst case scenario” in the unlikely event he did vomit.
- Patrick’s competitive tendencies were tapped into by describing eating disordered thoughts as “bullies in his head” to be ignored.
- As Patrick stepped out of his “comfort zone” and achieved small successes, it was used to disprove his fear that food makes him vomit.

Case Study

Client Description

Jean is a 66-year old married woman who lives with a supportive husband and has 3 grown children. Jean presents for her first eating disorder treatment, stating that it began when she had difficulty swallowing. Jean states that swallowing soon became impossible and she lost interest in eating. Jean states “everything was fine” until March, when she retired from her family-run business where she worked with her husband for 44 years. Jean’s weight dropped 24 pounds and she became increasingly weak and focused on physical ailments.

Eating Disorders in Older Women

What's Different?

Jean was unlike many anorexic women and girls in that she did not experience negative body image. To the contrary, she found her emaciated body repulsive and very much wanted to gain weight. Although she wanted to eat, Jean believed some physical malady was keeping her from swallowing.

Eating Disorders in Older Women

What's the Same? (Common Red Flags)

Although Jean initially denied a “precipitating factor,” with further investigation, we discovered that symptoms began soon after Jean’s husband suffered a heart attack. It is common to find that eating disorder patients may have experienced a series of difficult, life changing events. In Jean’s case, she was recently an “empty nester,” had retired after 44 years of working, and then feared she would lose her husband, partner, and best friend.

How We Helped...

- Since Jean strongly believed her problem was physical, we had to rule out any possibility of an underlying medical cause to her swallowing problem. Once we were satisfied, we slowly re-introduced food while teaching relaxation techniques and educating her on how anxiety can manifest as a physical ailment.
- We worked with Jean on visualizing a worthwhile life beyond what she had become accustomed.

How We Helped...

- Sometimes, particularly with the elderly, people have been socialized to believe that it is “weak” to show emotional vulnerability. Jean gradually learned to ask her family for emotional support, which decreased the manifestation of physical ailments.
- It’s important to honor people’s acceptance or resistance to the therapeutic process. As a devout Catholic, one of Jean’s most comforting coping skills was prayer.

Case Study

Client Description

Fen is a polite, respectful 17-year old boy of Indian and African-American descent from an intact family with highly educated parents. Fen is a highly accomplished scholar/athlete presenting for treatment with restrictive eating patterns and recent weight loss which brought his 6-foot tall frame down to 108 lbs. Fen presents as highly motivated to restore weight and return to school and the start of basketball season.

Eating Disorders in Males

What's Different?

Unlike their female counterparts who are typically preoccupied with becoming smaller, many males are focused on increased muscle mass. This often leads to obsessive exercise and highly restrictive eating. Anyone however, male or female, can become addicted to exercise.

Characteristics of an Exercise Addiction

- Exercising despite injury, illness or fatigue
- Exercising at odd times &/or for excessive periods of time
- Lying about exercise habits and becoming highly agitated when unable to exercise

Eating Disorders in Males

What's the Same? (Common Red Flags)

In addition to the high-achieving, perfectionist disposition, Fen was also experiencing significant stressors both at school (parted ways with old friends who had begun experimenting with alcohol/drugs) and at home (mom was suffering from her own mental illness which made the home environment extremely stressful). We call this “the perfect storm.”

How We Helped...

- Since mom's erratic behaviors caused Fen high anxiety, we began with a recommendation for mom to receive her own treatment. We also addressed ineffective communication styles through family therapy to empower Fen to verbalize his needs.
- We taught Fen more appropriate skills for tolerating anxiety & educated him on how compulsive exercise could interfere with future goals.

Case Study

Client Description

Laura is a 24-year old Caucasian female who suffers from Anorexia Nervosa and severe body image issues. Although intelligent, Laura struggles to get through college due to her illness. Early in her treatment, Laura revealed in therapy that she “wants to be a guy.” This provided important information in that Laura became severely agitated as her weight restored and her body became more feminine.

Eating Disorders in the LGBT Community

What's Different?

The LGBT community brings very unique challenges.

In this case, Laura's situation caused her tremendous stress ---

- Angst caused by “living in the wrong body,”
- How and when to “come out” to family & friends
- Would she be accepted?
- Should she transition?

How We Helped...

- While treating the ED, we simultaneously guided Laura in exploring the pros/cons of moving forward with life as a transgender person and referred her to relevant support groups.
- During family therapy, we supported Laura in educating and communicating with her parents on her transgender status.
- We provided Laura with coping skills to manage her anxiety effectively.

What does all of this mean?

- Assumptions about who suffers from eating disorders must be constantly re-examined to avoid cultural, gender, and age bias.
- Prevention efforts should reach into organizations that support these special populations
- Further research needs to be mindful that eating disorders know no age, race, gender, or community. With more knowledge behind us, we can do more as a whole.

The Center for Eating Disorders Care

University Medical Center of Princeton, provides multi-disciplinary, acute-care services to those working towards recovery from an eating disorder:

- Inpatient Hospitalization
- Partial Hospitalization
- Boys, girls, men, and women
- Ages 8+ through adulthood
- Treatment for co-occurring medical issues and psychiatric disorders
- Individual, family, and group therapy
- Nutritional counseling

To complete an intake for admission or to make a referral, please call 609-853-7575 or 877-932-8935.

www.princetonhcs.org/eatingdisorders