

Eating disorders are mental illnesses that cause serious disturbances in a person's everyday diet. It can manifest as eating extremely small amounts of food or severely overeating. The condition may begin as just eating too little or too much but obsession with eating and food over takes over the life of a person leading to severe changes.

In addition to abnormal eating patterns are distress and concern about body weight or shape. These disorders frequently coexist with other mental illnesses such as depression, substance abuse, or anxiety disorders.

Types of eating disorders

- Anorexia nervosa – This is characterized by an intense fear of being obese and a continued pursuit of becoming thin.
- Bulimia nervosa
- Binge-eating disorder
- Eating disorders not otherwise specified (EDNOS) – this includes eating disorders that do not meet the criteria for anorexia or bulimia nervosa. Binge eating could be a type of EDNOS. EDNOS is the most common diagnosis among people who seek treatment

Causes:

There is no single cause for eating disorders. Although concerns about weight and body shape play a role in all eating disorders, the actual cause of these disorders appear to result from many factors, including cultural and family pressures and emotional and personality disorders. Genetics and biologic factors may also play a role.

Symptoms of eating disorders

Anorexia nervosa

There is a loss of at least 15 percent of body weight resulting from refusal to eat adequately despite feeling hungry. There is an unnatural fear of becoming fat. There is a distortion of self-perception. Thin anorexics may feel they are fat. There may be a tendency to exercise obsessively. Anorexic women may go months without getting their periods, suffer weight loss and may suffer from infertility. A significant proportion of people with anorexia will also develop bulimia.

Bulimia nervosa

These patients first eat too much (binging) and then purge or vomit it all out. Eating binges involve consumption of large amounts of calorie-rich foods. The person feels totally out of control and self-disgust during these periods. After such binges they attempt to purge out the food to compensate for binges and to avoid weight gain. This could be by self-induced vomiting or misuse of laxatives. A person with bulimia is usually close to their normal body weight and is less recognizable than a person with anorexia.

Binge eating disorder

This is characterized by frequent episodes of binge eating. Individuals feel loss of control during these binge episodes. The binge eating can lead to serious health consequences such as obesity, diabetes, hypertension (high blood pressure) and heart disease.

Treatment for eating disorders

Eating disorders can be effectively treated. The earlier they are detected, the easier it is to treat them. Recovery can take months or years, but the majority of people recover. Once diagnosed, treatment is a multidisciplinary approach.

The health care providers involved include psychiatrists, psychologists, physicians, dieticians or nutritional advisers, social workers, occupational therapists and nurses.

Treatment includes diet education and advice, psychological interventions and treatment of concurrent mental ailments like depression and anxiety disorders.

Therapeutic Conversation

Nurse: Hello, what can I do for you?

Patient: Everybody says I'm too thin but when I looked at the mirror, I felt fat.

Nurse: Your friends stated that you are too thin. This point seems worth more looking at very closely. So you have a concern on your body image?

Patient: Yes like tremendously.

Nurse: Tell me, what's really bothering you?

Patient: Well, I really don't feel hungry most of the times so I most of the times I skip my meal. "Oh, but I'm not a real anorexic, like going foodless for two weeks. I really don't have starvation episodes. And when I smell my food, I felt like I've lost my appetite.

Nurse: Okay, I follow what you've said. But when did you feel about not feeling hungry?

Patient: When did it start? As soon as I was away from my parents' control, in college. When I was away from home I really felt pressured by social expectations.

Nurse: Can you tell me more about it?

Patient: You know men these days are demanding women to look thin. It kept me unattractive when I looked at the mirror and looked fat in my eyes, though people have alarmed me regarding my underweight stature. So since the reactions of those who are around me are overwhelming, I might re-consider.

Nurse: Really?

Patient: Yeah, really.

Nurse: Do you have something in mind to manage this condition accordingly?

Patient: It may be that the only thing that will win me some freedom from the seemingly-anorexic urge is to work consistently on some project my soul has on its angelic little pinhead mind--some job I've been dismissing as "too much while I'm sick." If so, it will have to come clear in dreams. I won't let myself be bullied into working on it. Until then I'm on spiritual strike. I won't let my soul do anything great until my soul lets me have a normal life. Too bad my soul blocks healthy normality till I agree to my spirit's agenda!

Nurse: That sounds really great. It seemed to me that great things are waiting ahead of you.

Patient: I'm looking forward hopefully. In fact; I've had many dreams this year about genius, uniqueness--unique goals as well as unique ability. Grandiose dreams, to counter the shame of anorexic-tendencies. However, there are also times that I feel bad about my inability to act, to identify feelings, to cope with fear. But I won't let it overcome me this time. Dreams about me being warm, or confident, or scared but handling stress without illness, those would be comforting, compensatory dreams!

Nurse: Well, I'm really glad to hear that. All the best then.

Patient: Thank you for sparing your time.

Eating Disorders