

DISORDERED EATING – ANOREXIA NERVOSA

Food is a major focus in most of our lives – particularly the enjoyment of it. For some however, food becomes a nightmare – with either intense involvement in not eating or intense involvement in overeating.

There are two major forms of disordered eating – Anorexia Nervosa and Bulimia Nervosa. Both involve a preoccupation with food, weight and body image. Sufferers tend to judge themselves on the basis of their weight, shape or size. They share abnormal attitudes to food and eating patterns and use a range of strategies to control weight or to compensate for food eaten.

This article will focus on Anorexia Nervosa.

Anorexia Nervosa is a severe, very distressing and often chronic mental illness, one that can lead to emaciation, a range of physical illnesses and can become life-threatening. It usually lasts from five to seven years, but for some people it can be a lifelong illness. Partial remissions and relapses are common, but some people experience a pattern of steady deterioration.

People with anorexia nervosa are significantly underweight. They have obsessive and distorted views about their weight and shape and have unrealistic expectations about being overweight. These views persist despite being unsupported by others' views. They may go to extreme measures to not eat, avoiding even foods they once enjoyed. They may resort to vomiting or using laxatives and/or diuretics to rid themselves of food eaten and excessively exercise to further reduce weight.

Many people with Anorexia Nervosa may suffer from structural brain changes. This may lead to long-term cognitive functioning, anaemia, depression, irritability, loss of hair, the growth of fine body hair, failure to begin menstruating in young girls or loss of periods in women of child bearing age. At its extreme, starvation, can lead to heart failure and sudden death.

Because of adverse effects on thinking or cognition, education and employment can become disrupted. Impaired social development and infertility can disrupt the development of intimate relationships and the ability to have children.

People obsessed with disordered eating patterns tend to become very secretive and reserved about their eating, become very tetchy when their eating patterns are challenged and tend to become withdrawn from family and friends. Significant awareness, understanding, support and patience is needed – and will be sorely tested.

Anorexia nervosa can affect people of all ages, socio-economic and cultural backgrounds. It is much more common in females, however one in ten sufferers will be male. It usually starts in adolescence but those most seriously affected will be in their 20s – 40s.

The course of the illness for children and adolescents is much more optimistic. Young people are more likely to overcome the distorted thinking, attain a normal weight and succeed at school and beyond.

The sooner treatment begins the better – before major body and cognitive changes occur. Treatment begins with a discussion with a GP, who will undertake an assessment, and will, if necessary, make a referral to other specialists.

Gordon Hudson is manager of Like Minds Taranaki, an organisation dedicated to promoting mental health, demystifying mental illness and overcoming prejudices and discrimination. Call (06)759-0966

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