

# EATING DISORDERS and TEENS



**In this land of plenty, one out of every 100 females between the ages of 10 and 20 is starving herself in the name of beauty.**

**Bombarded by “thin is in” messages** and struggling with serious psychiatric issues, girls with eating disorders develop a distorted body image, viewing themselves as fat—even though they may be dangerously thin. Adolescent males also suffer from eating disorders, but in smaller numbers.

**Anorexia.** With the highest mortality rate of any psychiatric illness, anorexia causes its victims to starve themselves until they weigh less than

85 percent of their ideal body weight. They consume tiny portions of food, develop eating rituals, exercise incessantly and use laxatives or other medications to keep their weight in check. “Anorexics often base their self-worth on body weight,” says **Dr. Alan Hanft**, a UCI psychiatrist specializing in adolescents and eating disorders. “They’re frequently perfectionists with a diminished sense of self-worth and obsessive-compulsive tendencies.”

Teens with eating disorders often base their self-worth on body weight.

**Bulimia.** Unlike anorexics, people with bulimia often have a normal body weight. They indulge in binge-eating episodes, consuming large amounts of food over a short time period, followed by compensatory behaviors such as vomiting, fasting, exercising or other strategies to maintain their weight.

One of the most common causes of death among patients with these eating disorders is cardiac arrest. People with anorexia and bulimia are also at risk for malnutrition, abnormal heart rhythms, gastrointestinal problems, osteoporosis, kidney disease, anemia and infertility. For this reason, experts advise parents to seek treatment immediately if they suspect their child has an eating disorder.

“Parents should express their concerns in a straightforward and nonjudgmental way,” says Hanft. “Initially, most patients will refuse to admit that they have a problem. Denial is often a prominent part of the illness. But parents need to ensure that their teen be evaluated by a professional, even if she or he is horrified at the idea.” Research indicates that distorted eating patterns can trigger an imbalance of brain chemicals, perpetuating the problem. The earlier the disorder is treated, the better the chances for long-term recovery.

**The road back.** For anorexics, returning to a healthy weight is the initial focus. Unless the life of the patient is in immediate danger, treatment generally takes place on an outpatient basis with individual and family therapy, complemented by nutritional counseling and careful medical follow-up. Medication may also be helpful in some cases. “Patients with eating disorders often have complex psychological problems that precipitate their condition,” says Hanft. “Consequently, treatment involves much more than modifying eating behaviors.”

The goal of therapy is to teach participants how to develop a healthy relationship with food and exercise. Patients also learn how to confront difficult emotions by gaining insights about themselves and developing greater self-esteem. For bulimics, treatment is much the same, with an emphasis on developing tangible strategies to interrupt the binge/purge cycle.

“Early intervention is extremely important,” says Hanft. “Without treatment, some eating-disorder patients die from their illness. But with immediate and proper care, many recover and go on to enjoy full lives.” For referral to a UCI physician specializing in eating disorders, call 1-877-UCI-DOCS.

**Toll free 1-877-UCI-DOCS**