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New Studies Prove Old Knowledge in Eating Disorders

By Ann Gerhardt, MD *August 2011*

The Academy of Eating Disorders (AED) released new guidelines, including lists of signs and symptoms (see box) and strategies to help doctors diagnose and treat eating disorders. Actually, they haven't revealed new information, they just put the old into a new format.

These guidelines also help families to identify potential body image and eating disorder problems early on, improving the chance to respond to treatment. Parents or teachers are often the first to express concern about a child's eating behavior or weight and shape concerns, and should know what to look for.

If not caught early, eating disorders have the highest death rate of all psychiatric diseases. A recent report published in the Archives of General Psychiatry, that pooled the results of 36 different studies, confirmed what those of us in the field have known for a long time – that one in 5 deaths in patients with anorexia nervosa is from suicide. Older age (older than 20) at the onset of disease increases the risk of suicide. Twice as many anorexics as other eating disorder patients die. Those with high anxiety and perfectionism are particularly at risk.

A number of recent studies address the link between eating disorders and genetics. Genetic make-up, superimposed on a permissive environment, influences the type of eating disorder and degree of chronicity.

Because patients with eating disorders may not recognize that they are ill or may not want to be cured, outside support and assistance with decision making are usually necessary, regardless of age. This may take the form of parents making an under-age child go to the doctor and therapist, or friends and family doing an "intervention" to make a point. The patient may resist treatment, but doctors, family and friends should understand that no one chooses to have an eating disorder.

The AED emphasizes immediate physical and nutritional recovery, with caution against "refeeding" complications, resulting from gross overfeeding a malnourished person. They recommend psychological help "if possible". They do acknowledge that "distorted body image and /or eating-disordered thoughts may persist despite weight restoration and usually require longer-term therapy."

Well, duh. If she thought she was fat at 72 pounds, and you haven't fixed her thinking, how's she going to feel at 110 pounds? I would argue with their priorities somewhat. Sure, we don't want someone dying of starvation, but significant weight gain without psychological support and recovery often leads to worse body image, perception of failure, depression and futility. These contribute to the high suicide rate.

In my experience, psychological treatment cures eating disorders. Nutrition and medical therapy only keep them alive long enough to accomplish that cure.

Sign & Symptoms of Eating Disorders (per the AED guidelines, plus a few from me)

- Sudden weight loss or gain, or erratic weight fluctuations, even in individuals of normal weight.
- Failure to thrive in a child or in a developing and growing adolescent.
- Intense fear of fat, on the body or in food.
- Distorted personal body image.
- Muscle cramps, which might indicate low salt or potassium levels.
- Lightheadedness, low pulse and low blood pressure.
- Chronic abdominal pain or nausea.
- No menstrual periods, menstrual irregularities, or unexplained infertility.
- Excessive exercise or participation in extreme physical training.
- Constipation in patients who are dieting .
- Puffy cheeks on a skinny body, excessive frequency of use and time in the bathroom after eating, suggesting vomiting.
- Use of appetite suppressants, excessive caffeine, diuretics, laxatives, enemas, ipecac, excessive hot or cold fluids, artificial sweeteners, prescription medications, stimulants, street drugs, or herbal weight loss remedies.

These are not criteria to make a diagnosis. They are justification for suspicion, that might lead to seeking a doctor's advice.