Eating Disorders

Food plays a very important part in our lives, and one in which we can express our individuality—for example, in choosing to eat only organic produce, or refusing to eat certain foods we dislike. However, some eating patterns can become very damaging and dangerous.

Food becomes a problem when it is used to help you to cope with painful situations or feelings, or to relieve stress perhaps without you even realising it. Many people comfort eat when feeling sad, angry or lonely; others neglect to eat at all when they are feeling depressed.

Eating disorders frequently develop as the patient begins to see their food intake as the one part of their life they can control, and to take great comfort and satisfaction in doing so. This can lead to destructive pangs of guilt when they "fail", reinforcing the satisfaction they get from starving or purging themselves. As life becomes ever more stressful and chaotic around them, they become increasingly obsessed with controlling what they eat, but as the illness progresses they reach the stage where it is the eating disorder which is controlling them, so that they can no longer eat normally.

It's important for lawyers to recognise that the same personality factors that can make a person successful in a competitive, high-stress profession such as the law can increase a person's risk of developing an eating disorder. People with eating disorders, especially anorexia, tend to be perfectionists with high expectations of themselves and others. Despite being overachievers, they can have low self-esteem and identity problems. They are prone to dichotomous thinking—seeing everything as good or bad, a success or a failure.

Despite being intelligent, highly qualified professionals, lawyers are not immune from eating disorders.

What is an Eating Disorder?

"Eating Disorders" is a generic term which can include a whole range of conditions involving obsession with food, appearance and weight to the extent that someone's health, relationships and daily activities are adversely affected. They usually, though not exclusively, affect women, typically those aged between 15 and 25 although they can strike at any age, and return during stressful periods later in life. Around 10% of sufferers are male and may also exhibit an obsession with exercise as well as the usual symptoms.

The most common eating disorders are:

- Anorexia Nervosa— Deliberately starving oneself, often purging food through vomiting or laxative abuse when required to eat.
- Bulimia Nervosa—Binging on food which is then purged through vomiting.
- Binging without purging, or compulsive eating.
- Compulsively eating non-food substances—such as paper tissues—in order to fill up the stomach without taking in any calories.

It is possible to have more than one eating disorder; some people have both anorexia and bulimia, and this is the most dangerous form of the illness. The death rate for eating disorders has been reported as high as 10 percent, and even in those who survive and recover there are often implications for their future physical and emotional functioning.

Medical complications from eating disorders can include:

- problems with concentration and memory
- bone density loss that leads to osteoporosis
- gastrointestinal problems
- loss of tooth enamel from purging
- kidney disease and/or failure
- increased risk of seizures
- irregular heartbeat that can lead to cardiac arrest

People with eating disorders are usually very secretive. They often make excuses to avoid eating and steer clear of social situations involving food, restaurants, and eating in front of others. They will probably lie about their eating and may spend much of their free time over-exercising.

Anorexics will get a "high" from not eating and actually feel worse when they eat. People saying to them that eating something will make them feel better are wrong. An eating disorder can become a vicious circle. The person eats, feels guilty, and so purges by vomiting. They then feel the reward of having eased the guilt, which makes it easier to repeat the behaviour next time.

Mingled with this, however, is the awareness that what they have done is not normal or healthy, and thus should be kept secret. This cycle of guilt followed by relief followed by different guilt perpetuates both the eating disorder and the secrecy surrounding it. An eating disorder is a form of addiction; the patient becomes addicted to purging their body thinking that doing so gives them control over their weight. As with all addictions, they quickly lose control to the disorder and no longer feel able to choose not to engage in this behaviour.

An eating disorder is not primarily about food; the issues surrounding food are generally a symptom of an underlying mental and emotional problem. This will be multi factorial but may include poor self image or depression. As much as the patient may want to talk about carbs and calories, discussing food and encouraging them to eat is not likely to be enough to solve the problem in the long term.

What causes eating disorders?

Usually a number of factors will combine to place someone at risk. Some of these are as follows:

- Stressful life situations accompanied by a lack of adequate coping skills.
- Social or cultural factors such as preoccupation about weight and appearance, especially from magazines or television.
- Possible biological or genetic predisposition.
- Domestic problems
- Peer pressure
- Poor self esteem

It has also been shown that children who grow up in a family where it is considered important to look good or be thin are more likely to develop an eating disorder as teenagers or adults, possibly because of the lack of self esteem that this engenders. However, it is not always clear what leads to the development of an eating disorder, or why it recurs later in life after many years of normal eating. Indeed, it may be more appropriate to focus on what we do about the disorder rather than what caused it.

What are the warning signs?

If you are concerned that someone you know may be suffering from an eating disorder, there are a number of signs you can look for.

- Preoccupation with food and weight, counting calories and dieting when they are evidently not overweight.
- Claims of feeling fat.
- Not wanting to eat in front of other people.
- Guilt and shame about eating.
- Evidence of binge eating or hoarding of food and the use of laxatives, diuretics and emetics such as Ipecac syrup. This can be particularly dangerous
- A preoccupation with exercise, particularly exercising to lose weight rather than to get fit.
- Emotional changes and mood swings, depression, irritability and social withdrawal.
- Noticeable weight loss unrelated to a specific illness.
- Noticeable reduction in eating accompanied by the statement "I am not hungry".
- Unusual eating habits such as preference for foods of a certain colour or texture, or unusual mixtures of food, or refusing to let different foods touch each other on the plate.
- Evidence of binge eating. This can be actual observation or can be noticed by large amounts of food going missing, the stealing of money or food itself.
- Frequent weight fluctuations.
- Frequent and unusual dental problems.

Someone with an eating disorder will not necessarily look unusually thin. The illness may not yet have progressed to the stage where they appear skeletal, or they may disguise their problem by wearing loose clothing. Those with bulimia often maintain a normal weight, or indeed they may actually be increasing in weight over a period of time.

Treatment of eating disorders.

Anorexia and Bulimia Nervosa are treatable disorders, but the treatment is very lengthy and there is much debate about the best way to deal with the problem. Despite the differing opinions, what seems to be clear is that the patient needs support from both the professionals and the family.

The first step will be the GP who may arrange for the patient to see a consultant or a counsellor. If caught early, this in itself can be very effective at resolving the problem. It is common for the patient to be

resistant to the idea of treatment, either because they honestly do not believe they have a problem, or they are afraid of “getting fat” or losing control of this aspect of their lives.

There is some debate about the usefulness of inpatient treatment centres dedicated to eating disorders. Anorexia sufferers in particular are obsessed with food and counting calories, carbs and fat. Surrounded by others with the same problem they can spend a great deal of time discussing it, and may compete with each other to see who can be thinnest, or teach one another new techniques, such as abuse of laxatives or diuretics. Where home based treatment has failed, however, inpatient treatment allows the patient to be monitored around the clock by experts in the field, and to draw strength from others who may be further along the road to recovery.

Treating anorexia at home

Establishing normal eating takes a great deal of time and is very time consuming and often emotionally draining for the carer. It is important that the family—parents, spouse or other carer—maintain contact with the therapist and consult with him or her about any progress made or support needed. Unfortunately the obligations of confidentiality can make this quite complex and difficult.

Anorexia is a dangerous illness for which the medicine is food. If you are caring for an anorexic then the first step should be to make a meal plan in consultation with both the patient and therapist, where possible. Schedule set times for the meals, whether the patient is hungry or not, since the usual mechanisms which signal hunger may not be working. It is important to stick rigidly to the meal plan. The patient will probably try to protest that the therapist, or another carer, agreed some deviation from the plan (one which involves fewer calories) so the lines of communication must remain open so that any changes can be checked. Treatment of an eating disorder can often descend into a devious battle of wills between the therapist or carer and the patient.

Normally at the start of treatment the patient would consume 6-8 small meals each day, typically things which are simple and easy to digest—mashed potato and scrambled eggs, for example. These would not be diet meals, and would include at least 50% carbohydrate and 25% fat. Many therapists would suggest that the carer should eat with the patient, and should not allow the patient to count calories. It may help to remind them that no food will make anyone fat if eaten in moderation.

After each meal the patient can be distracted with an enjoyable activity or even a household chore, such as clearing the table or washing up. The carer should stay with the patient for at least the next two hours to prevent purging.

The patient should not be permitted to weigh themselves constantly. The carer could remind the patient that the wonderful person they are is not a number, and might hide or throw away the scales.

Helping yourself

If you are anorexic and do not have a family member or friend able to give you this high level of support, then work carefully with your therapist to draw up your meal and recovery plan.

Reintroducing normal eating is not easy. You may fear losing control over your eating. Remind yourself constantly that the voice in your head is lying to you. It may be telling you not to eat, but by giving in you are letting the illness take control of you. Take back that control by going against what it says.

Similarly, you may fear that once you start eating you will not be able to stop. This will not happen. Over time your natural feelings of hunger and fullness will be re-established. You may also fear gaining weight.

Recognise that this is not a bad thing, since you are striving to become a healthy weight. No food will make you fat if eaten in moderation.

When you begin eating again you may feel bloated. This does not mean that you are putting on too much weight, or have eaten too much. It is normal and will not last long. Remember that if your body feels different, it is because it is recovering from a serious illness. Any changes you feel are good changes.

After each meal go out of the house to visit a friend, or go shopping, or do something you enjoy to distract you from the temptation to purge. If you exercise excessively, try to find something else to do which you enjoy. Cancel your gym membership and join an evening class or social club instead.

It takes time to establish normal eating and should be done slowly so that it does not seem overwhelming. However, it gets easier as you go along, and before long you should find that meals are a normal part of your day.

Take some time to think about why this illness has developed. If control is your issue, then remind yourself that failure, in anything, is not the end of the world. If your self esteem is low, surround yourself with people who like and admire you and are able to say so. Think about what makes you special and different from everyone else. Every time you mentally criticise yourself, give yourself five compliments or think of five things which are good about you. Learn to like yourself, and like yourself enough that it no longer matters to you what others think of you.

Treating bulimia

Bulimics eat large amounts of food very quickly and then purge themselves through vomiting, but may eat other meals normally. It is therefore far harder to tell if a person has bulimia because they tend to have a normal body weight and will hide their binging.

As with anorexia, the root of the problem is probably low self esteem and depression. Counselling, particularly cognitive behaviour therapy, can be very effective especially used in conjunction with anti depressants. Bulimia is also occasionally treated with a drug called Topiramate, usually used to treat epilepsy. Once the patient has admitted the problem they should see their GP for professional help.

Relapse prevention

Relapses can sometimes happen following recovery from an eating disorder, often triggered by stressful events. When life gets difficult it can be tempting for the sufferer to turn again to old "comforts" like starving or purging. The need to be in control and to have everything perfect grows stronger, and the sufferer finds their thoughts increasingly turning back to weight and food as they feel ever more hopeless.

A relapse does not mean that you have failed, or that there is no longer any point in trying. Recovery is a long slow process, and there will inevitably be setbacks. It can help to look at whether a particular problem caused the relapse and think about better ways of dealing it. Starving yourself does not solve the problem; channelling that emotional energy into something else might.

Do not be afraid to pick up the phone to talk to a friend or family member when times get tough; it doesn’t mean that you are weak, or selfish. Everyone needs help sometimes, and it makes others feel good if they can offer that help. Keep to hand telephone numbers of people who will support you.

Further Help

The following people and organisations can provide additional help with an eating disorder:

Helplines and Self-Help Groups

Bodywhys (The Eating Disorders Association of Ireland)	1890 200444

Counselling and Treatment Centres

Eating Disorder Resource Centre of Ireland	053 913 0506
The Rutland Centre (Treatment for Alcohol and Drug addiction and Eating Disorders)	1 494 6358

Websites

www.bodywhys.ie

www.eatingdisorders.ie

www.oa.org (Overeaters Anonymous)

LawCare
Free and Confidential Health Support and Advice for Lawyers
1 800 991801 (Solicitors)
1 800 303145 (Barristers)
www.lawcare.ie