

Eating Disorders and Teens

By Michelle Craig MA LPC

Did you know?

Eating disorders are so common in America that 1 or 2 out of every 100 students will struggle with one. Victims may be rich or poor. Eating disorders usually start in the teens but may begin as early as age 8. Eating disorders are more than just going on a diet to lose weight or trying to make sure you exercise every day. They're extremes in eating behavior. Eating disorders are serious medical illnesses. They often go along with other problems such as stress, anxiety, depression, and substance use. People with eating disorders also can have serious physical health problems, such as heart conditions or kidney failure. People who weigh at least 15% less than the normal weight for their height may not have enough body fat to keep their organs and other body parts healthy. In severe cases, eating disorders can lead to severe malnutrition and even death. Eating disorders affect a person's physical and emotional health.

What Causes Eating Disorders?

There are many theories about why people develop them. Eating disorders are probably caused by a combination of social, psychological, family, genetic, and environmental factors. Many people who develop an eating disorder are between 13 and 17 years old. Teens are sensitive to comparing themselves to others at this time. There is a lot of pressure to be like celeb role models. Some teens may respond to their body gaining necessary weight and fat by becoming very fearful and try to use extreme unhealthy methods to control or manipulate their bodies in attempts to look like celebs or other attractive peers. Eating disorders are often associated with feelings of helplessness, depression, sadness, anxiety, and the need to be perfect. This can cause a person to use dieting or weight loss to provide a sense of control. People with anorexia for example, may believe they would be happier and more successful if they were thin. They want everything in their lives to be perfect. They blame themselves if they don't get perfect grades, or if other things in life are not perfect.

There is also evidence that eating disorders may run in families. Part of this may be genetic, but it can also be learned through our family values and behaviors. For teens, body image can be closely linked to self-esteem. Family life can influence self-esteem. Some parents spend more time criticizing their kids and the way they look than praising them, which can reduce kids' ability to develop good self-esteem. As one teen stated "I had trouble impressing my mother. I could never achieve enough for her. But she definitely noticed when I lost weight." Family stress of any kind can also contribute to the development of these illnesses; Difficult transitions, loss, or teasing about weight from friends or family may trigger eating disorders. There may be abuse (emotional, physical, sexual, neglect) in the family and an eating disorder may be used as a coping strategy in an attempt to feel in control and avoid their feelings and distract them from the abuse. "Dieting made me feel like I was in control of something. It was the one thing I knew I could change on my own. I would diet and get positive feedback and feel really good. So I wouldn't eat for a few days at a time." Coaches, family members, and others may encourage teens in certain sports/dancing to be as thin as possible. In most cases, the unhealthy habits that develop into eating disorders start during childhood, sometimes as a result of eating habits learned in the family. Sometime's food is associated with nurturing and love. But some families may overuse food as a way to soothe or comfort. When this is the case, kids may grow up with a habit of overeating to soothe themselves to deal with stress. Some kids may grow up believing that unhappy or upsetting feelings should be suppressed and may use food or restrict food to deal these emotions.

Types of Eating Disorders

There are four types of eating disorders: anorexia nervosa, bulimia nervosa, binge eating disorder, and ED-NOS (Eating Disorders Not Otherwise Specified). The most common types of eating disorders are usually called simply "anorexia" and "bulimia. Teens with these disorders often have a negative and distorted body image, and intense emotions and behaviors surrounding food.

Anorexia

People with anorexia have an extreme fear of weight gain and a distorted view of their body size and shape. As a result, they can't maintain a normal body weight. Girls and women with anorexia usually stop having menstrual periods. Some people with anorexia restrict their food intake by dieting, fasting, or excessive exercise. They hardly eat at all and what food they do eat becomes an obsession. Anorexia nervosa often includes depression, irritability, withdrawal, and peculiar behaviors such as compulsive rituals, strange eating habits, and division of foods into "good/safe" and "bad/dangerous or taboo" categories. Other people with anorexia do something called binge eating and purging, where they eat a lot of food and then try to get rid of the calories by forcing themselves to vomit, using laxatives, or exercising excessively. People with anorexia have dry skin and thinning hair on the head, lightheadedness and inability to concentrate, anemia, swollen joints, brittle bones, kidney pain and sometimes have an ammonia smell after exercising. They may have a growth of fine hair all over their body and have loss of scalp hair. They may feel cold all the time, have slowed heart rate, brittle hair and finger nails, and they may get sick often. People with anorexia are often in a bad mood. They have a hard time concentrating and are always thinking about food. It is not true that anorexics are never hungry. Actually, they are always hungry. Feeling hunger gives them a feeling of control over their lives and their bodies. It makes them feel like they are good at something; they are good at losing weight. It's an attempt to use food and weight to deal with emotional problems. People with severe anorexia may be at risk of death from starvation.

Bulimia

Bulimia is similar to anorexia. With bulimia, a person binge eats (eats a lot of food) and then tries to force themselves to vomit or excessively exercises, to prevent weight gain. People with bulimia may hide what they eat from others and feel afraid or ashamed of their behavior. To be diagnosed with bulimia, a person must be bingeing and purging regularly, at least twice a week for a couple of months. Although anorexia and bulimia are very similar, people with anorexia are usually very thin and underweight but those with bulimia may be a normal weight or even overweight. With bulimia, constant vomiting and lack of nutrients can cause these problems: constant stomach pain, damage to a person's stomach and kidneys, tooth decay (from exposure to stomach acids) "chipmunk cheeks," when the salivary glands in the cheeks permanently expand from throwing up so often, loss of periods, and loss of the mineral potassium (this can contribute to heart problems and even death). They may make excuses to go to the bathroom immediately after meals to vomit and may only eat diet or low-fat foods (except during binges).

Binge Eating Disorder

This eating disorder is similar to anorexia and bulimia because a person binges regularly on food (more than three times a week). But, unlike the other eating disorders, a person with binge eating disorder does not try to "compensate" by purging the food. Often, people with binge eating disorder will skip meals or eat small portions when they are around others and then eat large amounts when they are alone. Teens with binge eating disorder often suffer from anxiety, depression, loneliness, shame and/or self-hatred. Emotions often play a role. People with a binge eating problem may overeat when they feel stressed, upset, hurt, or angry. Many find it comforting and soothing to eat, but after a binge they're likely to feel guilty and sad about the out-of-control eating. Binge eating is often a way of dealing with or avoiding difficult emotions and at the time she/he may not know why they are over eating. Their body weight can vary from normal to obese.

EDNOS is short for Eating Disorder Not Otherwise Specified.

People with EDNOS have some, but not all, of the symptoms of either anorexia, bulimia, or binge eating disorder. For example, teens struggling with EDNOS may have periods of restrictive eating (days or months) followed by periods of overeating or binge eating, or they may be at a very low weight, but not have anorexia because they still get their menstrual period. Young women with EDNOS may also maintain a stable weight that is within a medically safe range, but still have many of the other symptoms and medical complications of eating disorders.

Athletes

Signs and symptoms of the eating disordered athlete include: weight loss, absent or irregular periods (in females), fatigue, stress fractures in bones, restrictive dieting, binge eating, induced vomiting, and excessive exercise. If you've stopped eating normally you may have osteoporosis, a disease that makes your bones thin and weak. Without treatment, the loss of bone strength may last forever. Your organs could also sustain damage due to a lack of nutrients.

Treatment

Eating disorders involve both the mind and body. Therapy or counseling is a critical part of treating eating disorders and in many cases, family therapy is one of the keys to eating healthily again. Family therapy can be an important part of getting well if family tensions, difficult relationships, or poor communication exist. In therapy goals are to improve body image and self-esteem and to address other emotional issues. Medical doctors, mental health professionals, and dietitians will often be part of treatment and recovery. Doctors may do testing to check overall health, electrolytes and heart are stable. The doctor may also do a bone density test (DEXA) to see if osteoporosis is present. The doctor will likely discuss treatments such as healthy eating, weight stabilization, calcium and vitamin supplements, exercise, hormone replacement, and possibly medication for anxiety or depression. Nutrition specialists or dietitians can help teens learn about healthy eating behaviors, nutritional needs, portion sizes, metabolism, and exercise. They also can help design an eating plan that's specially designed for someone's needs and help the person stick with it and make progress. Typically, eating disorders do not get better by themselves. For people who have anorexia, the first step is getting back to a normal weight. If you're malnourished or very thin, you may be put in the hospital. Unlike a problem with drugs or alcohol where part of the treatment is avoiding the substance altogether, people still have to eat. This can make it harder for someone with binge eating characteristics to overcome because the temptation to overeat is always there. So part of dealing with a binge eating disorder is learning how to have a healthy relationship with food.

Teens with eating disorders have a hard time talking and identifying their feelings. There is often issues of anxiety, depression, self-doubt, and deeply buried anger. Eating disorders effect all functions of a teens life. When a person becomes obsessed with weight, it's hard to concentrate on much else. He/she may become withdrawn and less social. Teens with eating disorders might not join in on snacks and meals with their friends or families, and they often don't want to break from their intense exercise routine to have fun. They spend a "lot of mental energy on planning what they eat, how to avoid food, or their next binge, spend a lot of their money on food, hide in the bathroom for a long time after meals, or make excuses for going on long walks (alone) after a meal." Teens often rationalize or give reasons for their behaviors and often have trouble admitting, even to themselves, that they have a problem.

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From Wentworth and Associates

