



Eating Disorders and Disordered Eating

She speeds towards the day care facility through rush hour traffic after a full, stressful day at work. It's five o'clock. She's hungry, tired, and irritable, and the toughest part of the day is about to begin—cranky kids, soccer practice, dinner preparation, supervision of homework, laundry, bath time. She jots down a reminder to stop for milk.

There doesn't seem to be a second for letdown. The only comfort is the chocolate she later nibbles on from the children's Easter baskets, the large, sinful bowl of Ben and Jerry's ice cream she dips into as she picks up the house, the rich, left-over brownies in the kids' lunch boxes, and the eventual full blown binge by nine o'clock. Guilty, she counters this binge by (pick one or two) purging, taking six laxatives, vowing to start Atkin's, South Beach, diet pills, daily exercise "tomorrow."

The obsession with food, weight diet, appearance permeates society, resulting in eating disorders and disordered eating. Americans spend more than \$40 billion yearly on diet-related products. Forty-six percent of children ages nine to eleven have been on diets, and forty to fifty percent of women are trying to lose weight.

We now know that yo-yo dieting doesn't work—ninety-five percent of all dieters regain their weight and then some. The majority of bulimics who binge and then purge are generally moderately heavy or overweight. They don't know that purging eventually slows down the body's metabolism (the body's ability to burn off calories) and that laxative abuse just results in "rebound" edema (bloating later) and constipation. Anorexics are not usually aware that food restriction can cause serious medical problems—cardiac complications that can be fatal, endocrine abnormalities, gastrointestinal disorders, amenorrhea (lack of menstrual period), possible kidney and liver damage, low blood pressure—to name a few.

Many people may not fall into the clinical categories of bulimia, anorexia, or binge eating disorder but may present with "traits" of disordered eating: the professional male who purges through over exercise due to work stress or over eating at a business conference, or the professional woman who uses laxatives or diuretics in order to fit into a dress before a social occasion.

The problem with even occasional purging behaviors is that there can be serious medical consequences: electrolyte imbalances, cardiac arrhythmias, the potential for rupture of the esophagus, tooth decay from stomach acids passing over the teeth, upper and lower GI problems, fatigue, etc. Binge eating and obesity can result in high blood pressure, high cholesterol, high triglycerides, heart disease, type-two diabetes.

Treatment for disordered eating and eating disorders can involve Cognitive Behavioral Therapy, Family Therapy for adolescents, medication if needed, dietician consults, and a medical work up by a family physician. The goal is healthy eating pattern not weight loss (though weight loss may be a by-product along with coping skills to prevent restricting, overeating, purging when stressed, lonely, sad, angry, etc.). Many

problems are sometimes related to issues that date back to childhood. Therapy assists with resolving any long-standing issues that “underlie” the eating disorder symptoms.

She leaves the office snacking on cheese and whole wheat bread. She walks to the gym for her (pick on) Aerobics, Yoga, Tai Chi, Pilates class—which serves to reduce the stress that triggers her overeating and purging. The small portion of cheese and bread (a combination of protein and carbohydrate) stabilizes her blood sugar—the first time that her hypoglycemic swings have been stabilized in seven years. Her family appreciates her decrease in irritability and fatigue at the end of the day. Her husband punts at home by starting the kids on their homework, working more as a team.

She glances at her reflection in a store window. Her face is no longer puffy from the bingeing and purging, her weight has settled down to a set point now that her metabolism has readjusted, and her muscles are toned from regular exercise. Therapy has provided her coping skills for reducing the stress that triggered her binge-purge cycles, and has helped her work out some of the underlying issues that date back to her adolescence. Her hair is no longer splitting at the ends, her complexion is no longer pale and drawn, and her sclera are clear. She walks in health.

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