



Make Prevention a CHOICE

Eating Disorders

Anorexia Nervosa and Bulimia Nervosa are eating disorders that affect as many as five million American men and women.

- **Anorexia**

- Involves people who intentionally starve themselves when they are already underweight
- Those affected are intensely afraid of gaining weight
- Individuals have a distorted perception of the shape or size of their bodies
- One percent of teenage girls in the U.S. develop Anorexia
- Up to 20% of those who are diagnosed may die as a result of the disorder

- **Bulimia**

- Involves the consumption of large amounts of food during “binge” episodes
- Individuals feel out of control of their eating
- Episodes can last anywhere from a few minutes to several hours
- Bulimics resort to inappropriate and physically damaging behavior to prevent weight gain

SIGNS AND SYMPTOMS:

Anorexia Nervosa

Significant loss of weight with continued dieting
Distorted perception of body weight/shape
Intense fear of gaining weight
Depression, anxiety
Ceasing of the menstrual cycle
Excessive exercising
Lying about or hoarding food
Constipation
Yellow tinge to the skin
Wearing baggy clothes to hide weight loss
Cold hands and feet
Baby fine hair growth on arms, legs and back

Bulimia Nervosa

Binging, or eating uncontrollably
Purging by vomiting, laxative or diuretic use
Excessive exercise
Depression, mood swings
Hiding food
Self-worth determined by body shape/weight
Irregular periods in 50% of cases
Sore throat, dental problems
Vomiting blood
Intense fear of gaining weight
Weakness, exhaustion
Heartburn, indigestion

MEDICAL COMPLICATIONS:

Low red/white cell count
Low blood pressure
Heart failure
Irregular heart beat
Pancreatitis
Anemia
Osteoporosis
Kidney damage

Aspiration (inhaling vomit)
Rupture of stomach or esophagus
Neuromuscular/kidney disorders
Heart abnormalities
Pancreatitis
Cavities
Electrolyte imbalance

CAUSES OF EATING DISORDERS:

The cause of eating disorders is unknown. A psychiatric cause is likely, but its nature is unclear.

- One view holds that the disorders begin in response to inadequate or destructive interpersonal relationships in families that are goal-oriented and highly achieving.
- Depression and obsessive-compulsive behavior frequently accompany the disorders, especially Bulimia.
- Some studies have suggested that a genetic component may be involved. Genetic studies have found that Anorexia is five times as likely to co-occur in identical twins than fraternal or non-twin siblings, which suggests a biological component in the onset of the disorder.
- Cultural issues are important. The quest for health and slimness is a powerful force in modern society and may reinforce the fear of fatness in patient's with an eating disorder or tip the borderline case into overt disease.
- Dancers have a high prevalence in developing Anorexia Nervosa, 10 times that of the general population.
- Runners, often seek to decrease body fat to very low levels (5 to 7 percent of bodyweight).

TREATMENT:

There is no specific treatment for either Anorexia or Bulimia. The intense fear of becoming fat and the overestimation of body size results in powerful resistance to therapy. There are several intervention techniques that are helpful in treating both disorders. These include but are not limited to:

- Medical attention
- Psychiatric and psychological intervention
- Behavior modification techniques
- Group and family therapy
- Antidepressant medication

Note:

It is important to be aware that depression and antisocial behavior can develop in individuals with Bulimia, therefore psychotherapy and/or psychiatric treatment will most likely be required.

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