

## **WEIGHT LOSS: WHEN IT GOES TOO FAR**

### **When Eating or Not is Unhealthy**

As much as we try to separate our emotions and needs from the tasks and issues at hand, we can't. College students are served up a full plate of academic pressures, new social situations, tight budgets, competitive living environments, relationship struggles, and new responsibilities. We often try to perform at unrealistic levels of expectation as we strive to meet the demands in our lives. We fail to be perfect (imagine that!). Disordered eating is generally an unhealthy coping response to underlying problems. Three primary types of eating disorders are discussed in this information pamphlet. It is intended to supply some basic information and resource sites. If you or someone you know is experiencing repeated struggles in this area, please start by contacting a health care professional and/or personal counselor who can help you break free.

### **Common Threads of Eating Disorders**

- **Secrecy and avoidance**
- **Guilt**
- **Mental Preoccupation with Food**
- **Sense of Desperation**
- **Out-of-Balance Focus on Body Weight and Shape**
- **Compulsive Food Behaviors**

### **Bulimia Nervosa**

Individuals suffering with Bulimia Nervosa (BN) engage in secretive uncontrolled eating, followed by compensatory efforts to rid the body of unwanted calories. Methods include self-induced vomiting; abuse of diuretics, laxatives or diet pills; fasting; or excessive exercise. Those who really struggle with managing emotional stress and impulses are at a greater risk of BN. Many individuals may maintain a normal or above normal body weight while struggling in private for many years. Triggers for binge-purge cycles can come from a variety of emotions, including depression, boredom, fear and anger. Such episodes may be constant or occasional. Cycles of binge eating (ingestion of abnormally large amounts of food within a short time) and nutrient purging can have devastating repercussions on the individual's health.

**Complications:** Prolonged cycles involving purging can cause serious electrolyte imbalances. Loss of potassium from vomiting can damage the heart muscle, increasing the risk of heart attacks. The esophagus can become inflamed and even develop ulcers or rupture from overexposure to stomach acid. Eventually, tooth enamel erodes causing decay and staining. Salivary glands are damaged. There have even been cases of insulin dependent diabetes and pancreatitis developing as a direct result of BN. Many people also struggle with clinical depression, anxiety, and other forms of addictions.

### **Binge Eating Disorder**

This more recent term is characterized by episodes of uncontrolled eating which does not stop until the person is uncomfortably full. It is not associated with the harmful behaviors of vomiting, extreme exercise

or other purging methods. Establishing a regular pattern of eating and engaging in healthy (not excessive) exercise routines will help direct the individual back to recovery.

### **Anorexia Nervosa**

The term “anorexia” refers to the prolonged lack of appetite or a complete aversion to food. Medically, an anorexic person is unable to eat sufficiently due to the severity of an illness, prolonged starvation, or interference with normal appetite from prescribed medications. In association with eating disorders (ED), it describes a person’s denial to take in adequate nutrition. An individual with Anorexia Nervosa (AN) develops an intense fear of weight gain and forms a distorted body image. As our society focuses more on the outer image of a person, an individual who feels out of control over situations or people may play out the need for control by micromanaging their body’s access to food energy. While behaviors of a person with AN can be frustrating to family and friends, the characteristic low self-confidence and struggle for perfection can induce great pain and isolation for him or her. Feelings of inadequacy abound. There is a denial of the seriousness of low body weight and tendency to assume jealousy is the root motivation of others’ expressed concerns. Individuals with AN can become clever at hiding inadequate food intake, and become experts at calorie, fat, and carbohydrate knowledge. One meal that is perceived as having too many calories may be followed by a day of extreme exercise or fasting. While food may be the vehicle of self-control, it is rarely the root cause of the illness.

**Complications:** Consequence of prolonged under-feeding include: extremely dry skin and hair, cold intolerance and hair loss. Also, menstrual cycle interruption is common in women. Other serious consequences include dehydration and possible permanent kidney damage, osteoporosis, loss of muscle and strength, abnormally low heart rate and blood pressure, leaking heart valves, and risk of heart failure.

### **Tips for Helping Someone You Suspect or Know Struggles With an Eating Disorder**

#### **YES!**

- Take some time & become informed. Start with some of the websites in this publication.
- Be a positive role model through your own eating habits. Be willing to taste new foods and be less picky about foods.
- Set aside time to meet 1 on 1 with that individual.
- Be respectful and compassionate as you voice your concerns.
- Suggest that the individual seek professional guidance to prevent long-term health problems.
- Look for ways to involve that individual in carefree, fun activities.

#### **NO!**

- Don’t comment on appearance or weight, even if you think it’s positive. Focus on character qualities rather than looks.
- Avoid being the self-appointed food police; it won’t be easy!
- Don’t try to become a counselor; be a friend instead.
- Make no assumptions that things are OK.
- DON’T EVER GIVE UP ON THAT PERSON!

#### **Truth or Fiction?**

1. If your physician or healthcare provider has not diagnosed you with an eating disorder, you don’t have one.
2. Individuals with disordered eating are easy to spot.
3. Eating disorders are caused by hang-ups with food.

4. Eating disorders are not related to your socio-economic, or ethnic group.
5. Low carbohydrate diets are an effective way to treat bulimia and binge eating.
6. Diets to lose weight often cause disorders to form.
7. Laxative abuse will result in prevention of calorie absorption from foods.
8. Exercise is the best way to head off the formation of an eating disorder.
9. Educating a person with an eating disorder about calories and nutrients so that they can better control their weight will help him/her recover quicker.
10. The person with an eating disorder is vain and trying to be noticed.

1:F 2:F 3:F 4:T 5:F 6:T 7:F 8:F 9:F 10:F

### **For Explanation of Answers:**

[http://www.remudaranch.com/articles/eating\\_disorder\\_myths/index.php](http://www.remudaranch.com/articles/eating_disorder_myths/index.php)

### **Appetite Appreciation**

Meal time can be a time to set aside the chores and details of the day to enjoy tastes and people, and to satisfy our body's need for essential nutrients. Food should not be viewed as the enemy. Having an appetite which makes you look forward to meals is an underappreciated provision. Ask anyone who has ever been without an appetite for a prolonged period of time and they will tell you how miserable it is to NOT want to eat!

### **Dieters Beware**

CAUTION! Dieting can lead to the development of an eating disorder. While dieting does not cause eating disorders, it can serve as a forerunner. The National Eating Disorders Association reports that 35% of "normal dieters" progress to pathological dieting. Of those, nearly a quarter develop a diagnosed eating disorder. Focusing on the success of the scale and becoming too strict on counting calories and grams of fat or carbohydrates can become a way of escaping from unmanageable life issues. Seek a balance; instead of "dieting", try becoming more tuned in to what your body needs and avoid the pitfalls of strict dieting.

### **Additional Reading & Resources**

- <http://www.centerforchange.com>
- [http://www.remudaranch.com/articles/eating\\_disorder\\_myths/index.php](http://www.remudaranch.com/articles/eating_disorder_myths/index.php)
- [http://www.eatright.org/cps/rde/xchg/ada/hs.xsl/home\\_9079\\_ENU\\_HTML.htm](http://www.eatright.org/cps/rde/xchg/ada/hs.xsl/home_9079_ENU_HTML.htm)
- <http://www.nationaleatingdisorders.org/information-resources/index.php>
- <http://www.healthcenter.unt.edu/pdf/pamphlets/Eating%20Disorders.%20What,%20Why.pdf>