Anorexia Nervosa Essay, Research Paper

Anorexia Nervosa

Anorexia nervosa is a relentless pursuit of excessive thinness that interferes with the fulfillment of responsibilities to the self and to others because it produces an intense and irrational fear of becoming fat, an obsession with food and weight control, and a life threatening weight loss. Eventually, a series of starvation-induced physical and psychological changes threatens control over eating and motivates more conscientious efforts to reduce. The result is a truly vicious circle of weight loss, hunger, and fear that will become a deadly noose if the process is not acknowledged and reversed.

Usually the condition occurs during early adolescence to young adulthood, although it may strike later. Some 90 percent of sufferers are female; about 1 percent of American women are afflicted. Anorexia is dangerous, and professional help should be sought early. Prompt treatment will usually keep the condition from progressing, but some cases are very resistant to treatment and may require hospitalization. Some anorexics die from complications.

Anorexia is believed to be primarily an illness of the mind or illness of psychological origin; however, it has significant medical and physical consequences. Often it begins with a relatively normal desire to lose a few pounds. But because dieting only temporarily relieves underlying psychological problems, it soon becomes compulsive; food intake is gradually minimized until eating is almost eliminated. The victim becomes obsessed with his or her body image and frequently sees themselves as fat even though the opposite is true. Ironically, the anorexic ritualizes food preparation and consumption. He or she becomes fascinated with recipes and cooking yet will not eat the food themselves, especially in the presence of others. Sometimes fasting is interspersed with periodic binging and purging (see Bulimia), particularly when trying to regain normal eating habits. About half of all anorexics become bulimic at some point. There is a strong association between eating disorders and depression.

Anorexics tend to come from families that have high standards of achievement, and they are often perfectionists, compulsive in many aspects of their life, especially school. Denial often accompanies their intense focus on remaining thin: Anorexics will typically refuse to admit that anything is wrong, and they may become angry or defensive at expressions of concern by others.

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Despite 15 years of media coverage of the physical and memotional ravages of eating disorders, an estimated 5 million Americans every year still battle anorexia, bulimia and related disorders. While awareness and treatment have improved, no one has yet defined what triggers the problem. In an attempt to understand more, Australian researchers recently followed nearly 2,000 teens for three years to look for common characteristics among those who eventually developed eating disorders. Though we still don’t fully understand why eating disorders develop, the results confirm what many specialists already believed: Serious dieting is a powerful predictor that an eating disorder may emerge.

During any six-month period, girls who dieted severely were 18 times more likely to develop an eating disorder than nondieters; they had an almost one in five chance of developing an eating disorder within a year. Possible Signs of an Eating Disorder Arrested growth Change in eating habits Marked weight change Difficulty eating in social settings In ability to gain weight Reluctance to be weighed, Fatigue, Depression or social withdrawal Constipation or diarrhea. Absence from school or work Susceptibility to fractures Deceptive or secretive behavior Disrupted menstruation Excessive exercise Source: Adapted from the New England Journal of Medicine, April 8, 1999 Female moderate dieters (which included 60 percent of girls at the beginning of the study) were five times more likely to develop an eating disorder than nondieters and over 12 months had a 1 in 40 chance of developing a new eating disorder. Neither weight nor extent of exercise was associated strongly with developing an eating disorder, although psychiatric illness was. The findings, reported in the March 20 British Medical Journal, suggest that two-thirds of new cases of eating disorders arise in females who have dieted moderately.

All the new cases were bulimia nervosa, which involves binge eating followed by purging (self-induced vomiting or use of laxatives) or excessive exercise to prevent weight gain. This is more common than the more visible anorexia nervosa, in which weight drops to an unhealthy level.

Eating disorders are serious: They can lead to stomach problems and tooth decay, bone loss, blood and endocrine abnormalities, infertility and ultimately death from starvation, suicide or heart problems. Treatment described in an April 8 summary in the New England Journal of Medicine involves education about nutrition, medical supervision, and a combination of individual, group or family therapy. Fluoxetine (Prozac) and other antidepressants have been helpful, especially in bulimia.

Anorexia nervosa and bulimia nervosa the more severe eating disorders affect approximately 3 percent of young women. More than twice that number have other forms of disordered eating, a precursor that includes daylong preoccupation with food (counting calories and fat grams and planning or avoiding food), and weight loss or bingeing not severe enough to meet the official criteria for an eating disorder. Older adults, men and preadolescents are also susceptible.

Research over the last two decades has helped us recognize that disordered eating and the more severe eating disorders result from complex interactions among genetic predisposition, personal psychology, family dynamics and sociocultural influences. Several recent studies have added to the evidence that these disorders have some basis in brain chemistry and may be inherited. In one, women who had recovered from bulimia nervosa showed higher levels of byproducts of the brain chemical serotonin. Three other studies confirm that the disorder occurs in some families at rates much higher than in the general population. Still, no one completely understands why or how disordered eating arises in certain people. This frustrates our efforts to predict who is at greatest risk for these conditions or to reliably prevent their occurrence.

The Australian study gives us an important clue. Whatever the underlying factors are, severe dieting seems to be an important gateway to the development of these conditions in teens. So identifying dieting teens becomes an extremely useful strategy in offering earlier intervention to those at high risk. We know that early intervention improves the prognosis for disordered eating. And it is at least plausible (though not proven) that by preventing dieting behavior altogether, we might be able to interrupt the pathway by which these conditions develop.

Sadly, we know that dieting behavior sometimes begins as young as 6 or 7 years of age. By middle school, most girls say they’ve dieted at least once. So what can be done?

Emphasize “healthy” bodies. The goal should be fitness, not thinness. Praise kids for the things they do, rather than for the way they look. Don’t diet yourself. Commit to lifelong healthy eating, rather than quick-fix diets. If a child insists on dieting, insist that the diet be medically supervised. Get rid of the scale. Prepare kids, especially girls, for the changes of puberty, which may be interpreted as “getting fat.” Forbid teasing about appearance. Even playful teasing has powerful negative effects. Encourage an active lifestyle. This needn’t involve organized athletics, but rather any movement walking, dancing, biking that is pleasurable enough to do every day.