



Provincial Specialized
Eating Disorders Program
for Children and Adolescents

What are Anorexia Nervosa and Bulimia Nervosa?

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Anorexia Nervosa

There are two types of anorexia nervosa:

1. The first type is a restricting form and is characterized by the following:
 - These individuals are below normal weight and usually have increasing weight loss which is pursued through restriction of caloric intake.
 - Many such individuals engage in marathon bouts of over-exercising in an attempt to burn off unwanted calories.
 - Individuals typically become quite preoccupied with eating, food, and calories; or even with cooking for others.
 - Often various rituals are developed around food, such as cutting food into tiny pieces and prolonging the time required to eat.
 - There is frequently a body image disturbance such that the individual feels fat and may see herself as fat even though she may be very thin.
 - Various types of unrealistic thinking patterns are often a strong feature of someone with anorexia nervosa or bulimia nervosa. For example, the individual may think that “Everything is okay if I am thin.” Perfectionistic thinking and all-or-nothing thinking are additional examples.
2. The second type of anorexia nervosa is the binge-eating/purging type. It is also characterized by the above features but in addition includes binge eating (bulimia), purging, or both of these behaviours. Purging refers to an attempt to rid oneself of the unwanted food eaten or to avoid the effects of having eaten, mainly the fear of weight gain. Self-induced vomiting is a form of purging behaviour.

Diagnosis of anorexia nervosa

Official criteria for the diagnosis of anorexia nervosa require that the individual refuses to keep her weight at least at a minimally normal weight for her age and height. Not every thin person has this illness but it should be remembered that one does not have to be extremely skinny to suffer from anorexia nervosa.

Note that the female and male pronouns he/she are used interchangeably.

Apart from weight loss itself, the person may have not gained weight appropriately during the adolescent period of growth. Risk factors, as outlined later, are sometimes present well before the actual weight loss occurs. It is recognized that use of adult criteria for diagnosis may not always be appropriate for the younger age group. In general, it is felt that the earlier anorexia nervosa is identified and treated, the better the outcome is likely to be.

Additional facts about anorexia nervosa

- Bulimia has been reported to occur in up to half of individuals struggling with anorexia nervosa.
- It is estimated that anorexia nervosa afflicts about 1 in 200 teenage females.
- Anorexia nervosa typically develops during the adolescent years. This is likely in part due to the fact that the teenagers are very self-conscious of their bodies and there are many culturally-based demands to conform to society's goals for young persons.
- Over the past decade, there have been an increasing number of reports on the appearance of anorexia nervosa in the 8–14 year old age range, or before the individual has undergone the changes of puberty.

Males and anorexia

- Although up to about 10% of individuals with anorexia nervosa are males, the remaining 90% are females, perhaps in part because the pressure to be thin in our society is aimed mainly at women. However, there has been increasing concern about the media's representation of preferred body shapes for males and its influence on boys and young men.

Bulimia nervosa

Bulimia nervosa is an eating disorder whose main feature is episodic binge-eating followed by efforts to compensate for, or prevent, weight gain resulting from the bingeing.

- These individuals typically feel a sense of loss of control over their eating during the binge eating episodes, and are often fearful of not being able to stop a binge episode.

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- Individuals may attempt to avoid weight gain through purging behaviours or through the pursuit of vigorous exercise, or fasting.
- Individuals struggling with bulimia nervosa are typically within an average weight range, although their weight may fluctuate widely at different times.
- The prevalence of bulimia nervosa is about 1–3% of female adolescents and young women.
- Bulimia nervosa is typically a disorder seen in mid- to late adolescence and in young adults. While there have been reports of bulimia nervosa in very early adolescents, it is generally rare in this age group.

Why these are serious symptoms

Anorexia nervosa and bulimia nervosa can have serious medical and psychological complications. These may include:

- Menstruation may stop or become irregular.
- Dizziness, lack of energy, and malaise (a general feeling of unwellness) are often secondary to low blood pressure and/or dehydration.
- Possibly weakening of bones related to the malnutrition.
- Symptoms of starvation (dry skin, feeling cold, loss of hair, depression, anxiety, difficulty concentrating).
- Growth delays or possible stunting of growth for children and adolescents.
- Tooth decay, tooth loss, and gum disease due to repeated vomiting.
- Electrolyte disturbances (abnormalities in those substances which contribute to the maintenance of bodily functioning) such as low potassium levels, which can lead to heart, neurological, and generalized muscle problems.
- High risk of heart irregularities which can cause death.
- Feelings of ineffectiveness, inadequacy, depression.
- Some may have thoughts about suicide.

These complications are very serious and require prompt professional attention.

What causes anorexia nervosa and bulimia nervosa?

There is not one cause for eating disorders. A current view is that the causes are multidimensional—that is, many factors may act together and cause someone to have one of these eating disorders. Researchers consider risk factors to be related to the individual, the family, and the culture.

Individual factors

- The individual is someone who has felt inadequate, perhaps for a long time, with low self-esteem and self-doubt. He may not know what is the best weight range for himself and may use weight “numbers” as a measure of his self-esteem.
- Perfectionism is also quite common. Individuals with eating disorders are often very sensitive to the needs of others, yet have difficulty recognizing and expressing their own needs and feelings.

Family factors

In some cases, patterns of family interaction may have contributed to the development of an eating disorder. However, conflictual interactions and communication patterns among family members may be the rest of coping with a member who has a serious illness.

Cultural factors

These include the various pressures that women and men experience in our society. Women, for example, are often expected to be attractive, assertive, actively pursuing a career, and a super-mom as well.

These pressures occur within a society that stresses that “thin is beautiful.” As a result of these pressures, in our society the decision of a young woman to diet is not unusual and she is often initially supported by friends and family in her attempts to lose weight. However, for some women, with the individual and family factors mentioned above, dieting can lead to a serious eating disorder.

Some things to consider...

For the client

1. It is important to realize that thinking and feeling that nothing is wrong is often part of having an eating disorder.
 - Although you likely experience considerable anxiety around gaining weight and you wish to continue losing weight, you may not see this as a problem.
 - It takes a great deal of courage to seek help and develop a relationship of “working together” with a counsellor or therapist. Getting assistance does not have to represent a loss of control.
2. Although you may not be able to overcome these problems on your own, it is important to realize that you **can** be helped and that an eating disorder can be overcome.

- If you have been suffering from anorexia nervosa or bulimia nervosa for some time, it is normal to feel disheartened and doubtful that anyone could understand the experiences that have been very real for you.
 - Living with anorexia nervosa or bulimia nervosa can be a devastating experience, and it is easy to be confused by the various thoughts and feelings which you might have. However, there are other who can understand what you have been going through.
3. Some of your experiences may be due to the fact that your body has been going without food for some time.
 - Many of the symptoms of an eating disorder may be due to the starvation state itself. This is similar to living in an area where food is scarce, as your body does not know the reasons why you are not eating.
 - These symptoms may include both physical aspects (such as drying skin, hair loss) and psychological aspects (such as feelings of irritability or depression). Once this stage has been reached, it is often very difficult to reverse on your own.
 4. Binge eating and purging are not diseases but are behaviours which can vary in severity and frequency. Many circumstances can lead to a binge—including repeated caloric restriction (dieting) and difficult feelings such as loneliness, inadequacy, and anger.

When binge episodes are followed by purging it is usually more serious and may be more distressful for you. You may feel both helpless and hopeless about change.

However, it is very important to realize that it is not you that is at fault but rather that these behaviours have become ways of coping for you.

5. It can be very helpful to question societal pressures to be thin. Media portrayals of body shapes are usually highly unrealistic and can be damaging to your feelings of self-esteem. It is possible to examine these messages critically and decide for yourself what is in your own best interest.
6. If you are an older teenager, investigate whether there are any self-help groups that you might wish to attend. These groups can serve to reduce feelings of isolation and the idea that “I must be the only one going through this.” Such a group can provide valuable information as well as help in seeking treatment.

7. Many individuals with an eating disorder say that they feel like there are two parts to them – one part may desperately want to help, but the other (eating disorder part) tries to stop them from seeking assistance or treatment.
 - You likely have very mixed feelings about seeking or receiving treatment. Find ways to support and strengthen that part of you that wants to get better and to have a life free from anorexia or bulimia.
 - Consider asking a friend or family member to accompany you to appointments and to provide support for you during further treatment.

For the family

If you think someone in your family may have or may be developing anorexia nervosa or bulimia nervosa, it is important to seek professional assistance. A good place to begin is with an assessment by your family doctor, who can make a referral for more specialized evaluation and treatment if needed.

1. Often families go through several stages as their daughter (or son) continues to lose weight, including an initial awareness of some weight loss to considerable concern, anxiety, fear, and even disbelief at the extent to which the weight loss has progressed.
 - It is important to seek help as early as possible and not to ignore the possible consequences of chronic dieting behaviour.
 - **Do not** regard the appearance of some of the signs and symptoms described earlier as “only a phase she’ll grow out of,” but as a signal that assistance should be sought as soon as possible.
2. If your daughter or son has an eating disorder, it is important not to become caught up in self-blame.
 - Although family issues may be related to the development of anorexia nervosa and bulimia nervosa, feelings of self-blame do not help to promote the recovery process. In the same way, blaming the individual herself will not be helpful and may serve only to further lower her feelings about herself as a person.
 - For these reasons it could be very helpful for the family as well as the individual to view the anorexia or the bulimia as the problem, rather than themselves.
 - It is important for family members to take responsibility for supporting the individual in his efforts to recover. In early onset and adolescent eating disorders, it is crucial that parents—even if separated—be able to work together to facilitate their son or daughter’s recovery.

3. It is very upsetting for a family to be faced with a daughter or son who is unable to eat. It is normal to have feelings of frustration, anger, fear, and guilt. It is helpful for family members to recognize and acknowledge these feelings as they can serve to motivate families to seek help. It is important that these feelings be discussed with involved health care professionals.
4. If you have a daughter with an eating disorder, it is likely that you have tried many strategies to encourage her to eat. These strategies often run the course from continual bitter arguments at the dinner table, to repeated pleading, and even threats.
 - It is important to realize that weight gain can be a terrifying experience for your daughter. It will likely not be an easy process for her to undertake recovery and let go of the eating disorder.
 - Recovery can feel like a great risk for her, which may mean confronting tremendous fears. Increasing pressure to eat may result at best in only temporary success.
 - It may be best to let your daughter keep the rituals and behaviours for the time being as they may enable her to feel “safe.”
 - Direction about how to best manage these issues and meal times and upsets at home should be provided by the clinical treatment team.

Thoughts and feelings

Unrealistic thoughts and attitudes are often part of anorexia and bulimia. For example, the person with an eating disorder may have the following thoughts:

- *If I begin to eat normally, I'll lose all control and become fat...*
- *Unless I lose another five pounds, I'll never be happy...*
- *I'll always be depressed and lonely. No one could ever understand what it is like...*
- *No one would ever really like me as a person...*

As someone develops anorexia nervosa or bulimia nervosa, his thoughts increasingly come to be dominated by concerns of food, eating, weight, shape, self-doubt, and helplessness. These kinds of thoughts can have a profound effect on the way he feels.

Learning to unravel the relationships between thoughts and feelings plays a major role in the treatment of depression and anxiety, and it is important as well in the treatment of eating disorders.

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Learning alternative ways of thinking and feeling about yourself is an important component of the recovery process. A therapist can help you to understand your thoughts and feelings and the relationships between them.

Seeking help

Finding someone or a team of health care staff you feel comfortable with, and can trust, will be an important part of obtaining help.

Part of this trust will mean developing a relationship based on collaboration with health care professionals who understand your experiences.

It is important to feel that you can work together on a variety of concerns and issues, and not just weight gain or preoccupations with food.

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