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## Talking about eating disorders

By **Sara Forman, MD**, director of Children's Hospital Boston's Outpatient Eating Disorders Program

### What are eating disorders?

Eating disorders are psychiatric disorders with physical manifestations that occur when an individual's eating and nutrition becomes unhealthy or dysfunctional. The disorders often start with weight loss, or the intention to lose weight, and take on a life of their own. Approximately 90 percent of eating disorders occur in women.

### How many different types of eating disorders are there?

There are three classifications:

The first is *anorexia nervosa*, which is present when an individual: refuses to maintain weight within a normal range for height and age—more than 15 percent below ideal body weight;

- has an irrational fear of weight gain or becoming fat;
- has severe body image disturbance;
- no longer has a menstrual cycle—in women of the appropriate age.

The next type is *bulimia nervosa*, which is distinguished by binge eating with:

- a sense of loss of control;
- behavior to offset binge eating through purging—self-induced vomiting or laxative or diuretic abuse;
- behavior to offset binge eating through nonpurging—excessive exercise, fasting or strict diets;
- dissatisfaction with body shape and weight.

The final classification is *eating disorder not otherwise specified*, which includes patients with eating patterns and weight management habits that are clearly abnormal but don't meet the criteria for anorexia nervosa or bulimia nervosa.

### What influences eating disorders?

There's really no consensus, but eating disorders are probably related to a combination of psychological, biological, family, genetic, environmental and social factors. For example, individuals with a history of eating disorders can also have anxiety, depression or obsessive compulsive disorder. There's also a lot of societal pressure. Just look at the cover of most women's magazines—they typically highlight stories about weight management, dieting or how to tighten specific muscle groups. Also, think about the recent reality TV shows like "The Swan."

### **What are some of the indicators for eating disorders?**

It's important to note that eating disorders are illnesses of denial and secrecy; they're often very difficult to track down. So family members and friends shouldn't feel badly about not figuring out right away if their loved one has a problem. That being said, there are some signs you can look for: unexplained weight loss; dizziness; fainting; fatigue; irritability or moodiness; going to the bathroom often, especially after meals; cutting food into tiny pieces and pushing it around the plate, etc. It's really any major change in eating or exercise behavior.

### **How are eating disorders diagnosed?**

A pediatrician or primary care physician can typically diagnose an eating disorder by obtaining a complete medical history from a patient and conducting a thorough physical exam. They will also most likely request a full lab assessment, as well as nutritional and psychiatric evaluations. It's important to remember that the sooner an eating disorder is diagnosed, the sooner the individual can get help.

### **How are eating disorders treated at Children's?**

Children's Eating Disorders Program treats both inpatients and outpatients —about 200 new cases annually. As outpatients, individuals are seen by an Adolescent Medicine physician and a nutritionist. Clients also see a psychologist or social worker with whom their parents meet separately. Patients come in for follow-up visits as needed.

When clients become really sick—their condition gets worse, causing unstable vital signs, for example— they are admitted to the hospital. Inpatients are placed on the hospital's "Restrictive Eating Disorders" clinical practice guideline and meet with the same group of caregivers as an outpatient would, while participating in a special meal plan with weight gain goals.

### **What are some of the medical complications that can occur as a result of eating disorders?**

Several complications can occur during starvation or persistent purging: such as cardiovascular issues like an abnormally slow heart rate or arrhythmias; gastrointestinal dysfunction like constipation, severe heartburn or reflux; dermatologic

problems like hair loss; or bone loss leading to osteoporosis or even growth problems. These and other medical complications put each patient at serious risk.

**Is there any eating disorders research going on at Children's?**

There's quite a lot actually. For example, **Dr. Catherine Gordon**, who directs the Bone Health Center, is working to identify factors that contribute to bone loss in healthy children and adolescents, as well as in those with anorexia nervosa and other disorders. Also, **Dr. Bryn Austin**, of Adolescent Medicine, is addressing social and physical environmental influences on physical activity, nutritional patterns and eating disorders risk in school and community settings. Other researchers at Children's are looking at cardiac function as it relates to eating disorders.