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Feature
Eating Disorders

Kaiser Permanente Laparoscopic Hysterectomy Spotlight

Sidney Kimmel Cancer Center

On the Road to the Cure

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PHOTO BY GRAHAM BLAIR

ON THE COVER
President and CEO Albert Deisseroth in front of the new Sidney Kimmel Cancer Center Research Center.

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Treating Eating Disorders

The Problem: More than 5 million American girls suffer from eating disorders — and many could die due to ineffective treatment. Conventional treatments address symptoms and not the cause of eating disorders using psychotherapeutic drugs with some undesirable side effects, including suppressing appetite and potentially increasing the incidence of suicide.

The Solution:The Mandometer treatment regards eating disorders as just that — disordered eating resulting from dieting, rather than resulting from a psychiatric disorder.

A Mandometer, a patented, computerized biofeedback device, teaches patients to eat normally, recognizing natural feelings of being full. Over time, patients learn to eat normally using this feedback and adapt rates of eating and levels of fullness to curves displayed on the computer monitor.

"Most patients treated with our method recover from their eating disorders," said Cecilia Bergh, Ph.D., co-founder, Mandometer Treatment for Eating Disorders. "Other medical treatments for eating disorders have, at best, a 50 percent recovery rate and a very high relapse rate."

Now available in the United States, this treatment has a 75 percent success rate for even the most serious cases of anorexia and bulimia. And, of those who meet the strict criteria to be considered successful, more than 90 percent remain healthy after five years. This treatment is based on breakthrough science and uses no psychiatric drugs.

Patients are in control of their treatment, and based on their input, a customized treatment plan is developed. As their self-esteem increases from normal eating patterns, they can concentrate on issues other than food.

Additional treatment includes elimination of psychoactive drugs, thermal treatment, restriction of physical activity and rebuilding of social skills. The combination of these efforts is the key to the success of this program.

"Eating disorders can be very difficult to treat," explains Dr. Bergh. "The truly sad thing is that girls with these disorders have taken 10 or more years to improve with other treatments, and many more actually die prematurely. By developing this treatment and bringing it to America, we can save tens of thousands of lives."

Cecilia Bergh, Ph.D., co-founder, Mandometer Treatment for Eating Disorders.

Dr. Bergh developed this treatment in the early 1980s with Per Sodersten, Ph.D., Professor of the Section of Applied Neuroendocrinology at Karolinska Institute in Stockholm. In 1993, the Center for Eating Disorders was opened in Sweden and is now treating about 125 patients. ■

Women's Health: Eating Disorders

By Liz Meszaros

As a nation obsessed with body image and dieting, the United States has had to deal with the downside of the exalted position it has bestowed upon physical beauty, thinness and fitness — the rising prevalence of eating disorders. Current estimates hold that about 5 million people in this country suffer from eating disorders.[1] Further, four out of 10 people in the United States have either suffered from or have known someone who has an eating disorder, according to statistics compiled by Global Market Insite Inc. for the National Eating Disorders Association (NEDA).

In a nation that spends over $40 billion annually on dieting and diet-related products,[2] the desire to be thinner is a prevailing mind-set. Consider that, again according to data from the NEDA, 42 percent of girls in 1st through 3rd grade want to be thinner, that 81 percent of 10-year-olds fear being fat, and that 91 percent of college-aged women have attempted to control their weight through dieting. Also consider that while most fashion models are thinner than 98 percent of American women, the average American woman is 5'4" tall and weighs 140 pounds. The average American model is 5'11" tall and weighs 117 pounds.

According to the American Psychiatric Association, between 0.5 percent and 3.7 percent of all women in the United States will have anorexia nervosa in their lifetime, and between 1.1 percent and 4.2 percent will have bulimia nervosa. Ninety percent of those who suffer from eating disorders in this country are women aged 12 to 25, according to the National Alliance for the Mentally Ill. The incidence of eating disorders in older women, men and boys, however, has increased.

About 5 million people in this country suffer from eating disorders, and four out of 10 people have either suffered from or have known someone who has an eating disorder, according to the National Eating Disorders Association (NEDA).

MAKING A DIAGNOSIS IS NOT EASY

The symptoms of the three most common eating disorders, anorexia nervosa, bulimia nervosa and binge-eating disorder are as follows:

- Individuals with anorexia develop unusual eating habits. They will actually avoid food and meal times, and pick out only a few foods that they allow themselves to eat in very small quantities. They may weigh their food and count calories or exercise excessively.
- Individuals with bulimia eat excessive amounts of food in one sitting, and then almost immediately force themselves to vomit or use laxatives or diuretics to get rid of the food in their bodies.
- Individuals with binge-eating disorder will frequently overeat compulsively, but will not purge the food from their bodies with vomiting and other measures. When they binge, it is often done alone and very quickly. Their compulsion to binge is not triggered by feelings of hunger, and it causes them guilt and shame.

Eating disorders can result in several medical disorders. For example, anorexia nervosa can increase the risk of heart failure. It can slow the heart rate and lower blood pressure. The risk for heart failure can also be increased due to the drugs taken to induce vomiting, bowel movements or urination, as well as by the starvation these individuals inflict upon themselves. Brain damage can also result.

Patients with anorexia nervosa may present with brittle hair and nails, dry or yellowed skin and a covering of lanugo (soft hair) on their bodies. Mild anemia, swollen joints, reduced muscle mass and brittle bones can also be present as a result of anorexia.

Patients with bulimia nervosa often present with dental markers of their disorder. The enamel of the teeth is often eroded in these patients. The esophagus as well can be inflamed and damaged. Frequent vomiting can damage the stomach, and arrhythmias, heart failure and death can occur due to the chemical imbalances and loss of minerals such as potassium caused by frequent vomiting. Bulimics can also develop peptic ulcers, pancreatitis and long-term constipation.

Ask the Right Questions

Asking the right questions is crucial to making a correct diagnosis in patients with eating disorders. Answers to these questions can reveal patterns or disordered eating habits:

- Has your weight fluctuated during your adult years?
- Are you trying to control your weight? If yes, how are you doing that?
- What did you eat yesterday?
- How much do you think or worry about your weight, the shape of your body, and what you eat?

Patients with binge eating disorders can develop high blood pressure and high cholesterol levels, and may present with symptoms such as fatigue, joint pain, type 2 diabetes, gallbladder or heart disease.

THE ROLE OF HEALTHCARE PROVIDERS IS CRUCIAL

The role of physicians and specialists in the identification and management of eating disorders is an important one. Primary care physicians, obstetricians and gynecologists, and other women's health care providers can add some simple screening questions to routine medical visits.

People with eating disorders are often hesitant to present for treatment, explained Nancy Zucker, Ph.D., who is the director of the Duke Eating Disorders Program at Duke University Medical Center in Durham, NC. "So often, it is the primary care provider who serves as the gateway to getting these folks access to care. They have a crucial role in terms of identification and in providing information about care that is available," she said.

The Duke Eating Disorders Outpatient Program is a multidisciplinary clinical program for the treatment and prevention of anorexia nervosa, bulimia nervosa and all variants of these disorders. Dr. Zucker and her colleagues provide not only individual treatment but group treatment as well. In particular, said Dr. Zucker, they have a group parent-training program, in which parents are brought together to learn skills to help them more effectively manage their child's illness.

According to Dr. Zucker, a critical part of making the correct diagnosis in patients with eating disorders is asking the right questions. These patients typically will not lie about their disorder, but neither will they offer the information.

"There's often a 'don't ask, don't tell' sort of mentality among eating disorder patients. They won't lie, but you have to ask them just the right questions. So when a young lady with an eating disorder presents to her healthcare provider, who then doesn't ask the right questions about weight loss and eating disorders, she almost takes that as permission to go on with what she is doing, thinking, 'If it was that bad, my doctor would have said something. But since he didn't, I guess it's not that bad,'" she said.

Physicians need to ask questions about dietary intake and unhealthy weight loss strategies including throwing up or skipping meals. They should also ask patients if they are dissatisfied with their body image, and if that dissatisfaction is causing them any distress in their day-to-day activities (see sidebar).

"Many women out there would love to look a little different. But it's a different ball of wax when this actually interferes with your functioning. And that's a key difference," said Dr. Zucker.

Should all women be asked these questions? According to Dr. Zucker, the answer is 'yes.' "Weight management is a key part of every chronic illness. Answers to these questions will help guide the clinician on how to give constructive feedback about health and weight," she told *M.D. News*. "Everyone needs to work on these issues in a healthy way."

Certain populations are at particular risk, however, for eating disorders, including patients with a history of overweight, those with diabetes, those with a family history or a past personal history that involves an eating disorder, as well as female athletes, explained Dr. Zucker. In addition, patients in adolescence (both early and late) are at higher risk. It is particularly important to ask these questions in such patients.

"Primary care physicians are very willing to be the gatekeepers for eating disorders, if they have some place to refer the patients," said Dr. Zucker. "These illnesses make them [PCPs] nervous, I think, and for good reason. Eating disorders require a really coordinated care team that often involves medical health providers, mental health providers and nutrition providers. It's often difficult to coordinate that level of care," she explained. "It's not as easy as giving someone a prescription and saying 'go take this.'"

"Doctors struggle because compliance can be an issue. I would always advise physicians that if they want to start a regular screening program for eating disorders, they should first survey their practice areas to get a handle on what resources are available so that one step can lead directly to the next step. This makes practitioners feel a lot more confident in asking the screening questions," said Dr. Zucker.

And although there are many clinics and practitioners that specialize in treating eating disorders throughout the country, there are still not enough, said Dr. Zucker.

TREATMENT OF EATING DISORDERS

Treatment for eating disorders varies depending upon the individual and the severity and duration of the eating disorder. The first goal

For patients trapped in the throes of eating disorders, the clinician often holds the key to releasing them with a diagnosis and proper treatment. Asking pointed, simple questions about dietary habits and body image are crucial.

of any treatment should be to ensure the person's physical health by restoring them to a healthy body weight, according to the National Institutes for Mental Health.

For patients with anorexia, achieving this weight gain may require hospitalization. Once the patient has been physically stabilized, treatment can include individual psychotherapy as well as family therapy. The goals should be to help the patient re-learn healthy eating habits and how to maintain these. Supportive group therapy and self-help groups within communities can also be a useful addition to treatment.

For patients with bulimia, the primary goal of treatment is to reduce and eventually eliminate the binge-purging behaviors. This can usually be accomplished with individual psychotherapy and family counseling. For those who do not respond, antidepressant therapy with drugs such as Prozac has been shown to be helpful.

The goals and treatment for binge-eating disorder are similar to those of bulimia.

RELAPSE IS COMMON

Even after successful treatment, women with eating disorders often go on to relapse. A key to controlling relapse may be in a focused approach to body image in these women, suggest some experts.

In a recent study that appeared in the *American Journal of Psychiatry,* researchers sought to evaluate the patterns and predictors of relapse in women with eating disorders.[3]

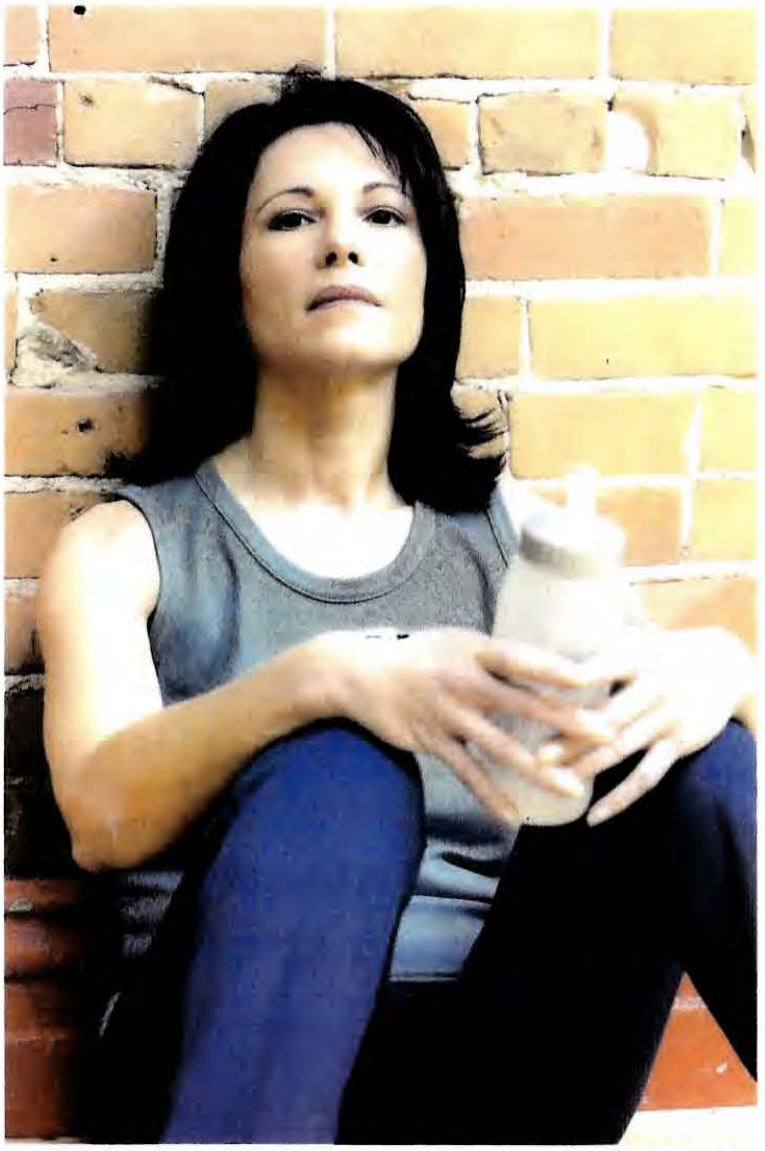
Lead author Pamela K. Keel, M.D., told *M.D. News,* "Nearly one-third of women who achieve remission from anorexia nervosa or bulimia nervosa relapse. The most common clinical picture for relapse involves binge and/or purge behaviors, regardless of the original diagnosis."

She also noted, "Eating disorders are difficult to treat because they are deeply entrenched in women's everyday lives and patterns around eating and food intake. In addition, fears about gaining weight or becoming fat make many patients ambivalent about discontinuing certain disordered eating behaviors."

Dr. Keel and her fellow researchers interviewed anorexic (N=136) and bulimic (N=110) women annually and biannually for a follow-up of nine years to assess their symptoms of eating disorders, axis I disorders, treatment and psychosocial function. In all, 36 percent of the women with anorexia had relapse, as did 35 percent of those with bulimia nervosa. Women with a baseline diagnosis of anorexia (restricting subtype) had a tendency to develop bulimic symptoms during relapse. Women with a baseline diagnosis of anorexia (binge-purge subtype) or of bulimia nervosa tended to return to bulimic patterns during relapse.

"Greater body image disturbance during remission was a significant predictor of relapse for both anorexia nervosa and bulimia nervosa. Worse psychosocial function during remission increased risk for relapse for women with bulimia nervosa," noted Dr. Keel, who is associate professor of psychology at the University of Iowa in Iowa City.

"These results may explain the long-term efficacy of interpersonal therapy for bulimia nervosa and suggest that focused body image work during relapse prevention may enhance long-term recovery from eating disorders," concluded the authors.



Although adolescent girls are the ones at greatest risk for developing an eating disorder, the incidence of eating disorders in older women, men and boys has increased.

Dr. Keel stressed that the role of the primary care physician is a critical one. "Primary care physicians should educate themselves regarding the symptoms of and medical consequences of eating disorders and be prepared to work with a mental health professional to ensure the safety of patients who suffer from eating disorders," she told *M.D. News.* "Given the importance of body image disturbance for increasing relapse risk, it would be valuable for clinicians to assess body image disturbance and continue treatment even after the physical signs (low weight, amenorrhea) and behavioral symptoms (food restrictions, binge eating, purging) have remitted," she concluded. ■

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