



## Team approach helps those with eating disorders

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If you were in a room of 100 people and you asked how many of them had ever tried diet and exercise in order to lose weight, how many do you think would raise their hands?

In a country where 66 percent of adults are overweight or obese (according to the National Institutes of Health) and billions are spent on diets and diet products a year, it is quite likely that many would raise their hands.

Despite the numbers of people dieting, only a small percentage of the population develops an eating disorder. So at what point does losing a few pounds turn into an obsession with body image that jeopardizes health?

According to estimates from The National Institute of Mental Health, one in five women struggle with disordered eating; men account for 5 to 15 percent of those with anorexia or bulimia.

There are two main types of eating disorders: anorexia nervosa and bulimia nervosa.

Anorectics often will restrict or eliminate food intake to avoid weight gain. This is driven by an intense fear of gaining weight or becoming fat even though the person may already be thin or underweight. The way a person with anorexia sees her body when she looks in the mirror is out of proportion to how she really looks.

With bulimia, the obsession with body image exists, but instead of restricting food, a pattern of bingeing and purging is present. Bingeing consists of eating an amount of food that is abnormally large for the average meal. Purging is behavior that

compensates for bingeing and can involve: excessive exercise, fasting, self-induced vomiting and misuse of laxatives.

Binge eating disorder, another type of eating disorder, is diagnosed when a person has recurrent episodes of excessive eating without the purging behavior.

In order to treat an eating disorder, professionals from multiple disciplines work together to coordinate care.

The role of the primary-care doctor is extremely important. The physician's role in the medical treatment of the client is essential to care for the multiple medical problems that can occur as a result of restricting food and/or purging behavior.

The services of a dietitian also are quite valuable. The dietitian brings the expertise that can challenge the rigid thinking of "good food" and "bad food" that often perpetuates an eating disorder.

A therapist with experience and knowledge of eating disorders is the centerpiece of this team.

Therapy for eating disorders often is in the form of cognitive-behavior therapy on an outpatient basis if the individual is healthy and does not require hospitalization due to malnutrition.

Treatment involves taking a look at how thought patterns and feelings about food ("good and bad" labels, the need for perfectionism, etc.) enable the behavior that causes disordered eating.

A therapist might give a variety of homework assignments that reinforce

the therapy sessions and may also involve significant others or family members as a part of treatment.

Eating disorders are complex conditions that require a lot of time to treat, but with the right treatment team it is time well spent.

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