EATING DISORDERS: SERIOUS, BUT TREATABLE ILLNESSES

A lot of people don't eat right. They skip meals, eat a bag of microwave popcorn for dinner or avoid bread like the plague. But when do these behaviors cross the line and go from unbalanced eating to a serious problem?

An eating disorder can take control of a person's life. People with eating disorders report obsessing over what and when they'll eat, how much to eat or how to compensate for the calories. This makes it difficult for them to focus on work or school or have a social life with friends and family. People with eating disorders don't want to live this way, but they can't stop. And it can be an embarrassing and secretive condition.

The COVID-19 pandemic has greatly affected mental health and mental illness, often creating barriers to interventions and exacerbating isolation. Both providers and patients have had to maneuver around these challenges for effective treatment and care. Although this ebook may not specifically address pandemic-related issues, it provides information on eating disorders, evidence-based treatment options, and tips to help people with eating disorders take back control of their lives.

ANGELA GUARDA, M.D.

"You can't talk your way out of an eating disorder. Understanding the reasons why you developed the condition doesn't get you to stop the driven behaviors. Treatment has to focus on changing your behavior first, and 'acting' your way out of the disorder before you can fully address any underlying issues."

—Angela Guarda, M.D., director of the Johns Hopkins Eating Disorders Program

A DANGEROUS MENTAL HEALTH CONDITION

Diets and fitness crazes run rampant in our society and disordered eating is common, but eating disorders are more than an attempt to get fit or look good. Having an eating disorder isn't a lifestyle choice, it's a serious mental illness — one that's hard to face and difficult to treat. Eating disorders affect physical and psychological health and impair social relationships.

It's estimated that at some point in their lives, up to 30 million women and men in the United States will develop an eating disorder, including:

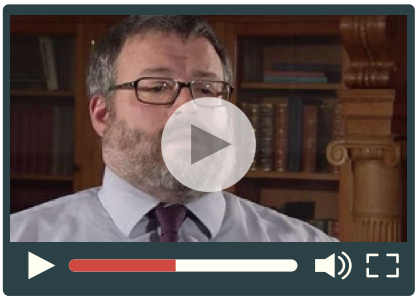
- **Binge eating disorder:** The most common eating disorder involves frequent episodes of overeating to the point of discomfort and a sense of loss of control over eating. It can lead to obesity and increased risk of diabetes and heart disease, and is associated with elevated rates of

restricting food intake to the point of starvation. Individuals with anorexia nervosa are underweight.

Understanding Anorexia Nervosa

Anorexia nervosa is the most lethal psychiatric condition, explains Angela Guarda, M.D. Here, she talks about how her team treats the mental health condition to save lives. Watch video.

- **Avoidant restrictive food intake disorder (ARFID):** People with this eating disorder may be extremely picky eaters. Many are underweight; however, people with ARFID do not have an excessive concern with their body weight or shape. They often have odd eating habits or worries about negative consequences of eating many foods. They may complain of poor appetite, sensitivity to certain food smells or textures, or fear they'll vomit, choke or develop abdominal pain or constipation if they consume most foods.
- **Other specified feeding and eating disorder (OSFED):** This catchall diagnosis applies to those who have eating disorders that impair their function but that don't fit within the criteria of other eating disorders. For example, people with anorexic behaviors and thoughts who aren't underweight (atypical anorexia nervosa) and those who purge but don't binge (purging disorder) fit the criteria for OSFED.



Thinking About Eating Disorders

Two experts — Graham Redgrave, M.D., and Angela Guarda, M.D., — answer commonly asked questions about eating disorders. Watch video.

For many with eating disorders, unhealthy eating behaviors initially feel like a way to manage emotional turmoil or unpleasant feelings. But over time, engaging in disordered eating behaviors further worsens emotional difficulties. As they progress, eating disorders develop a life of their own, much like an addiction. Those affected become fearful of — and reluctant to change — their behaviors. They become increasingly preoccupied with food, weight and shape or the consequences of eating. A severe eating disorder is a potentially life-threatening health condition that often requires medical intervention.

Who is most at risk?

Developing an eating disorder can happen to any gender at any stage of life. However, there are two factors that make it more likely:

Gender: Girls and women are more likely to develop an eating disorder.

Age: For the majority of people, eating disorders begin in adolescence.

Later-in-Life Eating Disorders

A growing number of people seeking treatment for eating disorders are middle-aged women, some of whom may have lived with an eating disorder for years but never sought treatment. In other cases, a midlife stressor may worsen a mild eating disorder, bringing someone to treatment for the first time later in life. Others are experiencing a reoccurrence after earlier treatment. Still others have recently developed an eating disorder for the first time.

What are the symptoms of an eating disorder?

Signs of eating disorders can vary, but may include:

- Preoccupation with weight and food
- Alternating fasting and overeating
- Extreme dieting, cutting out entire food groups
- Rapid changes in weight
- Avoidance of eating with others
- Frequent or excessive use of diuretics or laxatives
- Excessive exercise
- Digestion problems (acid reflux, abdominal pain or bloating, constipation or diarrhea)
- Moodiness and irritability
- Depression and anxiety
- Low energy

FACTORS THAT CONTRIBUTE TO EATING DISORDERS

"People don't realize this, but eating disorders are as inheritable as any other psychiatric condition. If you have a first- or second-degree relative with anorexia, you have at least a sevenfold risk of developing this condition."
—Angela Guarda, M.D., director of the Johns Hopkins Eating Disorders Program

Eating disorders are complex and do not have one cause. A combination of factors makes you more prone to an eating disorder. Having mental health conditions such as anxiety or depression, or a family member with an eating disorder may make someone more susceptible. Increasing evidence supports the role of genetics in making some people more prone to develop an eating disorder.

Eating disorders are habit-forming

Engaging in disordered eating causes additional physical and mental changes that reinforce unhealthy behaviors and make it tough to change.

Initially, behaviors such as food restriction, binging and/or purging provide an emotional reward, boosting self-esteem,

Habits That Could Signal Disordered Eating Behaviors

Family and friends of people with eating disorders report noticing some of these changes and habits over time:

- Is he or she eating alone or secretively?
- Are they avoiding eating in social settings?
- Is the person avoiding calorie-dense foods? Do they stick to fat-free foods?
- Do they claim to eat "healthy," but eat the same thing often?
- Are they avoiding meals prepared by others?
- Are they drinking excessive amounts of water or noncaloric beverages?
- Are they going to the bathroom after each meal? Is the water running to possibly cover the sound of purging?
- Is there evidence they're misusing laxatives, enemas, diuretics or diet pills?
- Are they exercising excessively? Do they become distressed if they cannot exercise?
- Is this person engaging in "fat talk" and making frequent, negative references to his/her weight?
- Do they have body-checking behaviors? This includes repeatedly pinching fat or checking how much ribs protrude, trying on a certain item of clothing over and over, and looking in the mirror excessively.

Why it isn't easy to stop

For those affected with an eating disorder the

Disordered eating affects the digestive system. This can result in discomfort with eating and anxiety about the consequences of eating.

Starvation or rapid weight loss can result in:

- Feeling full after eating a small amount of food
- Constipation, bloating and abdominal pain after eating

Laxative or enema misuse can result in:

- Abdominal pain and gas
- Fluid retention and bloating
- Dependence on laxatives for normal bowel movements

Repeated self-induced vomiting can result in:

- Reflux and heartburn
- Spontaneous regurgitating of food into the mouth after meals
- Increased ease of vomiting

In addition to physical cues that reinforce eating disorder behavior, psychological changes also create barriers to getting better. These include:

- Worsening of mood and anxiety symptoms
- Increased preoccupation with food, weight and shape
- Compulsive rituals around eating, purging or exercise

Does Bariatric Surgery Lead to Eating Disorders?

People who undergo bariatric surgery, a weight loss procedure that alters the stomach or intestines to decrease food absorption and intake, aren't immune to eating disorders. For instance, some patients admitted to the Johns Hopkins Eating Disorders Program have had bariatric surgery.

Some of these people may have had an eating disorder before they had bariatric surgery, but for others it developed afterward.

Eating disorder treatment for those who've had bariatric surgery differs from traditional treatment. Learn more about bariatric surgery and eating disorders.

Eating Disorders in Teens

During the formative teen years, it's normal for girls — and increasingly, boys — to try dieting. For those at risk for eating disorders, this can be the beginning of a serious affliction.

"It can start out innocently," shares Guarda. "For example, it's not unusual to hear that a young girl joins the track team and then decides to start eating healthy. That leads to cutting out fats and restricting her diet, and it just snowballs from there." Exercise has been associated with the onset of eating disorders, which makes teen athletes doubly at risk.

Early intervention is key to helping teens recover and prevent lifelong negative effects. Teens with anorexia nervosa have the best chance of recovery if treated during the first three years of the illness. A major medical complication of the disorder is osteoporosis, a thinning of the bones. Osteoporosis can affect those with anorexia nervosa within six months to

FINDING A TREATMENT PROGRAM THAT WORKS

Similar to addiction treatment, it can take multiple attempts at recovery before a person is able to sustain a normal eating pattern indefinitely. For the best chance of recovery, it's important to find a treatment program that not only offers support but also challenges the patient to change their behaviors and eat like a healthy nondieter.

What to look for in a treatment program

How We Treat Eating Disorders

The Johns Hopkins Eating Disorders Program was one of the first specialty programs for the treatment of eating disorders. Program Director Angela Guarda, M.D., provides an overview of our approach to intervention, treatment and recovery. Watch video.

A majority of patients will recover fully from an eating disorder with proper treatment. But a good treatment program shouldn't feel like vacation — the process of recovery is more like mastering a challenging job. Treatment for an eating disorder feels uncomfortable, says Guarda. Feeling ambivalent about recovery at the start of treatment

It's also important to address issues of body dissatisfaction, but this is not usually effective until someone learns to eat appropriately and is no longer starving, adds Guarda.

There are numerous treatment programs to choose from — everything from hospital settings to residential facilities to outpatient programs — but for a program to be successful, it has to be centered on the behavioral changes that will bring about normal eating. For many patients, outpatient interventions can work. Those who do not show rapid response to outpatient therapy may benefit from a higher level of care. Choosing an intensive treatment program can be challenging.

A good treatment program should have the following components:

Rapid weight restoration: For anorexia nervosa, the best

to treatment for eating disorders in both outpatient and intensive treatment settings.

Cognitive behavioral therapy: This therapy helps people with eating disorders learn how to manage and correct or reframe the thoughts and emotions that drive destructive behaviors. It's the most effective type of psychotherapy for battling eating disorders.

Anxiety management: Helping individuals overcome meal-based anxiety is critical to eating disorder recovery. Learning to consume a variety of foods in social settings (with friends and family members, at restaurants or public gatherings) helps people with eating disorders transition from intensive treatment back to their everyday lives and avoid relapse.

Group therapy: Being part of a program with others who are going through the same struggles can be extremely helpful. Peer support and encouragement help increase motivation and inspire hope in even the most seriously ill patients.

"One of my biggest takeaways from treatment was being reminded how much I actually like being around people and socializing and going out. Those were things I was no longer doing because of the disorder."

—Rebecca, former patient of the Johns Hopkins Eating Disorders Program

Family therapy: Family support is a key ingredient in eating disorder recovery. Family therapy aimed at teaching parenting strategies that help improve a child's eating behavior is absolutely crucial for adolescents with eating disorders, but family involvement in treatment is important for patients of all ages.

Accountability: People with eating disorders should work with a clinician to track food intake and weight. This can be done by keeping a food journal and having regular weigh-ins with a mental health professional, dietitian or doctor.

Relapse prevention: An intensive treatment program should help people practice the skills they need to maintain normal eating behavior in everyday life and provide follow-up support once the program ends. People most commonly relapse in the first year after intensive treatment, so follow-up visits are critical.

7 *Questions to Ask Before Entering an Intensive Treatment Program for Eating Disorders*

For those people who have lost a significant amount of weight as a result of anorexia nervosa, finding a treatment program focused on rapidly restoring a healthy weight is vital. Slower weight restoration prolongs time in treatment and away from home. Prolonged treatment can also be more expensive and increase the likelihood of leaving treatment prematurely, thereby decreasing the odds of recovery. The risk of falling back into unhealthy eating habits is greater when someone with anorexia nervosa leaves treatment prematurely at a low weight.

When considering a treatment program, ask these questions:

1. **Do patients gain weight by eating orally or through a feeding tube?** A meal-based approach is preferable and should be the focus of a behaviorally based treatment program. Sometimes programs use tube feeding to help those who are severely underweight or who refuse to eat by mouth. However, over 95% of patients can be treated with a meal-based behavioral approach alone.

2. **Are patients allowed to choose what they eat?** The program should help participants eat a broad range of foods, including feared foods (typically those high in fat or carbohydrates) and to manage food-based anxiety about eating. Helping people learn to make healthy, balanced food choices is an important goal of treatment.

family-style and in restaurants are important to prevent relapse.

4. **What do you consider a normal body mass index (BMI)?** Doctors and researchers disagree about the weight that defines remission for anorexia nervosa. Some programs consider reaching a BMI of 18.5 a success. But because that is the minimum BMI for "normal weight" for the population as a whole, it may be too low for most people to maintain without going back to disordered eating. Evidence suggests a BMI of at least 20 is more favorable to recovery.

5. **How much weight can a patient expect to gain per week?** Patients in an intensive treatment program should gain at least 2 pounds per week. Rapid weight restoration helps patients move through treatment faster, provides more time to focus on relapse prevention and shortens the total time spent away from home.

6. **What percentage of patients are discharged from the program at a normal weight?** The number of people who attain a normal weight by discharge is a good measurement of a program's success in treating anorexia nervosa.

7. **What if I have bulimia nervosa or binge eating disorder and am not underweight?** For patients

Quick Facts: Johns Hopkins Eating Disorders Program

If you're considering our program, here are a few things you should know:

- At the Johns Hopkins Eating Disorders Program, we do not use tube feeding. We've helped many people who were previously treated unsuccessfully with tube feeding to eat normally again.
- The Johns Hopkins Partial Hospitalization Program includes daily meal-based activities that incorporate home cooking, ordering takeout, eating cafeteria-style meals and restaurant outings. These are supervised by clinical staff early in treatment, but as patients transition through the program, they become more independent and master these and other meal-based skills that are important for relapse prevention.
- The Johns Hopkins Eating Disorders Program aims for a BMI of 20 or above for adults with anorexia nervosa. For teens, we adjust target weight by age. Among our adult patients, 71% reach a BMI greater than 19 before completing the program, and 80% of adolescent patients are discharged within 5 pounds of their weight restoration goal.
- At Johns Hopkins, patients in the inpatient program gain an average of 4 pounds per week. Patients in the partial hospitalization program gain 2–3 pounds per week. These rates are faster than those of most programs.

Starvation Changes the Brain

Being in a state of starvation impairs judgment and the motivation to get better. "One of the problems is that patients with anorexia nervosa are inherently ambivalent about treatment that's focused on making the changes they need to make," says Guarda, director of the Johns Hopkins Eating Disorders Program.

Anorexia can disrupt reasoning — the disorder defends itself, such that feeling ambivalent and anxious about treatment is normal. But reversing the state of starvation helps people think clearly again. In fact, Guarda reports that 40% of patients admitted to the Eating Disorders Program under pressure from family and friends changed their minds about not needing treatment within two weeks and acknowledged treatment was helping.

WHAT TO EXPECT AFTER TREATMENT

"I'm happier now because I have a nourished brain. I can think more clearly, and I have more energy. And when I go out, I'm not worrying about what people think when they see me."

—Rebecca, former patient of the Johns Hopkins Eating Disorders Program

The first year following treatment in an eating disorder program is the most difficult. That's the relapse window when people are most at risk of reverting back to old habits. But the longer someone is in remission, the easier it gets to recognize that recovery is within reach, says Guarda. Too often, people think that having an eating disorder is a lifelong condition and feel hopeless about making a healthy change that's permanent. It's important to recognize that full recovery is possible.