

Clinical Description Diagnostic Criteria for Anorexia Nervosa

1. Persistent restriction of energy intake leading to significantly low body weight (in context of what is minimally expected for age, gender, developmental trajectory, & physical health).
2. Intense fear of gaining weight or of becoming fat, or persistent behavior that interferes with weight gain (even though significantly low weight).
3. Disturbance in the way in which one's body or shape is experienced, undue influence of body shape is experienced, undue influence of body shape and weight on self-evaluation, or persistent lack of recognition of the seriousness of the current low body weight.

While most common among females, about 10-15% of all individuals with anorexia are male and with an approximately 10-20% mortality rate, anorexia has the highest mortality rate of any mental illness.

(DSM-V, American Psychiatric Association, 2014)

Just as it is easier to deal with physical illness sooner rather than later, so it is easier to help someone with anorexia when they have an early form of the illness rather than when the obsessions and phobias have become a way of life.

Weight & Shape Concerns

Anorexics struggle with obsessions over weight and shape. Weight loss becomes of primary importance, to the exclusion of everything else. Some weight and shape concerns may include:

- Dramatic weight loss (but not always noted)
- Frequent weight checking on scales
- Body checking behaviors such as looking in mirrors, measuring or evaluating body parts
- Changes in weight, even slight fluctuations, have a significant impact on mood and self-evaluation
- Body distortions focusing on particular body parts being "fat" or too big
- Excessive exercising – adhering to a rigid exercise schedule despite bad weather, fatigue, illness, or injury

Food & Eating Behaviors

It may seem illogical, but someone with anorexia often spends a great deal of time thinking about, obsessing over and even preparing food. In an attempt to avoid weight gain, the person will often develop rigid food rules and become preoccupied with thoughts of how to control how much is eaten. Common signs and symptoms related to food and eating include:

- Dieting, restricting or otherwise limiting food intake
- Rigid counting/calculating of calories and/or fat grams
- Development of food rituals (e.g. eating foods in a certain order, excessive chewing, rearranging food on plate, cutting food into tiny pieces)
- Possible use of laxatives, diet aids, or herbal weight loss products
- Noticeable discomfort around food
- Restricting food choices to only "healthy" foods
- Excuses for not eating (i.e. ate earlier, not feeling well)
- Very secretive about eating patterns

Changes in Personality & Social Behaviors

Those at risk for anorexia are often high-achievers with perfectionistic tendencies. These personality characteristics become more noticeable during the disorder. Other behavior changes and warning signs might include:

- Symptoms of depression or anxiety
- Increasing isolation; withdrawal from family and friends
- Defensive stance when confronted about weight or eating behaviors
- Wearing layers or baggy clothes to hide weight loss (and to keep body warm as weight drops)

Health Consequences & Medical Complications

In addition to the signs and symptoms of anorexia listed above, significant changes in health and physical functioning may be noticed. In the cycle of self-starvation, the body is denied the essential nutrients it needs to function normally. The body is forced to slow down all of its processes to conserve energy, resulting in serious acute and long-term medical consequences that can include:

- Abnormally slow heart rate & low blood pressure
- Damage to the structure and function of the heart; increased risk of heart failure
- Decrease in bone density
- Muscle loss and weakness
- Dehydration which can result in kidney failure
- Fainting, fatigue and overall weakness
- Drop in internal body temperature with subsequent growth of a downy layer of hair called "lanugo", which is the body's effort to keep itself warm
- Electrolyte imbalances
- Decreased metabolic rate
- Low potassium (most common cause of cardiac arrest)

Recovery

Recovery and freedom from anorexia typically involves three strategies. First, exploring personal history to gain understanding and compassion for why an eating disorder developed. Doing so helps identify (and gain perspective on) the habits of thought and action that no longer have purpose. Second, developing willingness, and making a commitment to change. This means admitting the misery of being actively anorexia, and developing confidence that change is both possible and desirable. Third, working at changing eating behavior and distorted ways of thinking about food and weight.

Anorexia is not about food. Food misuse is the tip of an iceberg of thought and action, a lifestyle sustained by a complicated belief system that includes such elements as:

- I am fat.
- Fat is bad.
- I am bad.
- I should not eat.

The root of an eating disorder lies in a person's reaction to life. The eating disorder, originally adopted to cope with pain and problems, gradually becomes a problem bigger than any other.

A healthy weight feels terrific but getting there is both frightening and uncomfortable. Making changes that permit weight recovery (and true power) requires great compassion, commitment, and support.

We found that recovery requires:

1. **Discovering our own internal messages.** For example, every time I think about eating a proper meal I say to myself: "You don't need that, and if you eat it you'll get fat."

2. **Replacing old messages with new ones.** For example, I replace the old message with "I need to eat and eating normally will not make me fat."

There is hope for the person with anorexia, but we had to see that we could not be free from the problem by trying all the harder to control it. Willpower and self-control over food are a symptom of the problem, not the solution.

The solution involves regaining the power to see options and make careful choices. There is no magic about recovery, it is hard work.

The process of working the Twelve Steps of the EDA program of recovery provides the needed peace and perspective to enable deep changes in thinking to take root and flourish. With such changes, it is possible to recover fully from anorexia.

Changing our thinking makes it possible to change our feelings and behavior, but developing willingness and learning new skills is a process, not an event. It takes time to develop an eating disorder. It takes time and effort to rebuild trust and gain back the power of choice. Most of us wasted a lot of time trying to recover on our own: it did not work.

As we learned to be more honest with ourselves and open with others, we found authenticity, perspective and empowerment. We also found real friends in our EDA groups.

Taking responsibility and getting our needs met feels terrific! The truth – our own truth – does set us free. The process worked for us. It can work for you, too.

Anorexia



For more information please visit
our website at:

www.4EDA.org

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