

Coping with eating disorders

February 27 2014, by Elizabeth Omara-Otunnu

Feb. 23 through March 1 is National Eating Disorders Awareness Week. UConn Today discussed the symptoms, the treatment, and how to help with Elizabeth Cracco, a psychologist and director of UConn's Counseling and Mental Health Services, and Jaime Kaplan, a doctoral student in clinical psychology. Kaplan is currently engaged in clinical work and outreach as an intern with Counseling and Mental Health Services. She also did her practicum placement for the Psy.D. degree at the Renfrew Center, one of the leading institutions for the treatment of eating disorders.

Can you start by briefly describing the different types of eating disorders?

First is anorexia nervosa. That's an eating disorder classified by people restricting their intake of food. The person is going to have a very thin frame and will want to continue losing weight even though they're already underweight. The next type is bulimia nervosa. This type is characterized by individuals who binge and purge. A binge is defined by eating a large amount of food in a short amount of time, and individuals often report feeling out of control when eating. Purging is a form of self-induced behavior, such as vomiting or using laxatives. Binge eating disorder is similar to bulimia but without the compensatory behaviors. The person often binges in secrecy, and typically there's guilt and shame after eating.

How prevalent are eating disorders among college-age

students?

This is the age group where we see the highest prevalence: 95 percent of cases begin between the ages of 12 and 26, so our age group is certainly a high-prevalence age group. Of those who have an eating disorder, 43 percent report onset between 16 and 20. In terms of general prevalence rates for the population at large, there's a lifetime prevalence of 0.5 percent to 3.7 percent for anorexia nervosa; 1.1 percent to 4.2 percent for bulimia; and 2 percent to 5 percent for [binge eating disorder](#).

Is it true that eating disorders affect more women than men?

There are definitely more women than men, though we are seeing an increase in [eating disorders](#) in men at Counseling and Mental Health Services. We have a statistic of about 10 percent of those with an eating disorder being men, and about 1 in 10 of men with an eating disorder seeking treatment. The increase can be linked to marketing now being targeted to men that used to be just applied to women. The marketing is very body conscious and highlights one particular ideal body type. There are a lot of complex dynamics related to power as well. Sometimes for men it's not just about being smaller, it's about being bigger and more muscular.

What's the latest clinical understanding of what causes eating disorders?

There are multiple determinants – certainly cultural influences, but genetics, temperament, ways of coping, how the child was brought up in terms of attachment. A lot of times we frame it as a coping mechanism – not a functional coping mechanism but a way of trying to control one's environment or screen out negative emotions. We say anorexia is a way

of keeping things out, it's 'the disease of too much'; bulimia is 'the disease of never enough', it's about the hole that's never filled being filled with food. Binge eating disorder is like an addiction, an unhealthy way of trying to cope with some other part of life. Depending on a person's temperament, they may lean toward one or other mechanism.

Do eating disorders sometimes begin at college or do they generally start before that?

Sometimes they emerge during college, though there may have been precursors earlier. At college, someone may be introduced to a whole new level of stressors and not have the comfort and containment their family provided, and they turn to particular coping mechanisms such as [disordered eating](#). They come into an environment filled with same-age peers, where there's a lot of comparison. And they often come not knowing many people, so some of the social assessments that happen can be based on external factors like looks. If they're already sensitive about [body image](#), it can be a particularly challenging time. Students often compare themselves to what they perceive to be the prevalent body image on campus: 'Everyone on campus is thin.' Sometimes we ask people to more mindfully observe the variety of shapes and sizes out there.

How are eating disorders typically treated and can they be cured? What services and supports are there at UConn for students with eating disorders?

We take an integrated, team approach. We look at the nutritional, medical, and therapeutic side of things. There are various levels of treatment, depending on the clinical presentation. We provide outpatient-level treatment that is time-limited, and an eating disorder treatment group, but a thorough evaluation is necessary to determine the

appropriate level of treatment. For some more significant cases where there are medical complications, a higher level of treatment is needed, such as intensive outpatient treatment three days a week. There are programs in the area that offer that. Sometimes students can flex their academic schedule, but it can depend on the level of dysfunction. Eating disorders affect people's cognitive focus. If someone is obsessively concerned with what they eat, it's really difficult to cope with their academic tasks. If someone has a severe eating disorder and needs medical re-feeding, that requires an inpatient hospital stay. People do get better with appropriate treatment.

Can eating disorders be prevented?

That's a large societal question. Programs are being created, the question is when to intervene. It's not only the cultural piece surrounding body image, there are also issues about self-esteem and identity. There's more and more education in elementary schools about healthy body image, good nutrition, and exercise – these are all critically important for prevention.

What should a student do if they suspect a friend or roommate has an eating disorder?

The first thing they should do is be a compassionate and supportive friend, because at its core, this is someone who's struggling. What doesn't work is being critical, monitoring, gossiping, blaming, focusing on weight. If they have a solid relationship, tell the friend they're concerned, listen if they're willing to talk, and make a referral – if they accept. Another thing a student can do if they're uncertain is come in themselves for a consultation and we can talk them through how to make that referral. Folks don't readily resign their coping mechanisms, so they should be prepared that it's not always going to go perfectly. We talk

about readiness for change. Often as many as 10 people express concern before someone will act on it. You may be the first, or you may be the 10th and that's the time they get help, but all those times are needed.

What about parents?

Parents consult with us all the time. We've had parents and children come and talk with us before the student arrives at UConn and we talk about the student's readiness to engage in college life. It's best if the student is involved. We'll receive whatever information a parents shares with us, but we don't keep secrets. Parents can talk with us anonymously too, but we can be most helpful if we know some background information and who the student is.

Provided by University of Connecticut

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