

What is Anorexia and Bulimia Nervosa?

Eating disorders cause great distress for sufferers, and for many other people who are associated with sufferers.

There is confusion and anxiety about how best to cope with the pressures that anorexia and bulimia place on the family, the workplace, the schools and on many kinds of friendships and relationships.

What are Anorexia and Bulimia?

Anorexia and bulimia are serious eating disorders, mainly affecting females.

Both disorders involve a preoccupation with body weight and food but anorexics strive intensely to control the kinds of food and the amounts of food they eat, while bulimics tend to feel out of control in relation to food.

Bulimia will often begin with rigid dieting which leads to inadequate nutrition, hunger and fatigue, followed by powerful urges to binge. The bulimic person, fearful of gaining weight from the binge, resorts to self induced vomiting or purging with laxatives and or diuretics. Although body weight may appear normal, the distress of the binge-purge cycle adds to feelings of guilt, worthlessness and depression.

Anorexics, far more visible because of their underweight bodies, may also induce vomiting or keep their weight extremely low by eating minute amounts of food and exercising vigorously. They may still continue to regard themselves as overweight, no matter how skeletal they appear to others (in the later stages of their lives, anorexics may become bulimic, with about 20 percent of bulimics being anorexic.)

Although the outward signs of the disorder are associated with food and body size, it is generally thought that anorexia and bulimia are strongly influenced by low self-esteem and difficulties in dealing with daily living.

Is there a typical sufferer of Anorexia and Bulimia?

Where anorexics are often members of middle class or affluent society, recent findings show sufferers of anorexia and bulimia come from all backgrounds and many different styles and sizes of families. There is a tendency for anorexics to set unreasonably high goals and to aim for perfection in all that they do.

Generally speaking, bulimia is likely to begin after the late teens, while anorexia more often starts during adolescence. The incidence of anorexia or bulimia in males is about five percent of all cases, with onset of the disorders generally from mid-teens to early twenties.

What causes eating disorders?

There are many theories, but no clear picture, it is an over-simplification to blame mass media's presentation of the 'ideal' shape, though western society's increased emphasis on the slim, fit body places pressure on many people.

We know there are many factors affecting the development of the disorders – biological, psychological and sociological, so that the relationship between parent and child need not

be seen as the dominant cause. However, the reluctance to mature physically, sexually and emotionally and issues of personal control between child and parent may contribute to some cases of anorexia.

Low self-esteem and poor body image contributes to both disorders and it seems life crisis such as changing relationships, childbirth or death may trigger eating disorders.

Survival tips for friends and family

It is natural to question oneself and feel guilty. We all do the best we can so spend less time soul searching and more time deciding where to proceed.

Encourage the sufferer to seek professional help. However, once the physical condition has been initially checked and the opportunity for increased understanding and ongoing treatment made available then the actual getting well is the sufferers responsibility. He or she must decide how to use a professional's advice.

- It is vitally important to offer love and support but it is unwise to monitor someone else's behaviour even if they ask you to!
- Meal times should not become a battle ground, emotions such as anger and frustration need to be expressed but not during meal times.
- Try to take the focus off food. Discussions of food intake or weight may encourage the sufferer to use the disorder as a tool to manipulate others. Avoid purchasing food solely to please the eating disorder person and impose rules about food only when necessary for the sufferer's and the family's well being.
- Communication is most important. Take time to talk but not always about food. However, be aware that the sufferer might try to talk about food constantly. You may need to change the subject. Take care to be sensitive when commenting on a persons appearance and try to encourage the sufferer to develop positive activities and interests that do not revolve around food.
- The person with the eating disorder should not receive attention due the other members of the family or friends. That person is important but no more important than anybody else.
- Be patient! Eating disorders are complex. The cure is seldom simple or quick.
- Keep in mind that the sufferers do not enjoy their state. They lack the ability to alter their condition and it may have become part of their lives.
- Friends and family can blame the illness but not the victim of the illness.