



ED-1002-01-R10

Eating Disorders Awareness: Anorexia Nervosa

Anorexia nervosa is a devastating eating disorder in which those affected adopt patterns of behavior that in extreme cases, may lead to self-inflicted starvation.

While men do succumb to anorexia nervosa, most cases are young, middle or upper class women. Researchers have estimated that this disorder affects approximately 1 in 200 young women in our society (Statistic supported by South Carolina Department of Mental Health) Between 0.5 and 1 percent of American women suffer from anorexia nervosa. Eating disorders, such as binge eating disorder specifically, have a high prevalence among college women. But the aforementioned diseases have narrow definitions. The problem of eating disorders must be seen as a continuum, starting from healthy on one end of the continuum to having the serious disease of anorexia or bulimia on the other end.

Why is this such a problem among women? Culturally accepted norms of beauty and fitness are huge factors. Adolescence is a rapidly changing time in our lives and often we may feel that we have little control in the outcome of events around us. Control over our bodies and eating patterns (or lack thereof) is one way to exert power over the forces around us. Unfortunately, many become obsessive about it and develop eating disorders that distort and confuse their sense of how their body should and does look.

The defining features of this disorder are: (a) an intense and irrational fear of body fat and weight gain; (b) a determination to become thinner and thinner; and (c) a misperception of body weight and shape to the extent that the person may feel or see “fat” even when starvation is clear to others. These psychological characteristics contribute to drastic weight loss and defiant refusal to

maintain a healthy weight for height and age. Food, calories, fat grams, weight, and weight management dominate the person’s life and attempts to help are often ignored or met with denial or anger.

The symptoms of anorexia nervosa include:

- Refusal to maintain weight at or above a minimally normal weight for height and age.
- Intense fear of weight gain.
- Distorted body image.
- In females, loss of three consecutive menstrual periods and decreased interest in sexual desire among males.
- Extreme concern with body weight and shape.

Eating disorders arise from a combination of long-standing psychological, interpersonal, and social conditions. Feelings of inadequacy, depression, anxiety, and loneliness, as well as troubled family and personal relationships, may contribute to the development of an eating disorder. Our culture, with its unrelenting idealization of thinness and the “perfect body,” is often a contributing factor.

What are the warning signs?

- Dramatic weight loss in a relatively short period of time.
- Wearing big or baggy clothes or dressing in layers to hide body shape and/or weight loss.
- Obsession with calories and fat content of foods.
- Obsession with continuous exercise.
- Visible food restriction and self-starvation.
- Use of diet pills, laxatives, ipecac syrup (can cause immediate death!), or enemas.

- Isolation. Fear of eating around and with others.
- Unusual food rituals such as shifting the food around on the plate to look eaten; cutting food into tiny pieces; making sure the fork avoids contact with the lips (using teeth to scrape food off the fork or spoon); chewing food and spitting it out, but not swallowing; dropping food into napkin on lap to throw away later.
- Hiding food in strange places (closets, cabinets, suitcases, under the bed) to avoid eating.
- Flushing uneaten food down the toilet.
- Vague or secretive eating patterns.
- Preoccupied thoughts of food, weight, and cooking.
- Self-defeating statements after food consumption.
- Hair loss. Pale or “grey” appearance to the skin.
- Dizziness and headaches.
- Low self-esteem. Feeling worthless. Often putting themselves down and complaining of being “too stupid” or “too fat” and saying they don’t matter. Need for acceptance and approval from others.
- Complaints of often feeling cold.
- Low blood pressure.
- Loss of menstrual cycle.
- Constipation or incontinence.
- Bruised or callused knuckles; bloodshot or bleeding in the eyes; light bruising under the eyes and on the cheeks.
- Perfectionist personality.
- Mood swings. Depression. Fatigue.
- Insomnia. Poor sleeping habits.

What is the treatment?

There are three main components for the treatment of anorexia. These include:

- Restoring the affected individual to a healthy body weight.
- Identifying and treating psychological issues associated with the eating disorder.

- Reducing or eliminating the behaviors and thoughts that foster development of disordered eating.
- Preventing relapse.

There is incredible pressure in society to be good-looking. Skinny, tan, fit . . . women internalize this silent pervasive message and decide that they can’t succeed in life unless their bodies mirror that of a prepubescent girl. We need to remember that people come in all shapes and sizes, and that many of us will never be skinny or fat. Learning to accept and live in harmony with our bodies will create a healthy and lasting relationship between mind and body.

There are some ways you can help promote a healthy body image and remind yourself and others that self-esteem should never be weighed in pounds on a scale.

Be a good role model in your attitudes about food, body image, and weight-related issues. Avoid making negative comments about your own body or anyone else’s. Compliment yourself and others often. Take good care of yourself. Eat when you are hungry. Rest when you are tired. Be active because it’s fun. Surround yourself with people and possessions that remind you of your inner strength and beauty.

Finally, don’t forget that your body is the vehicle that will carry you to your dreams. Honor it.

Resources

- Grimm, Nicole, Jo Hood, and Siouxsie Venning. (1996). *Dying to Be Thin: Distortions of Body Image in Relation to Anorexia Nervosa*.
- Phillips, Katharine A., M.D. (1998). *The Broken Mirror: Understanding and Treating Body Dysmorphic Disorders*.
- Striegel-Moore, Ruth. (1997). Statement at the APA Co-Sponsored Congressional Briefing.
http://www.nationaleatingdisorders.org/p.asp?WebPage_ID=286&Profile_ID=41142
<http://www.nimh.nih.gov/health/publications/eating-disorders/complete-index.shtml>

Original author: Trisha Rayner, Extension Educator, Family and Consumer Sciences, Miami County.
Reviewed and edited by Gail Kaye, Program Director, Human Nutrition.

EMPOWERMENT THROUGH EDUCATION

Visit Ohio State University Extension’s web site “Ohioline” at: <http://ohioline.osu.edu>

Ohio State University Extension embraces human diversity and is committed to ensuring that all research and related educational programs are available to clientele on a nondiscriminatory basis without regard to race, color, religion, sex, age, national origin, sexual orientation, gender identity or expression, disability, or veteran status. This statement is in accordance with United States Civil Rights Laws and the USDA.

Keith L. Smith, Ph.D., Associate Vice President for Agricultural Administration and Director, Ohio State University Extension
TDD No. 800-589-8292 (Ohio only) or 614-292-1868