

## 23. EATING DISORDERS

23.1	Contents	Paragraph
	Introduction	23.2
	Anorexia Nervosa	23.3
	Bulimia Nervosa	23.4
	Care Needs and Mobility Considerations	23.5
	Further Evidence	23.6

### 23.2 Introduction

**23.2.1** These are a group of disorders occurring most commonly in late adolescence and early adult life. Most affected individuals are female. This is a time of life when young people can become concerned with their appearance and dieting can be a part of this. In most individuals this does not produce serious problems and they are able to stop dieting without difficulty. In some however, this concern with appearance can become a preoccupation and one of the eating disorders may result. Affected individuals often have a low self-esteem.

### 23.3 Anorexia Nervosa

**23.3.1** The main features of anorexia nervosa are low body weight and an intense wish to be thin. Affected women stop having periods (amenorrhea). At the onset, the person may be slightly overweight but on dieting become relentlessly preoccupied with achieving an abnormally low weight. About half of affected people indulge in binge eating (bulimia) - bouts of uncontrollable eating followed by self induced vomiting. Some people also take laxatives to further increase the weight loss. Vomiting and laxative abuse can affect the body chemistry which can occasionally lead to epilepsy and rarely death from a disturbance in heart rhythm. In severely affected cases there is also a risk to life from starvation or suicide. Associated depression is common.

**23.3.2** Nearly 95% of affected individuals are female, the condition typically starting in adolescence and rarely after the age of 30. Some 1-2% of female college students are affected. About one fifth make a full recovery, in three fifths there is a fluctuating course, whilst the remaining one fifth become seriously ill.

### 23.4 Bulimia Nervosa

**23.4.1** The term bulimia refers to episodes of uncontrolled and excessive eating (binge eating) followed by self-induced vomiting. Bulimia can form part of the picture of anorexia nervosa, but can also exist on its own and is then known as bulimia nervosa. Unlike in anorexia nervosa, the weight is normal and when it occurs in females, the periods are not normally affected. Weight gain is prevented through self induced vomiting, taking laxatives and by taking excessive exercise. Affected people tend to recognise that they have a problem, often feel depressed and frequently seek psychiatric help.

## **23.5 Care Needs and Mobility Considerations**

**23.5.1** Most people with anorexia nervosa are physically capable of feeding themselves, but they may need prompting to do so. If the person's weight loss becomes extreme and they become severely ill, they require intensive attention to feeding and to maintaining normal body chemistry. Such people will usually be admitted to hospital. It may be claimed that a person needs the supervision of another person to prevent excessive vomiting. People with this disorder generally become extremely devious and in practice there is no way of preventing this other than by the 24 hour presence of another, which is not a practical proposition on an ongoing basis. People with anorexia nervosa, unless extremely emaciated, would not normally be expected to have any mobility needs.

**23.5.2** In bulimia nervosa, because severe weight loss is absent, care needs are significantly less than those for anorexia nervosa.

## **23.6 Further Evidence**

**23.6.1** People with eating disorders are usually under the care of a consultant psychiatrist. A factual report from this source may help to clarify the level of need in cases where this is in doubt.