

When Eating Becomes an Inner Struggle
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New Treatment Programs Developed to Combat
Eating Disorders

By Dr. BARRY SARVET

It practically goes without saying that human beings need to eat.

Eating is not only necessary for survival, but what we eat and how we eat is often a fundamental aspect of one's personal and cultural identity. For the newborn infant, feeding serves as one of the primary foundations of the relationship with his or her parent or caregiver, and a positive feeding experience in infancy and early childhood is vital to healthy physical and psychological development. Continuing throughout the lifespan, eating together with family, friends, and co-workers strengthens relationships and builds community. Some even consider eating to be one of the most pleasurable activities of life.

Although difficult for many to understand, there are those among us for whom eating is associated with a terrible inner struggle. Individuals with anorexia believe themselves to be overweight and deny themselves food even when they are literally dying of starvation. Others diagnosed with bulimia are trapped in endless cycles of uncontrollable eating alternating with dangerous efforts to purge themselves of the food they've eaten. According to the National Institute of Mental Health, an estimated 6% of the adult population in the U.S. suffers from anorexia, 1%

from bulimia, and 2.8% from a binge-eating disorder. Women are much more likely than males to develop an eating disorder and are three times as likely to experience anorexia and bulimia.

For many patients with eating disorders, the onset of symptoms occurs during adolescence. Without treatment, patients may develop chronic symptoms that cause significant medical and psychological disability throughout their adult lives. Some experience a particularly malignant course that may result in death if left unchecked.

Although numerous physiological, psychological, and environmental factors are thought to be associated with the development of eating disorders, it is very common for these disorders to be triggered by intensive weight-management regimens, including severe dietary restriction and rigorous exercise regimens. It is thought that the experience of starvation caused by intensive dieting may trigger physiological changes in the brain that contribute to some of the highly compulsive patterns of behavior, irrational thoughts, and distorted perceptions of the body associated with anorexia.

Many experts believe that another important factor contributing to the relatively high prevalence of eating disorders is the influence of popular culture and advertising media in contemporary society. Advertising and entertainment media seem to promote superficial and unrealistic norms of beauty and associate unnatural thinness with glamour and success. At the very same time, young people are encouraged by the same media to instantly gratify their desires and purchase and consume high-calorie fast foods and snacks.

There are numerous approaches to the treatment of anorexia and bulimia. One of the first priorities in the care of patients with eating disorders is a careful medical assessment. The primary-care provider is an important starting point for this assessment, although, depending upon the degree of starvation, patients may need to be monitored in the hospital setting in order for their weight to be safely restored. Beyond the immediate safety of the patient, medical stabilization and weight restoration is a necessary part of the psychological recovery of the patient. Patients with severe metabolic abnormalities associated with the state of starvation are usually not able to benefit from psychotherapy.

As soon as patients with eating disorders are medically stable, psychotherapy should be provided. In the Greater Springfield area, there are numerous psychotherapists who are experienced in the treatment of patients with eating disorders. Therapy must be customized to the needs of the patient and should involve the family whenever possible. Some approaches to therapy focus on helping the patient understand and fight against the irrational thoughts and behaviors associated with the eating disorder. Others focus on improvement in self-esteem and coping with negative emotions and conflictual relationships.

A particularly promising form of treatment for adolescent patients is family-based therapy for eating disorders, also known as the Maudsley approach. In this form of treatment, parents initially receive a great deal of support and coaching in order to leverage the power of their parental relationship in overcoming the child's resistance

to eating. As treatment progresses, the therapy shifts toward gradually promoting the teenager's independence and autonomy in the family. Although this type of therapy is not suitable for all patients, the outpatient Child Behavioral Health Associates at Baystate Medical Center has seen excellent results with the use of family-based therapy.

Eating disorders are notoriously challenging conditions to treat. In the throes of their illness, patients often are in a battle for control with doctors, therapists, and loved ones who are trying to get them to change. Researchers are constantly looking for new therapeutic treatments that could help motivate patients to get treatment and develop a more accepting and comfortable relationship with their bodies.

There have been preliminary studies suggesting that the practice of yoga may have such an impact, and may therefore be a valuable part of the treatment plan. At Baystate, we are conducting a research study investigating the impact of a 12-week program of gentle yoga practice on some of the core symptoms of eating disorders. The study is supported through the generosity of the Calabrese family, who established the Lisa's Light of Hope Fund at the Baystate Health Foundation in memory of their beloved daughter Lisa Calabrese, whose life was tragically lost after a long battle with an eating disorder.

The program, designed for teenage girls and young women ages 16 to 21 who have been diagnosed with an eating disorder, meets twice weekly at Yoga Sanctuary in Northampton. Sessions are conducted by a certified yoga

instructor in collaboration with a clinical psychologist, and include gentle yoga practice along with brief group discussions. Participants are asked to complete questionnaires before and after the program to assess the severity of symptoms of their eating disorder and other associated symptoms. Those interested in participating in the program, or learning more about it, can contact Jennifer McCaffrey at (413) 794-6628.

For more information about research at Baystate Medical Center, visit baystatehealth.org/research, and for more information about Baystate Children's Hospital, visit baystatehealth.org/bch.

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