

Early diagnosis, intervention critical in treating eating disorders

By Lauren Muhlheim

Eating disorders are serious mental disorders affecting particularly adolescent girls and young women, but also older women, boys and men, at increasing rates over the last 30 to 40 years. The two main ones are anorexia nervosa and bulimia nervosa.

Anorexia nervosa is characterized by failure to maintain a healthy body weight, intense fear of gaining weight, and distorted body image.

Bulimia nervosa is characterized by recurrent and frequent episodes of eating unusually large amounts of food (e.g., binge-eating), and feeling a lack of control over the eating.

This binge-eating is followed by a type of behavior that compensates for the binge, such as purging (e.g., vomiting, excessive use of laxatives or diuretics), fasting and/or excessive exercise.

Unlike people with anorexia, people with bulimia can have weight within the normal

range for their height and age. Early intervention is critical. If not identified or treated in their early stages, eating disorders can become chronic and cause serious or even life-threatening medical problems. Anorexia nervosa has the highest death rate of any mental illness: between five and 20 percent of people who develop the disease eventually die from it.

Complex conditions

Eating disorders are complex conditions that are believed to arise from a combination of factors including genetic, physical, psychological, interpersonal and social issues. Dieting can contribute to or trigger the development of an eating disorder. Parents, educators and physicians can help in the prevention of eating disorders by modeling and encouraging healthy eating behavior and a healthy attitude about body weight.

Additional prevention strategies include teaching that ev-

ery body is different and that body shape is largely determined by genetics, emphasizing fitness over thinness, encouraging healthy but flexible eating, and discouraging dieting. It is also helpful to talk to children and teens about the unrealistic images they see in the media.

If an eating disorder develops, early diagnosis and intervention can significantly enhance recovery. According to the National Eating Disorder Association (NEDA), "the most effective and long-lasting treatment for an eating disorder is some form of psychotherapy or counseling, coupled with careful attention to medical and nutritional needs. Ideally, this treatment should be tailored to the individual and will

vary according to both the severity of the disorder and the patient's individual problems, needs, and strengths."

Among the most promising treatments for eating disorders are cognitive-behavioral therapy and family-based therapy for adolescent eating

disorders. These treatments are empirically-validated in clinical trials.

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Here are ways to incorporate exercise into busy schedule

With work, family, and packed weekends, it can often be difficult to get the recommended amount of physical activity. The American College of Medicine offers these tips:

- **Do it in short bouts.** Research shows that moderate-intensity physical activity can be accumulated throughout the day in 10-minute bouts, which can be just as effective as exercising for 30 minutes straight.
- **Mix it up.** Combinations of moderate- and vigorous-intensity physical activity can be used to meet the guidelines. For example, you can walk briskly for 30 minutes twice per week and jog at a higher intensity on two other days.
- **Set your schedule.** Maybe it's easier for you to walk during your lunch hour, or perhaps hitting the pavement right after dinner is best for you. The key is to set aside specific days and times for exercise, making it part of your schedule.
- **Make it a family affair.** Take your spouse, your children, or a friend with you during exercise to add some fun to your routine. This is also a good way to encourage your kids to be physically active and get them committed early to a lifetime of health.

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