

I'm So Fat

EATING DISORDERS CAN BE TRIGGERED BY SOMETHING AS COMMON AS CHANGING SCHOOLS OR AS CATASTROPHIC AS SURVIVING A HURRICANE. BUT WHATEVER THE CAUSE, THERE'S NO EASY CURE.

By Molly Kimball
Contributing writer

After graduation, the former high school swimmer put on so much weight that her family teased her over the summer with the nicknames "Thunder Thighs" and "Free Willy."

By the time she came home from college for the Christmas break, she had lost that weight, and then some.

"At first (my family) actually looked at my weight loss as kind of a good thing," said the New Orleansian — we'll call her Josie — who asked that her real name be withheld to protect her privacy. "It wasn't until I was home for spring break, and really thin, that they realized something was going on."

Josie's story isn't uncommon. Doctors say they often see a springtime spike in young people seeking treatment for eating disorders. That's because the first time friends and family become aware of an eating disorder is often when a person is home on break from college, or at family gatherings where they run into relatives that they haven't seen in a while.

The New Orleans Center for Eating Disorders defines an eating disorder — such as anorexia nervosa, bulimia and binge eating — as an extreme obsession with food, weight and appearance that negatively impacts a person's health, relationships and daily activities. It often develops as a way to deal with negative issues, and may be used to express control when life feels out of control.

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Doctors see springtime spike in in eating disorders

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For Josie, now 21, going to college was the trigger. She was away from home for the first time in her life, struggling to balance a full class schedule during the day and a job waiting tables at night. Working out was her escape. She became obsessed, exercising during every spare minute and eliminating almost all fat from her diet.

"I'm a perfectionist," she said. "I was really excited that I had lost my extra weight and was finally looking good again. It was motivation to keep working out even harder. I spiraled out of control."

How does someone like Josie — a robust student-athlete with no history of psychological problems — wind up with only 67 pounds on her 5-foot-6 frame?

Dr. Nicole Celentano, clinical psychologist and director of the New Orleans Center for Eating Disorders, said a person may have the predisposition to compulsive behavior, but not the right environment.

"You put them in just the right situation, and boom — you have an eating disorder," Celentano said.

Any major life transition — relocation, romantic break-up, change of school or job — can precipitate it, said Danielle Paciera, a registered dietitian in private practice in New Orleans.

For some New Orleanians, the downward spiral began with Hurricane Katrina.

"After the hurricane, everything was turned upside down," said 17-year-old Kelly (who also asked that her real name not be used). "It seemed like everything was going wrong, there was nothing else I could control."

Her high school home economics class was studying nutrition, and Kelly latched onto the idea of healthful eating.

"I'm very number-oriented, and calories were something that I could control," she said. "I had this ongoing calculator in my head of exactly how many calories I ate daily."

Already a trim 115 pounds, her weight plummeted to a frail 82.

"People with eating disorders often share similar personality traits — perfectionist, over-achiever, people-pleaser," said Anita Evans, a licensed clinical social worker in Baton Rouge. "They tend to be really afraid of their feelings. Their obsession with food helps to soothe, to serve as a distraction from their emotions."

Unhealthy family relationships are also a common factor, Paciera said. An eating disorder "may keep the attention off of the parents' bad marriage, or it may bring attention to a teen who doesn't get much interest from the parents," she says.

Parents' own weight issues can contribute to the problem.

"If parents are always talking about their weight, talking about dieting, labeling foods and behaviors as 'good' or 'bad,' kids pick up on it," Evans said. "Parents often don't realize how much their behavior influences their kids."

It's not just younger people dealing with eating disorders. Celentano sees eating disorders

in people in their 30s and up. It may be a woman's reaction to post-pregnancy body changes, or menopause changes. Or it can be more subtle.

"They may be feeling the effects of the empty nest," Celentano said. "The kids leave, the house is quiet, and now they're confronting things in their life that they may not have dealt with before."

Some warning signs are obvious: drastic weight change, sudden obsession with diet, compulsive exercise, missed menstrual cycles.

Then there are more subtle cues, such as social withdrawal and isolation, Paciera said. Non-verbal indicators might include a nervous habit of wrapping a hand around a wrist, or an arm around a waist, as a way of constantly gauging one's body size.

Eating disorders often start as a normal diet gone awry.

"The diet starts to consume the person," Celentano said. "They become so rigid that they stop socializing. If someone is imprisoned by a diet, that's not living."

A person with an eating disorder may start avoiding entire food groups, or suddenly decide to be vegetarian.

"They may become very secretive, making excuses not to eat, saying that they 'ate before they got here' or they 'had a big lunch,'" Celentano said. "There may be rituals with food that seem unusual, such as cutting food into microscopic morsels, eating certain foods in a particular order, even eating yogurt with a fork."

Often, a diagnosis isn't forthcoming until someone with an eating disorder seeks medical attention for one of the many physical side effects. Dr. Christopher Naquin, a family physician in private practice in Kenner, said the symptoms he looks for include decreased en-

ergy, insomnia, chronic constipation, brittle hair, dry skin, a bluish discoloration to lips, hands and feet, and the presence of lanugo, which he describes as "a fine hair that appears on the face and upper arms, in places where people don't usually have much hair."

Low blood pressure and a low resting heart rate (less than 60 beats per minute) are also common side effects. Unfortunately, many people, even health professionals, mistakenly attribute these symptoms to a person's good fitness level.

Left untreated, Naquin said, eating disorders can have devastating long-term consequences. Decreased bone density increases the risk of stress fractures and osteoporosis. The absence or irregularity of a menstrual cycle can make it difficult to become pregnant. Loss of brain tissue can occur.

"Eating disorders are the deadliest of all psychiatric illnesses," Celentano said.

Treatment often involves a combination psychotherapy, nutritional therapy and medical care designed to address eating habits, psychological underpinnings and medical side effects. In severe cases, in-patient treat-

ment is recommended.

If you suspect a relative or friend of having a problem, Celentano recommends that you "talk with the person, one-on-one, at a time when you're both calm. Let the person know you're concerned, tell them you've heard about these various treatment options. Show your support, offering to go with them if they want."

It's important for a person to build a treatment team — consisting of a therapist, a dietitian and a physician — that they feel comfortable with. If the first health professional doesn't fit, it's OK to try another, doctors say.

As far as what not to do, Josie, Kelly, Paciera and Celentano are in agreement: Don't try to be the food police.

"People try to tell you, 'Eat this,' 'Eat that,'" Josie said. "Trying to force a person to eat can backfire, making things worse. It can make you even more self-conscious about eating."

Recovery from an eating disorder can be a long, overwhelming process. There is the emotional discomfort of psychotherapy, which patients often abandon if they fail to develop an im-

mediate rapport with their therapist. And there is the physical discomfort of fullness that many patients experience when they start to eat more normally after becoming accustomed to feeling empty.

"There are many underlying issues, a lot of emotions that come into the picture," Paciera said. She works with patients to "distinguish between the different sensations of hunger and fullness, and respond to them appropriately."

"Throughout the process, I'm working with people and their relationship with food. I help them mend their relationship with food and make it better in any way possible."

Is a full recovery possible?

"Absolutely," Celentano says. "Particularly in those who are motivated, willing to do the hard work of looking closely at themselves."

And motivation, Josie said, is not something a team of doctors can give you.

"No matter how much therapy you get," she said, "it's ultimately your decision to get better."



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