

■ What is anorexia nervosa?

- ❶ Anorexia nervosa is a condition where the individual either refuses to eat an adequate amount of nourishing food or, by using laxatives or vomiting, doesn't allow ingested food time to be absorbed, resulting in emaciation. The condition occurs mainly in females (20:1), and the common age of onset is usually between 13 and 18 years, although it can occur later.
- ❷ The potential anorexic is typically introverted, sensitive and isolated, and tries to live up to the expectations of others. She (or he) becomes withdrawn, feels helpless and depressed. Family and cultural influences give her the idea that losing weight will alleviate her distress. Initial successful weight loss results in feelings of self-control and is positively encouraged by others. This is soon followed by a fear of weight gain.
- ❸ This self-destructive behaviour is often accompanied by a denial of concern over health. Patients may not recognise that they need help. Self-imposed starvation is a result of an overwhelming fear of increasing weight and losing control over appetite.
- ❹ Behind the eating behaviour, there are often numerous fears and anxieties. Often, with adolescent girls, there is a fear of growing up and assuming responsibility for themselves, or they may have a low opinion of themselves compared with others. For older women, there may be anxieties connected with pregnancy or dissatisfaction with their partner. Underlying most eating disorders is a low self-esteem and a tendency to link self worth to body weight and shape.
- ❺ Anorexia always arises in a social context, and so refusal to eat reflects a refusal to communicate deep, still unacceptable,

feelings to others. In turn the parents' or partner's reaction is initially one of puzzlement which then changes to hurt, anger and hopelessness. A vicious circle quickly arises where each side's behaviour is making the situation worse.

■ Treatment of anorexia nervosa

- ❶ Treatment consists of two stages. The first priority is for the patient to gain weight. A target weight to work towards should be negotiated – 90 per cent of average for age, height, weight and sex is usual. Food intake needs to be monitored, regular meals need to be established, high-calorie supplement and energy-rich drinks need to be made part of the diet. Efforts to bully and cajole the patient into gaining weight are inappropriate. Patients are often admitted to hospital and involved in a behavioural regime initially involving bed rest where weight gain is linked to winning certain privileges, such as using the telephone or going for a walk. The patient is weighed each day at the same time.
- ❷ The second stage involves psychotherapy with the patient and sometimes with the family. The function of the patient's behaviour is an important issue to explore. Is the anorexia becoming a focus for the family's energy and holding together a shaky parental marriage? Is the patient's role being subtly reinforced by a partner who wants his wife to be dependent on him?
- ❸ Challenge the patient to reconsider the links between self-esteem and body weight. Rebuild self-esteem. Challenge 'perfectionism' and 'all or nothing' thinking.
- ❹ Treating anorexia is a long-term effort and requires patience and understanding from all involved.