



BY RAUL J. RODRIGUEZ MD, DABPN, DABAM, MRO

THE “SKINNY” ON EATING DISORDERS

Do you have an eating disorder? Negative body image, especially with regards to weight, can consume a person’s life. Individuals with eating disorders experience severe distortions about their body, usually believing they are severely overweight when they are actually average or underweight. The distortions trigger a number of dangerous behaviors in a desperate attempt to lose weight.

Bulimia is characterized by episodes of uncontrolled eating coupled with compensatory “purging” behaviors attempting to prevent weight gain. Most common is a food binge followed by intentional vomiting, but there are many other variations. Misuse of diuretics (“water pills”), laxatives and enemas also qualify as forms of purging. These particularly dangerous behaviors create potentially deadly electrolyte shifts in the body. The less obvious and most complex compensatory behavior is compulsive exercising. This is often overlooked as exercise is typically regarded as healthy. The volume and intensity can escalate reaching a level that causes physical and psychological damage. The complexity lies in the fact that appropriate exercise actually is healthy and an essential part of a balanced lifestyle.

The basic act of eating food is also considered an essential part of a healthy lifestyle. Individuals suffering from Anorexia do not see it that way. This disorder is characterized by an intense preoccupation with maintaining a body weight that is

well below the lower limit of normal, achieved through severe restriction of eating or compensatory purging. The obsession with weight is extreme and seen as completely irrational by most anyone. The advanced cases can be obvious, due to the severe weight loss. Many developing cases are subtle, with the weight just starting to fall below the lower limit of normal and the pathological behaviors not yet obvious to others.

Eating disorders typically develop in young women of high school and college age, often precipitated by perfectionism and perceived social pressure to remain thin. Depression and anxiety are common related problems; both resulting from and triggering disordered eating. Addiction is a particularly problematic and common complicating condition. Many abuse drugs to suppress appetite or induce weight loss. A vicious cycle can develop where one condition triggers the other repeatedly. Eating disorders often become fully active early in recovery, shortly after there is a cessation of the drug use. The reactivation of disordered eating



briefly replaces the addictive behavior but subsequently triggers another drug relapse. This underscores why treatment must be balanced and comprehensive in order to be effective.

Eating disorders and addiction are often treated simultaneously, but require different forms of treatment. 12 step models are frequently employed in management of addiction, but do not apply well to eating disorder treatment. These conditions most often require more structured psychological treatment involving group and individual therapy, as well psychiatric

medical treatment. Failure to treat the eating disorder component for any given person will typically result in complete treatment failure. Successful identification and treatment of an eating disorder can drastically improve quality of life and is often a critical factor in successful recovery from drug addiction.

Raul J Rodriguez MD, Board Certified both in Psychiatry and in Addiction Medicine, is the Founder and Medical Director of the Delray Center for Healing.