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The new anorexics: big increase in eating disorders among women over 30

- *Anorexia and bulimia a disease of adulthood in past five years
- * Psychiatrists blame pressures of modern life for change

[Denis Campbell](#), health correspondent
guardian.co.uk, Friday 8 October 2010 19.16 BST



Sian whose mother died of anorexia, aged 48, two years ago. A growing number of adults are developing an illness associated with teenagers. Photograph: Sam Frost

Eating disorder experts are treating growing numbers of women who are developing anorexia or bulimia well into adulthood, far beyond the teenage years when the conditions usually emerge.

Psychiatrists are seeing more patients who have become seriously ill with either of the crippling conditions for the first time in their 30s, 40s, 50s and occasionally 60s. In many cases, the illness has been triggered by a relationship breaking down, unemployment, the menopause, losing a parent, or seeing children leave home.

Some working with patients say that the rise in what are called late-onset eating disorders is linked to some women in their 40s and 50s feeling under pressure to look young because of the prominence of age-defying older female celebrities of an older person developing an eating disorder about once every year or two. But now I see them more often – about five new patients a year with late onset anorexia nervosa or bulimia," said Dr Sylvia Dahabra, a psychiatrist in Newcastle who works for the regional specialist eating disorders service.

Sian, who didn't want to be fully identified, tells the story of her mother, Fiona, who died of anorexia in 2008 aged 48. "The trauma of me moving out of the family home at 18 to live nearby, and then relocating further away to Bournemouth when I was 21, triggered her serious decline. I was pretty much mum's life, and me leaving meant she was alone. She ended up weighing just six stone when she passed away when I was 21," said Sian. Fiona died in her sleep after contracting bronchial pneumonia.

"Once she got the pneumonia, she couldn't fight it because her body was so weak from the anorexia," said Sian.

Major life events are usually the cause of these disorders. "The person can lose their job, suffer bereavement, have a child or see their relationship break down. As a result, their mood deteriorates and they develop a depressive illness. They lose their appetite and then lose weight," said Dahabra. "They then notice that they feel better when they don't eat, that they look 'better' and might even get compliments, and this then distracts them from what really bothers them and gives them a new focus." Dahabra has helped several women who have developed dysfunctional eating behaviours after their husbands left them. "In one case the husband's parting words to her were a derogatory comment about her weight. She associated the breakup with being overweight, began dieting. She ended up being found unconscious at home and hospitalized because her blood sugar level had fallen very dangerously low." Dr Adrienne Key, the lead clinician for eating disorders treatment at the Priory clinic in Roe Hampton, south-west London, said: "In the last 18 months I've seen 10 women in their mid to late-30s, mainly with bulimia, who have had a baby in the previous few years and have had increased body dissatisfaction. They start dieting but then try more drastic measures such as skipping meals or going on these strange protein, no-carbs diets, and then their starvation triggers the biology of an eating disorder."

Why only some women who do that then develop anorexia or bulimia is not fully understood, but it may be because their brains function slightly differently under the pressure of food deprivation, said Key. "Growing numbers of women in their 30s and 40s are dissatisfied with their bodies because they are presented with visual imagery of perfect bodies and unobtainable body ideals, especially in magazines, due to airbrushing, and they feel pressured to try to achieve that."

Mental health experts at the British Dietetic Association, which represents dietitians, have also noticed the same trend. Beat, the UK's main eating disorders char-

ity, is getting more calls from adults, mainly women.

Men can succumb too. Dahabra has treated one man who developed depression and then anorexia in his 40s amid grief at losing his mother. Another patient who was the same age was under severe stress, first at work, and then after losing his job and supporting his partner through a serious illness.

Lee Powell, a 37-year-old civil servant in Gloucester, saw his weight drop from over 10st to just over seven when obsessive exercise led him to start trying even harder to lose weight. "I used to have a cereal bar for breakfast and another for lunch, and then some proper food for my tea, but that quickly became just a salad. My wife, Annette, once said I looked like something out of a prisoner of war camp and broke down crying."

Experts are unsure whether the growing number of older onset cases they are treating indicates a real change in people's behaviour or simply GPs becoming better at identifying eating disorders.

Struggle to survive

By the time Natasha Craig died of anorexia in July 2007 at the age of 35, she weighed barely four stone. Years of starving herself had taken their toll. She fell over while playing with children at the primary school where she was a volunteer classroom assistant, broke two ribs and never recovered.

"She loved working at the school because the children didn't notice her thinness or comment on it," recalls her father Stuart. "After breaking the ribs her breathing got bad, she developed pneumonia and died soon." Anorexia, he points out, has the highest mortality rate of any mental illness, including depression, schizophrenia and bipolar disorder.

Natasha's struggle with anorexia since childhood proved so disabling that she grew to only five foot one; doctors said it should have been four inches more. It also led to her becoming stooped and developing severe osteoporosis, which seriously restricted the quality of her life. "Her legs were frail and she didn't have the stamina to walk very far; it became too painful for her," said Stuart.



"I think that anorexia is a bit like being an alcoholic, except that with alcohol it's much easier because you can give up drinking; but you can't give up eating."

While treatment exists for eating disorders, not all patients respond. That, says Stuart, helps explain why a third of anorexics are estimated to lead fairly normal lives, another third become seriously emaciated and the other third die.



Chairpersons Message

Now that summer is behind us, the Foundation is looking ahead and attempting to determine its priorities for the coming year. It's been a productive past several months for the Foundation as our three primary fundraisers, the Walk for Hope, Golf Tournament and Concert of Hope were all successful and provided the much needed funds to continue our advocacy and support for eating disorder families. We are grateful to our volunteers and supporters who came forward to help us complete these successful projects.

I continue to remain optimistic that the work of the Foundation and its Partners is making a positive contribution to improving treatment and support services. For example the Community Capacity Building Project under the capable leadership of a Healthcare Interprofessional Team led by Dr. Olga Heath, a member of our Board of Directors is being rolled out across the Province. The purpose of the project is to provide a two day workshop for healthcare professionals in all regions of the Province. To date some 300 have attended these workshops and the feedback has been extremely positive and upbeat. The Community Capacity Building Project is a comprehensive package of learning aids and includes all aspects of eating disorders from Prevention, Early Detection, Intervention, Referral, Follow-up and Interprofessional Care. An important element of this program is to establish Community Support Groups in each region. Once the Community Capacity Building Project has been completed some 400 plus healthcare professionals will have received this training and hopefully the Community Support Groups will provide the necessary bridge between healthcare services and families.

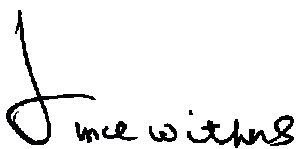
We have good news to report on the work of the Outpatient Eating Disorder Center for Hope. The number of eating disorder families participating in this worthwhile program is encouraging. The ten week program is now graduating families to a recovery stage and based on my discussion with participants in the program we have reason to be thankful that such a program is beginning to achieve its objective of successfully treating eating disorder families. The Foundation will continue its advocacy for more inclusion in the program and hopefully in time the Center for Hope will become a solid base to build on for all eating disorder families across the Province.

As I mentioned in previous messages The Body Image Network under the capable leadership of an Interprofessional Team including our board member Dr. Natalie Beausoleil has completed 2 years of work on a Body Image Program for Grades 2 and 4 with a theme of Working Collaboratively to Promote Positive Body Image. The objective of this Provincial Program is to promote healthy body image and prevent disordered eating and eating disorders. The Foundation strongly supports this effort and will encourage the Body Image Network leadership to work towards mak-

ing this program mandatory curriculum.

As we formulate our program for the coming months we are mindful of some recent research that substantially broadens the debate and ensuing discussions about eating disorders. A recent piece of research conducted in Maryland USA indicated that the number of children under 12 years of age requiring hospitalization increased by 119% over a six year study period. While we don't have similar research data it's clear to our Foundation that we are not being spared this undesirable trend and in fact it confirms what we hear from our own families who contact us for support services. For some time I have been attempting to engage males in a discussion about the increasing level of eating disorders amongst the male adolescent population. Recent research statistics now indicate that disordered eating behavior now affects 20 – 25% of this most vulnerable group. This represents a 100 – 150% increase and now warrants a much more aggressive program of action if we are to reach out to this target group. To date males have not participated in any of the activities of the Foundation despite our best efforts. The final piece of recent research titled The New Awareness highlights a big increase in eating disorders amongst women over 30 and refers to anorexia and bulimia as a disease of adulthood in the past five years. The feature article in this Newsletter on this subject will provide you with a better understanding of the changing complexities of eating disorders and the impact they are having on a much broader population base.

The Foundation is in the final stages of hiring its first full time Executive Director. This is in response to increased activities in our business office and the growing need for more families supporting families programs. Our priorities for the coming months such as the promotion of the Center for Hope as a provincial program, improving treatment and support services outside of the St. John's region, more male participation in our programs and more early diagnosis initiatives will form the basis for a stronger advocacy and awareness effort. While much has been done, much more needs to be done; we must elevate the level of discussion and related action to better reflect the responses required to what is in my opinion an eating disorder epidemic in our Province and indeed across Canada. I want to finish on a positive note by saying we have come a long way in a short period of time. This is in large part due to a collaborative effort of our many partners who are working together to achieve a common objective of improving treatment and support services for our eating disorder families.



Vince Withers
Chair
Eating Disorder Foundation of NL

Keira Knightley is rewiring my brain!

Leah McLaren
The Globe and Mail
Saturday, October 30, 2010

Keira Knightley's arms are rewiring my brain. This is unfortunate since Keira knows exactly zilch about neurology but forgivable since she's a victim of rewiring herself. Why else do you think she keeps herself so painfully thin?

Allow me to explain: A new study published in the journal *The Biologist* last week found the sight of superskinny celebs doesn't just make women feel bad – it actually changes the way we think. Now I've never been much for bemoaning the current fashion for ultra-lean models and actresses – there's Hollywood and then there's reality, never the twain shall meet. Any idiot who can't tell the difference needs a good hard shake, right?



Wrong. According to Aric Sigman, who conducted the exhaustive international study, otherwise intelligent women may not be able to prevent their brains from being flooded with negative feelings when repeatedly shown images of Blake Lively's thighs or Nicole Kidman's sternum. Sigman travelled to remote parts of the world, including Indonesia's West Papua, Bhutan and Burkina Faso, where electronic media has only recently extended its reach, and interviewed women and local doctors about what happened when images of LiLo's tortured hipbones staggered into town. Even in cultures where fuller figures were revered, women faced with Western tabloid images immediately began declaring they hated their own bodies and going on diets. According to Sigman, the study reveals an "adaptive evolutionary mechanism" in women, which causes us to relent-

lessly compare ourselves with each other in the hope of bagging the best mate.

On the other hand, it could be we're just universally socialized to believe being pretty and finding a rich husband is the only path to earthly happiness. Either way, it sucks. If you want proof of what a long way we haven't come, just check out an episode of *The Bachelor*.

Which leads me to Jennifer Pozner, journalist and director of the U.S.-based feminist advocacy group Women in Media & News, and her new book, *Reality Bites Back: The Troubling Truth About Guilty Pleasure TV*.

In a phone interview from New York this week Pozner and I bonded over our collective loathing of Tyra Banks (whom she refers to as "an example of fashion and beauty advertiser Stockholm syndrome," i.e., a woman held hostage by the fashion industry until she sympathizes and perpetrates – though I have another, less charitable name for the *America's Next Top Model* host) and speculated on the reason why there is often a Bachelor show but rarely one with a Bachelorette (one theory she floats is that Mike Fleiss, the show's executive producer, doesn't like portraying women in positions of power).

Pozner's book, out this month, looks at the truth behind reality TV and concludes (not all that surprisingly) that it is basically the root of all cultural evil.

One of her many concerns is the alarming way female celebrities have begun to shrink over the past decade and a half – from slim to scary-skinny, noting: "The phenomenon has become so noticeable that actresses whose lovely round heads perch atop stick bodies are now called symbols of the 'lollipop syndrome.'" While there is no scientific evidence available to prove that celebrities are shrinking, anecdotal observation bears this out (just check out the strong healthy bodies on the eighties hit *Flashdance* in comparison to today's emaciated beauty ideal). And the cultural consequences are more than evident. According to the National Eating Disorder Information Centre, the prevalence of eating disorders in Canada has been steadily on the rise since the 1980s. According to a 2008 survey, 37 per cent of girls in Grade 9 and 40 per cent in grade 10 perceived themselves as too fat – even if they were within a healthy weight range.

Pozner pins the blame on a surprising culprit: The U.S. Telecommunications Act of 1996. "The act heralded a wave of media consolidation," she explained, "which led to huge mergers and a change in the culture of media where profit became the single most important thing. Basically, after '96, the quality of content became almost entirely irrelevant to people who make programming decisions. And bottom-feeder tabloid journalism also became popular because it attracts viewers and it's cheap."

Shows such as *Access Hollywood* and *eTalk* suddenly began to dominate the ratings and the era of US Weekly and In Touch "baby bumps" and "cellulite watch" was born.

Pozner likens the big red arrows point out FAT!! to shaming techniques used by the Puritans. "When media brand stars with this new Scarlet F, they intend it as the worst sort of pejorative. Suddenly an actress who happened to eat a bagel that day is guilty of a moral failing for which she should be publicly flogged." So female celebrities responded by shrinking themselves to microscopic proportions in order to avoid the red arrows and we, in turn, watched them do so and subsequently had our brains rewired.

In a recent biography of Karen Carpenter, the world's most famous celebrity anorexic, what were once shocking photographs of Carpenter wasting now look almost normal by celebrity standards. Her death, almost three decades ago, raised awareness of eating disorders the world over. But have we come a long way, baby? The answer, I'm sorry to say, is absolutely not.

ACADEMY FOR EATING DISORDERS POSITION PAPER

Academy for Eating Disorders Position Paper:

The Role of the Family in Eating Disorders

Daniel Le Grange, PhD,^{1*} James Lock, MD, PhD,² Katharine Loeb, PhD,^{3,4}
and Dasha Nicholls, MBBS, MD⁵

Position

It is the position of the Academy for Eating Disorders (AED) that whereas family factors can play a role in the genesis and maintenance of eating disorders, current knowledge refutes the idea that they are either the exclusive or even the primary mechanisms that underlie risk. Thus, the AED stands firmly against any etiologic model of eating disorders in which family influences are seen as the primary cause of anorexia nervosa or bulimia nervosa, and condemns generalizing statements that imply families are to blame for their child's illness. The AED recommends that families be included in the treatment of younger patients, unless doing so is clearly ill advised on clinical grounds. The position articulated in this article is in line with the World Wide Charter for Action on Eating Disorders.

Commentary

Overview

Anorexia nervosa (AN) and bulimia nervosa (BN) are serious mental and behavioral disorders with significant psychiatric and medical morbidity.¹ Although, it is now well appreciated that the etiology of these conditions is complex and that their treatment possess unique challenges, certain family-based theories of causation, now recognized as overly simplistic and erroneous, are still in circulation. These posit, for example,

that particular styles of interaction among family members are not only unique to eating disorders but also they play a specific role in the etiology or the maintenance of illness behavior. Reminiscent of such discredited pejoratives as the "schizophrenogenic" and "autistogenic" mother, the idea that certain parental attitudes or family patterns could be "anorexogenic" has endured even though empirical support for this notion is weak at best.²

It is thus disturbing to note recent examples of misinformation disseminated to the public. For instance, one high-profile model recently blamed parents and families for the occurrence of eating disorders following media attention given to the death of several runway models from complications of AN. In response to assertions regarding causal roles for families in general, the aim of this article is to briefly review what is known about family influences in AN and BN. As a comprehensive review of this area is well beyond the scope of Academy for Eating Disorders (AED) Position Papers, the material cited is necessarily selective to support the position, but we believe it fairly summarizes current knowledge.

Historical Footnotes

The importance of family support and the possible detrimental role of parental inaction in the face of a child's life-threatening malnutrition were first introduced in accounts of AN appearing in the late 19th century.³ Indeed, Gull's seminal description of the illness asserted that it was justified, if not essential, to limit parental-child contact during treatment to prevent enabling of the illness by parental complicity in behaviors that had the effect of thwarting refeeding. It was not until the 1960s that the role of the family was reframed by Minuchin⁴ in what was hailed by many as a fundamentally new conceptual model of AN. This model of the "psychosomatic family" had profound influence, placing emphasis on pathological interactive familial processes in

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the pathogenesis of AN, and advocating a particular form of family therapy as an effective means of arresting the condition in younger patients by altering family structure. However, early efforts to substantiate the model^{2,5} failed to identify any particular familial pattern linked to AN.

A paradigm shift originated with work at the Maudsley Hospital in London in the late 1970s.⁶ This paradigm shift directed attention away from models that presumed a central etiologic and maintaining role for family dynamics to see the family as a potential resource in therapy, easing parents' burden of guilt, and promoting an attitude of inclusion that is reflected today in the AED "World Charter for Action on Eating Disorders", and in current treatment guidelines applied to the pediatric age patient. Thus, current family therapy models for AN and BN now focus more on facilitation of emotional communication and emotional literacy, and assisting family members in developing skills to better negotiate differences of opinion and attitude, recognizing that some rigidity of behavior and emotionality are at times associated with eating disorders.

Family Factors in the Etiology of Eating Disorders

Despite these paradigm shifts, past and current risk factor research has still focused on the role of the family in causing or contributing to the eating disorder. Developmentally informed research^{7,8} on family risk factors in eating disorders remains sparse, and to date, data do not support the assertion that families are causal. Although cross-sectional studies and research seeking to identify characteristics that precede onset of illness are vitally important in generating hypotheses regarding causal factors, they are not without limitations. Similarly, whereas longitudinal, prospective studies that seek to identify predictors of future illness⁷ are crucial to the development of more rigorous models of risk, they have lacked adequate statistical power to identify risk factors associated with relatively rare or uncommon disorders such as AN and BN.

Risk Factor Research: Cross-sectional Studies.

Numerous studies have sought to identify parenting- and family-functioning characteristics that may occur in advance of the onset of eating disorders. Among noteworthy findings are that inappropriate parental pressures uniquely distinguished eating disorder patients from psychiatric and normal controls⁹; that early-

life "overprotective/high-concern" parenting behaviors were more common in mothers of patients with AN compared to controls¹⁰; and that parental indifference, family discord, lack of parental care, and greater adversity distinguished BN, mixed AN/BN, and depressed groups from normal controls, whereas participants with AN displayed a premorbid developmental profile similar to normal controls. A series of community-based studies, using retrospective data, showed significantly more change in family structure (e.g., a parent leaving or a step-parent entering the family) in the year before onset of illness in a group of women with BN relative to the equivalent time frame for normal controls,¹¹ and that high parental expectations, low parental contact, and more family criticism about shape and weight occurred before onset of illness more often in persons with BN compared to mixed psychiatric and normal control groups.¹² In another case-control community-based study by the same group of investigators that compared developmental histories in groups of participants, AN, BN, normal controls, and psychiatric controls, individuals with AN were shown to have experienced significantly more parental problems compared to healthy controls, including separation, arguments, criticism, high expectations, overinvolvement, underinvolvement, low affection, and critical comments from family about shape, weight, or eating; however, participants with AN did not differ either from psychiatric controls, or participants with BN, on these variables.

In light of the methodological limitations of retrospective/cross-sectional research, these findings suggest that family/parenting factors that precede the onset of AN or BN increase risk for psychopathology in general; a further reasonable speculation is that such general risks then interact developmentally with inherent, and possibly more specific, sources of biological rooted vulnerabilities that ultimately give shape to particular phenotypes of disordered eating (see Klump et al. 1).

Longitudinal Risk Factor Research. Some prospective studies that have investigated the effects of parenting- and family-functioning variables in predicting later onsets of eating disorders or eating-related psychopathology have failed to find such factors to be of significance,^{12–14} but others have.^{10,15,16} The strength of these findings, both positive and

negative, is however called into question by absence of psychiatric controls to determine specificity of the prospective associations that have been found, lack of adequate power to test for the prediction of full-blown cases of eating disorder, and reliance on risk factor assessments of questionable reliability and validity.

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Eating Disorder Awareness Week February 6-12, 2011

The first week of February 2011 is Eating Disorder Awareness Week in our Province and across Canada. We want to highlight during the week the importance of early detection and will be reminding our front line healthcare professionals that we need more early diagnosis. Special attention will be given to more male participation in our various programs, as of this time we haven't had any involvement by what we know is an increasing level of eating disorders amongst our male population. We will be asking our eating disorder families to get involved in our activities during the week and would welcome suggestions on how to best make this week more meaningful for those families requiring our support and understanding.

Fundraising Success!!

We extend our many thanks and appreciation to our wonderful volunteers, corporate friends and the general public in helping us make our 2010 fundraising events a great success.

3rd Annual Concert of Hope



4th Annual Remembering Renata Golf Tournament



2nd Annual Provincial Walk for Hope



Newfoundland Liquor Corporation donates \$5000.00 to Eating Disorder Foundation of NL





Resource Library

The Foundation has an extensive library of books, periodicals, brochures, DVDs & VHS tapes available for public use. For more information about the availability of materials, contact Tina at 709-722-0500 or email: info@edfnl.ca

- The Eating Disorder Sourcebook
- The Deadly Diet: Recovering From Anorexia and Bulimia
- The Good Eater
- Making Weight
- The Beginner's Guide to eating disorders recovery
- Wasted A Memoir of Anorexia and Bulimia
- Overcoming Overeating; When Women Stop Hating Their Bodies
- Getting Better Bit(e) by Bit(e)
- Just a Little Too Thin
- Anorexia Nervosa; a survival guide for families, friends and sufferers
- Overcoming Binge Eating
- Surviving An Eating Disorder: Strategies for Family and Friends
- Eating Disorders in Children and Adolescents
- When You Child Has An Eating Disorder
- Real Gorgeous
- Hunger for Understanding
- Help for Eating Disorders
- Life Without ED
- Goodbye ED, Hello Me
- The Anorexia Diaries
- Preventing Eating Disorders among Pre-Teen Girls
- The Anorexia Workbook
- The Body Image Workbook
- Help Your Teenager Beat An Eating Disorder
- The Overcoming Bulimia Workbook
- If An Adolescent Has An Eating Disorder
- When Dieting Becomes Dangerous
- Anorexia and Bulimia in the Family
- Talking To Eating Disorders
- Eating Disorders: A Parent's Guide
- The Body Myth
- Eating Disorders: The Journey to Recovery Workbook
- Eating With Your Anorexia
- Anorexia and Bulimia in the Family
- Foxy Fables
- If An Adolescent Has An Eating Disorder
- The Invisible Man
- 100 Questions & Answers about Anorexia Nervosa
- Just For Boys
- Boys Get Anorexia Too
- Too Fat or Too Thin?

DVD's and VHS

Perfect Illusions: Eating Disorders and the Family
 Voices of Recovery
 Body Image for Boys
 Dying to Be Thin

Overcoming Eating Disorders
 Eating Disorders: The Inner Voice
 Parenting a Child with an Eating Disorder



News and Events

Eating Disorder Foundation Objectives and Goals for 2011

We are seeking the public's help in defining the objectives and goals of the Eating Disorder Foundation for 2011. If you would like to provide some input into this please contact us at info@edfnl.ca.

2nd Annual Christmas Ticket Draw

We are currently selling Tickets for our 2010 Christmas Draw

1st Prize: 3 Framed Mummer Prints

2nd Prize: Handmade Christmas Mailbox Decoration

Tickets: \$2/ea. or 3/\$5.00

Draw Date: December 10th, 2010

To purchase tickets please contact Tina @ 722-0500 or info@edfnl.ca

Families Supporting Families Information Sessions

If you would like to speak with other families and discuss experiences of caring for a loved one who has an eating disorder then our Families Supporting Families Information Session would be of great benefit to you.

For more information or to register for the next session please contact Tina at 722-0500.

Foundation Awareness Presentations

The Foundation also offers a presentation regarding eating disorders to community groups. If your group is interested in a presentation please contact the

Foundation at 722-0500.

Public Support

To help us achieve our objective we are respectfully asking the public to support our Mission : to provide improved treatment and support services for disordered eating families.

To make a financial contribution to the Foundation you can;

- *Drop by the Foundation office
- *Mail a cheque or money order
- *Make a donation online at www.edfnl.ca



EATING DISORDER FOUNDATION
OF NEWFOUNDLAND AND LABRADOR
HOPE ALWAYS

If you or someone you know need help and support dealing with an eating disorder, the Foundation is available and willing to help you find the support services you need.

Our door is always open, drop by or call anytime.

The Foundation Office is open Monday to Friday from 9AM to 4PM.

ALL INFORMATION IS KEPT STRICTLY CONFIDENTIAL

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