

# Case study-eating disorder

Education



Sarah is a sixteen year old girl. She is in the tenth grade and until recently was an optimistic and energetic young girl. Sarah's mother has begun to worry about her lately. Her mother recently found a bottle of diet pills hidden in her room. She has also noticed that Sarah's behavior has been changing in the past few months. Sarah's mother is unaware that Sarah's boyfriend has been reducing her to tears lately by commenting that she has been gaining weight. Her mother has also found her looking in the mirror a lot more than usual. When she looks in the mirror she often sucks in her stomach and is complaining that she is not beautiful.

As a result, Sarah has been going off food for days to the point of starvation. Then after days without food she breaks down and eats nearly everything that she can find in her refrigerator. Sarah's weight has significantly dropped in the past few weeks. It is important to intervene immediately in Sarah's life and get her help. When individuals with eating disorders get help early on during the disorder there is a high success rate of long-term recovery. Sarah is part of one of the highest rated risk groups for eating disorders. People between the ages of ten to twenty-five are at the most risk for developing an eating disorder.

Sarah is entering her teenage years and is encountering a lot of changes with her boy and her emotions. Eating disorders are also usually referred to as female diseases. Eating disorders are not limited to females. Sarah is a young woman that is starting to feel pressure from her boyfriend to lose weight. Sarah is just beginning to have issue with her weight and food. Individuals with eating disorders often do not recognize that they have a

problem or will not admit that they have a problem. The two most common forms of eating disorders are anorexia nervosa and bulimia.

They are similar to each other and are both very harmful to an individual. Anorexia is characterized by an obsession with weight gain and self-distorted body image. Individuals with anorexia have a body weight that is 85 percent below their normal weight for their height and age. They maintain a low body weight by starving themselves, over-exercising, using diet pills, or vomiting. The effects of this eating disorder are emotional, physical, social, and psychological. It is a very serious disorder. There are two types of anorexia. The restricting type and the bingeing and purging type.

When people think of anorexia they most commonly think of the restricting type which is characterized by individuals not participating in any bingeing or purging behaviors. The bingeing and purging type of anorexia is when the individual does participate in bingeing and purging behaviors by using laxatives, self-inducing vomiting, or over-exercising (DSM-IV-TR; American Psychiatric Association, 2000). Bulimia, like anorexia, is characterized by one's obsession with weight. This type of eating disorder involves an individual having recurrent binge eating followed by purging behaviors.

The use of laxatives, diuretics, and other medications help the individual with the purging. Over-exercising and a self-distorted body-image are a large part of bulimia. Persons with bulimia feel they have no self-control over their binges and purges. Their bingeing and purging behaviors happen often and occur at least once a week for three months (DSM-IV-TR; American Psychiatric Association, 2000). Eating disorders are very serious and will not

typically get better without treatment. It is often difficult to get people with eating disorders to get help, because they don't think that they have a problem or they are scared of gaining weight.

One of the most important aspects of treating anorexia nervosa is to have the patients gain weight and restore nutrition. In some cases their weight can be so low that hospitalization is necessary. In Sarah's case, and most other cases, she can be treated as an outpatient with therapy. For long-term recovery it is critical to get the person who has an eating disorder help as soon as the problem is obvious. The longer the person with an eating disorder waits to get help the longer it will take to recover and the risk of relapse increases.

Anorexia and bulimia can also do a lot of damage to a person's body physically if left untreated. This will only make individuals feel worse in the long run because they leave he/she looking and feeling terrible (Holtkamp, Hebebrand, & Herpertz-Dahlmann, 2004). In severe cases of anorexia and bulimia inpatient care is needed. Inpatient care has access to 24-hour a day clinical care and is a very structured environment. This may be just what the patient needs because many times the lives of patients with eating disorders are not very organized. There are different levels of care in the hospital that gives the patients the option to "step-up" or "step-down" to. One reason that patients with eating disorders are placed in inpatient care in a hospital is when they also have a psychiatric disorder. Their psychiatric disorder may also require some special care that interferes with an eating disorder. Sarah is not at the point of needing inpatient care. Inpatient care is usually only

implemented in severe cases of anorexia or bulimia. Cognitive-behavioral therapy is one of the most effective types of therapy for bulimia.

This type of therapy is highly structured and involves active participation of the patient. This type of therapy focuses on the thoughts and feelings that the patients have about eating and food. One of the main goals is to establish a positive relationship with food. Along with establishing a positive relationship with food, cognitive-behavioral therapy focuses on creating a positive self-image and increasing self-esteem. Creating a positive self-image is a vital component in recovery. Cognitive-behavioral therapy emphasizes the importance of consuming regular meals (Mitchell, & Peterson, 1999).

In order to determine if the patient is consuming regular meals and snacks he/she keeps detailed journals of what he/she eats and writes self-evaluations. During cognitive-behavioral therapy there are a few other aspects that have been helpful when to use for patients with bulimia. Identifying cues for when the bingeing or purging behaviors are going to occur helps the patient reduce his/her behavior by recognizing the cue and stopping themselves before they binge or purge. Patients with eating disorders do not have a healthy or regular meal schedule.

Establishing a normal meal schedule and even a meal plan for what they are going to eat at each meal will help enforce regularity into the patients' life. Research findings show that cognitive-behavioral therapy is successful in reducing bingeing and purging behaviors in individuals with bulimia nervosa. Reduction rates range from 40 percent to 97 percent (Mitchell, & Peterson, 1999). For anorexia nervosa, cognitive-behavioral therapy has been found to

be effective when used as individual therapy and group therapy combined. Using group therapy and individual therapy has resulted in a reduction in relapse and symptoms returning.

Although it can be used for anorexia nervosa it is not the most effective treatment option for anorexia nervosa, but it is one of the most effective or bulimia. One problem with cognitive-behavioral therapy is that at the end of this therapy many patients still have some symptoms; that increases the risk for a relapse in the future. Nutritional counseling is an essential part of treatment for eating disorders. It can be done with the counselor that they are seeing for their cognitive-behavioral therapy or it can be a completely different counselor that is specialized in dietary nutrition.

During nutritional therapy the patient learns about the importance of healthy eating. The patient is also taught about the effects on his/her mental and physical health when they deprive their body of the basic nutritional needs. Teaching patients' to have a positive relationship with food is one of the most important aspects of treatment for individuals with eating disorders, because if he/she keeps a negative view of food then they will not be able to gain weight. Nutritional counseling sets up a new diet that includes the patient keeping a daily journal of what they eat.

During nutritional counseling the patients' learn that they need to eat food to be able to live and that they can eat food without feeling bad about themselves. Group therapy provides a supportive network of individuals who have the same eating disorder to share time and experiences with one another. During group therapy individuals can discuss their goals for the

future, ways to change his/her behaviors, and alternate coping strategies. Group therapy for individuals with anorexia and bulimia is not always the most effective form of treatment.

There are several advantages and disadvantages in group therapy. Group therapy allows individuals to share and teach about their own experiences with their eating disorder. Group therapy may not be appropriate for all individuals, but for those whom it is, they seem to benefit greatly. Patients with eating disorders often feel rejected by their families and friends, and when they are with other patients who are suffering from eating disorders then they will gain acceptance and feel cared about.

Forming friendships with other patients in the group can help prevent a binge or take someone out of a depressed mood by making a simple phone call. However, individuals with eating disorders also suffer from anxiety and are closed off to others, so putting them in a group therapy may not be that effective (Holtkamp, Hebebrand, & Herpertz-Dahlmann, 2004). They will not be willing to cooperate and share with others. Also, one cannot force individuals to be part of a group therapy and many people will not volunteer to be part of a group.

One concern that therapists have with group therapy is that patients can get negative ideas from each other. For example if one patient is unaware of a type of medication that is used to induce vomiting he/she may try this as a new method. Patients may, also feel too much pressure from the other individuals in the group and withdraw themselves from the rest of the group and lie about their progress. Patients with anorexia and bulimia often show a

low level in serotonin (Ferguson, La Via, & Crossan, 1999). Low levels of serotonin are often associated with depressive disorders and anxiety disorders.

Many individuals who are suffering from an eating disorder such as anorexia or bulimia are also diagnosed with an anxiety or depressive disorder. Some of these disorders include social phobia, obsessive compulsive disorder, major depressive disorder, dysthmic disorder, and substance abuse.

Medication is often used in treating anorexia and bulimia, because of the comorbidity with other mental disorders. The main purposes of using medication are to treat other psychiatric conditions, reduce sensitivity to stress, reduce anxiety and weight restoration.

Medications have shown to be effective in these areas. Medication should not be the only type of treatment for an individual with an eating disorder. When using medication with another type of therapy, such as cognitive-behavioral or family therapy, should be implemented. The use of medication in the treatment for anorexia has not shown significant effects (Ferguson, La Via, & Crossan, 1999). When the use of fluoxetine, an antidepressant, was combined with nutritional and behavioral treatment, it has shown some effects in preventing relapse.

It did not improve the mood or stimulate appetite in individuals. It has been shown to be most effective in the treatment of anorexia once there has been some weight gain and improvement in self-esteem. The use of pharmacology is much more promising for patients with bulimia. It doesn't work for everyone with bulimia, but the use of antidepressants has resulted in



significant reduction in bingeing and purging behaviors. The most popular form of antidepressants used are SSRI's and Prozac has shown the best results for reducing behaviors associated with bulimia.

When using medication for the treatment of anorexia and bulimia is important to follow several guidelines to protect the patients' health. Doing a medical background check of the patient and his/her family health is important before beginning the patient in any type of medication. The use of medication should not take place until after nutritional rehabilitation has begun and the patient has already chosen another form of therapy to participate in while he/she is taking medication. A treatment method that is often overlooked is self-help. It is often overlooked because it very few medical professionals are involved in this type of treatment.

This method involves the patient with an eating disorder becoming part of a group that is composed of people who have eating disorders or joining a community group that will have a high level of support. Support is one of the most important aspects that a person with an eating disorder needs in his/her life in order to have long-term success and a low relapse rate. There are many self-help groups for patients with eating disorders all over the world that are committed to helping individuals recover from an eating disorder. Self-groups may not be for everyone.

It is important for individuals with an eating disorder to also have support from the people that are important in his/her life. Family and friends are the people that they interact with everyday and it is essential for the patient to have support from people that they are in contact with on a daily basis.

Having support from family members is very helpful in treatment. Since family members are the people that the patient is most likely around the most it is important for them to understand the therapy process and be there for their family member when he/she needs them.

In many cases, the family members and the way that a family functions can be part of the reason that the patient has developed an eating disorder. Most cases of eating disorders do not have direct causes because of the patients' issues with food and weight. Problems within the family is one of the top causes for eating disorders. Family therapy is a popular option for patients with eating disorders the main goal of family therapy is to reduce family dysfunction and reorganize the family to help with the reduction of dysfunction.

Family therapy involves the participation of the entire immediate family. During family therapy the role of the therapist is to provide the family with communications skills, conflict resolution skills, and support skills. Teaching family members how to have realistic expectations for one another and to develop strong and united relationships is another important aspect of the family. Family therapy is especially important to use with children and adolescents.