

Health & Fitness

Kim Mortson, 734.953.2111

MEDICAL BRIEFS

Alzheimer's support

You are invited to attend the monthly Alzheimer's Association Support Group meeting from 6-7:30 p.m. Feb. 15. Representatives from the University of Michigan Alzheimer's Association will be the featured speakers for the evening. Alterra Clare Bridge is located at 32500 Seven Mile Road in Livonia.

Mentally ill

The Alliance for the Mentally Ill - Wayne/Westland hosts a support group the first and third Thursday's of each month at 7 p.m. (except for July and August). The meetings are held at St. John's Evangelical Lutheran School (2602 S. Wayne Road in Westland). A.M.I. is a support group for the family and friends of the mentally ill. We have family members suffering from schizophrenia, bi-polar disorder, depression, panic/anxiety disorder, schizo-affective disorder and an assortment of others. The mission of the group is to provide support, advocacy, education and research. For information call 326-7933 or e-mail edmpx@juno.com. The next meeting is Thursday, February 17.

Smoking cessation

Providence Hospital and Medical Center will hold a Wellness Seminar for smoking cessation at Providence Medical Center, Livonia (Mission Health Education Center) from 6:30-8:30 p.m. Wednesday, March 29 (37595 Seven Mile Road at Newburgh). To register call (877) 345-5500.

Dental Health month focuses on younger patients' needs

February is Children's Dental Health Month and the Wayne County Health Department is spotlighting their dental health services offered to Medicaid and low-income children 3 to 18 years old.

"The Health Department's dental unit offers a variety of preventive and restorative services for Medicaid and low-income children," says Dr. David Repasky, Wayne County Dental Director. "Dental services include cleanings, flourides, sealants, fillings, extractions and root canals."

Eighty percent of tooth decay occurs to 20 percent of all children nationwide. However, low-income and special needs children suffer the greater levels of disease and unnecessary pain, according to Repasky.

"It is important for parents to bring their children to the dentist between the ages of 3 to 6 to prevent problems with primary teeth (baby teeth)," said Repasky.

The Health Department will offer a dental clinic at the Wayne Health Center, 33030 Van Born in Wayne. By appointment Monday through Friday from 8 a.m. to 4:30 p.m., except Wednesdays 11 a.m. to 7:30 p.m. For information call 9734-727-7100.

We want your health news
Here are several ways you can reach the Observer Health & Fitness staff. The Sunday section provides numerous venues for you to offer news worthy information including Medical Dashboard (upcoming calendar events), Medical Newsflash (recent news items), Letters to the Editor, Health and Medical Drifts (medical advances, short news items from hospitals, physicians, companies). We also welcome news worthy items for health and fitness related stories. To submit an item to our newspaper you can call, write, fax or e-mail us.

CALL US:
(734) 953-2111

WRITE US:
Observer Health & Fitness
Special Sections, Newsrooms & Books
Alterra Clare Bridge
32500 Seven Mile Road
Livonia, MI 48176

FAX US:
(734) 953-2111

E-MAIL US:
edmpx@juno.com

WEBSITE:
<http://observer.com/ed/>

The Observer

INSIDE:

PC Mike's Internet column

Page 4, Section D

Sunday, February 13, 2000

Eating disorders

The silent struggle to recover control

BY RENEE SKOGlund
STAFF WRITER
rakoglund@oe.homecom.net

Click to a Web site on eating disorders and read some of the personal accounts of people who have battled anorexia, literally self-starvation, or bulimia, a disorder characterized by binging then purging. They are stories in which there is no harmony between mind and body, no equilibrium of the soul.

"We believe we are fat, useless, unworthy, unlovable and weak. We honestly believe losing weight will on some level make things better," writes a young high school girl struggling with anorexia. "We punish ourselves when we feel guilty or shame. We use laxatives, exercise, sleep deprivation and self-mutilation to take away the pain."

Anorexia nervosa or bulimia nervosa cannot be dismissed as ploy for attention; they are serious, potentially life-threatening disorders. They exist in depth.

"With anorexia, only 1 percent exist," said Dr. Alexander Sacheyio, a psychiatrist associated with Beaumont Hospital's Weight Control Con-

cerner who also has a private practice in Farmington Hills. "Without treatment, 18 percent die."

Most die from a heart attack due to an electrolyte imbalance. Deficiencies in potassium, chloride and sodium - electrolytes essential for metabolism and cell and nerve functioning - cause weakness, tiredness, constipation and depression. Extreme deficiencies can result in cardiac arrhythmias and sudden death.

Treatment for anorexia nervosa and bulimia is often extremely expensive, especially if repeated hospitalizations are needed. The cost of treatment, including therapy and medical monitoring, can reach \$100,000.

However, intervention is the only hope. And there is hope.

"Oh, gosh, absolutely. People recover and normalize their relationship with food every day. This is a very manageable problem," said Dr. Phil O'Dwyer, director of the Center for Counseling at Garden City Hospital.

Who's affected

Since doctors do not have to report eating disorders to a health agency, and because people are often secretive about the problem, statistics vary. However, Sacheyio believes 1 percent

of the female population has some type of an eating disorder. Narrow that to school-age females and the number jumps to 18 percent.

The peak ages for anorexia are 16-18, while there's a broader age range for bulimia, said O'Dwyer. Gymnasts, dancers and jockeys - those people whose livelihood depends on maintaining low weight - are not the only people susceptible to eating disorders.

"I have a lot of bulimics who are enormously successful business women who maintain their appearance by overeating then purging," he said.

Causes of eating disorders are complex, with current studies indicating a genetic or biochemical component. Add the stress of a culture that equates love with looks, a bit of trauma, and eating disorders are ripe to present themselves.

Some experts believe eating disorders can occur at any age, from 6 to 70. Dieting, purging and binging become coping mechanisms that help people feel in control of their lives. "At any stage, any severe disruption of your security or sense of contentment can start off the process," said Sacheyio. "Nineteen percent of kids fail the first year of college not because of academic inability, but because of eating disorders."

Eating disorders are more acute among 18- and 19-year-old women, a time when many leave home for college and experience their first loss of security, said Ann Bradley, a psychotherapist and certified addiction counselor with Plymouth Family Services in Plymouth.

In treating these disorders, secondary purposes must be explored, she said: Fear of growing up, becoming sexual or getting another job and even the inability to tolerate happy feelings. "There's no alliance between the mind and the emotions."

Eating disorders, including compulsive or "binge" eating, are not limited to adolescent or adult women. According to the Center for Eating Disorders, males make up 10 percent of anorexics, 10-15 percent of bulimics and 25 percent of binge eaters. Men are more likely to purge by compulsive exercise rather than vomiting or laxative abuse.

"You'd be surprised," Bradley said.

"I have a lot of 70- and 80-year-olds who are anorexic and men into sports dealing with a lot of body image."

The elderly often develop bad eating habits or quit cooking because

by self-induced vomiting, abuse of laxatives, diet pills and diuretics, excessive exercise or fasting.

■ Diet when not binging, becomes hungry and binges again.

■ May shoplift, be promiscuous, and abuse alcohol, drugs, and credit cards.

■ Weighs normal or near normal amount unless anorexia is also present.

Bulimics may appear cheerful and content. However, depression, anxiety, shame, guilt and deeply buried anger are components of the disorder.

Binge eating disorder

Compulsive eating:

■ Periods of uncontrolled, impulsive or continuous eating.

■ Eating rapidly and secretly, or snacking all day.

■ No purging but sporadic fasting or dieting after a binge.

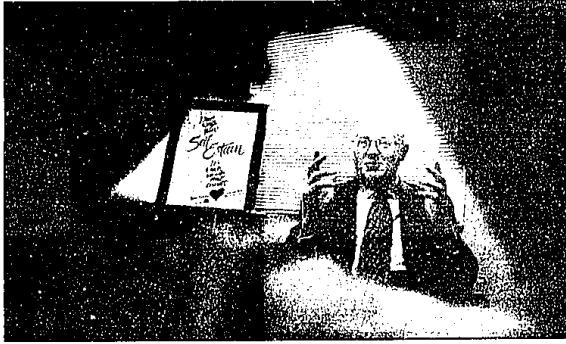
■ History of diet failures.

■ Tend to be depressed and obese.

Binge eaters do not regularly vomit, excessively exercise or abuse laxatives. They may be genetically predisposed to weigh more than the cultural ideal, causing them to diet then binge

in response to hunger.

They may eat for emotional reasons: self-comfort, avoidance of threatening situations, and to numb emotional pain. Diets make the situa-



STAFF PHOTO BY BRYAN MITCHELL
Consultation: Dr. Phil O'Dwyer, director of the Center for Counseling at Garden City Hospital, is pictured in his office.

they don't like eating alone. Bradley spoke about an older female client who felt abandoned by her children. "In her anger, she 'ate' at them," she said.

Consequences

Aside from possible death from cardiac arrest, the physical consequences of prolonged eating disorders are harsh:

Anorexia nervosa can result in reduction of bone density, muscle loss or weakness, and kidney failure due to severe dehydration. An anorexic may also grow a downy layer of hair, called lanugo, all over the body, including the face, in an effort to keep the body warm.

Bulimia nervosa can result in inflammation and possible rupture of the esophagus from frequent vomiting, chronic bowel problems from laxative abuse, tooth decay from stomach acids released during frequent vomiting, and peptic ulcers and gallbladder disease.

Eating disorders also have serious social/emotional implications, said Sacheyio. "Because you spend so much time thinking about yourself, it stops you from developing appropriate intimate relationships."

Bradley noted that family and friends of someone with an eating disorder also suffer. "How lonely it would be to be in a relationship with someone like that. If they're there, they're

not really with you," she said.

Recognizing the disease

People with eating disorders are secretive. Anorexics wear baggy clothes and bulimics mask their purging in the bathroom by playing loud music, running water or flushing the toilet numerous times.

Anorexics may develop a facial tick of touching their tongue to their upper lip, said Bradley. Bulimics can develop "chipmunk cheeks" from swollen saliva glands (see accompanying article for additional symptoms).

A rapid diagnosis of an eating disorder is difficult, said Dr. Patricia Schmidt, an internist at Garden City Hospital. She recalled a patient, a diabetic woman in her 30s who was vomiting all the time.

"I thought at the time it was related to her diabetes. All she could tolerate were cigarettes and black coffee. If you can tolerate black coffee and cigarettes, it's a psychological thing."

Compounding the problem is the fact that bulimics appear normal. "It's only in the context of the patient-doctor relationship, or if a family member contacts the doctor, that eating disorders are diagnosed," said Schmidt. "I probably miss a fair amount after the first visit."

Schmidt has always had a special interest in eating disorders. She doesn't confront her patients with their weight. "I give people permission not to get on the scale or not to see their weight. I let them stand backwards on the scale."

It is an act of kindness people with eating disorders need. You can't weigh self-esteem.

Source: National Association of Anorexia Nervosa and Associated Disorders, Eating Disorders Awareness and Prevention Inc., Center for Eating Disorders.

Warning signs can signal life-threatening problem

Anorexia nervosa

The relentless pursuit of thinness:

■ Refusal to maintain minimally normal body weight for age and height.

■ Weighs 85 percent or less than what is expected for age and height.

■ In women, menstrual periods stop; in men, levels of hormones fall.

■ Failure to begin menstruation at the appropriate age.

■ Denying the dangers of low weight.

■ Intense fear of weight gain or feeling "fat."

In addition, anorexia nervosa often includes depression, irritability, withdrawal, and peculiar behaviors such as compulsive rituals, strange eating habits, and division of foods into "good/safe" and "bad/dangerous" categories.

Bulimia nervosa

Diet-binge-purge:

■ Repeated episodes of binging and eating.

■ Feeling out of control while eating; eating beyond the point of feeling comfortably full.

■ Purging after a binge, typically

■ A program titled "Eating Disorders in Adolescents" will be presented from 7:30-9 p.m. Wednesday, Feb. 16 in Classroom 1 of the Administration Building West, William Beaumont Hospital, 3601 West Thirteen Mile Road, Royal Oak. For information call (248) 551-9790.

■ The Center for Counseling at Garden City Hospital (6245 Inkster Road, Garden City) hosts an eating disorders support group for both males and females. The group meets at 6:30 p.m. every Tuesday, free of charge. For information call (734) 458-3395.

■ Ann Bradley, psychotherapist and certified addiction counselor has a practice at Plymouth Family Services.

RESOURCES

100, 271 S. Main, Plymouth. Phone: (734) 453-0890.

■ The Internet can be a valuable resource, however, information provided online should never be used in the place of a physician's consultation. Some suggested sites include: Eating Disorders Awareness and Prevention, Inc., 603 Stewart St., Suite 803, Seattle, WA 98101, (800) 931-2237 (help line), www.edap.org

■ Anorexia Nervosa and Related Eating Disorders, Inc., www.anred.com Center for Eating Disorders, St. Joseph Medical Center, Towson, MD, www.eatingdisorder.com

■ National Association of Anorexia Nervosa & Associated Disorders, www.NAN.org

in response to hunger. They may eat for emotional reasons: self-comfort, avoidance of threatening situations, and to numb emotional pain. Diets make the situa-

tion worse.

Sources: Anorexia Nervosa and Related Eating Disorders, Inc. and Eating Disorders Awareness and Prevention, Inc.