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Anorexia Nervosa

Q: What is anorexia nervosa?

A: A person with anorexia nervosa (an-uh-RECK-see-uh nur-VOH-suh), often called anorexia, has an intense fear of gaining weight. Someone with anorexia thinks about food a lot and limits the food she or he eats, even though she or he is too thin. Anorexia is more than just a problem with food. It's a way of using food or starving oneself to feel



It was 6 months ago when I realized my daughter, Jen, had an eating disorder. Jen has always been a picky eater. But I started to see that she moved food around her plate.

And she never ate very much. She exercised all the time — even when she was sick. And she was sick a lot. She became very skinny and pale. Her hair thinned. Jen became moody and seemed sad — I thought that's what teens act like. But once I put the signs together, I talked to len about anorexia. She denied she had a problem. But I knew she needed help. I took her to our doctor, and she asked me to put Jen in the hospital. Jen's treatment helped her return to a normal weight. It's been a tough road since then for all of us, but Jen is back home now. She is still seeing her doctors, and may need help for some time. But she's doing much better.

more in control of life and to ease tension, anger, and anxiety. Most people with anorexia are female. An anorexic:

- Has a low body weight for her or his height
- Resists keeping a normal body weight
- Has an intense fear of gaining weight
- Thinks she or he is fat even when very thin
- Misses 3 menstrual periods in a row (for girls/women who have started having their periods)

Q: Who becomes anorexic?

A: While anorexia mostly affects girls and women (85 - 95 percent of anorexics are female), it can also affect boys and men. It was once thought that women of color were shielded from eating disorders by their cultures, which tend to be more accepting of different body sizes. It is not known for sure whether African American, Latina, Asian/Pacific Islander, and American Indian and Alaska Native people develop eating disorders because American culture values thin people. People with different cultural backgrounds may develop eating disorders because it's hard to adapt to a new culture (a theory called "culture clash"). The stress of trying to live in two different cultures may cause some minorities to develop their eating disorders.

Q: What causes anorexia?

A: There is no single known cause of anorexia. Eating disorders are real, treatable medical illnesses with causes in both the body and the mind. Some of these things may play a part:

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- **Culture.** Women in the U.S. are under constant pressure to fit a certain ideal of beauty. Seeing images of flawless, thin females everywhere makes it hard for women to feel good about their bodies. More and more, men are also feeling pressure to have a perfect body.
- **Families.** If you have a mother or sister with anorexia, you are more likely to develop the disorder. Parents who think looks are important, diet themselves, or criticize their children's bodies are more likely to have a child with anorexia.
- Life changes or stressful events. Traumatic events (like rape) as well as stressful things (like starting a new job), can lead to the onset of anorexia.
- **Personality traits.** Someone with anorexia may not like her or himself, hate the way she or he looks, or feel hopeless. She or he often sets hard-to-reach goals for her or himself and tries to be perfect in every way.
- **Biology.** Genes, hormones, and chemicals in the brain may be factors in developing anorexia.

Q: What are signs of anorexia?

- **A:** Someone with anorexia may look very thin. She or he may use extreme measures to lose weight by:
 - Making her or himself throw up
 - Taking pills to urinate or have a bowel movement
 - Taking diet pills
 - Not eating or eating very little
 - Exercising a lot, even in bad weather or when hurt or tired
- Weighing food and counting calories

- Eating very small amounts of only certain foods
- Moving food around the plate instead of eating it

Someone with anorexia may also have a distorted body image, shown by thinking she or he is fat, wearing baggy clothes, weighing her or himself many times a day, and fearing weight gain.

Anorexia can also cause someone to not act like her or himself. She or he may talk about weight and food all the time, not eat in front of others, be moody or sad, or not want to go out with friends. People with anorexia may also have other psychiatric and physical illnesses, including:

- Depression
- Anxiety
- Obsessive behavior
- Substance abuse
- Issues with the heart and/or brain
- Problems with physical development

Q: What happens to your body with anorexia?

A: With anorexia, your body doesn't get the energy from foods that it needs, so it slows down. Look at the picture below to find out how anorexia affects your health.

Q: Can someone with anorexia get better?

- A: Yes. Someone with anorexia can get better. A health care team of doctors, nutritionists, and therapists will help the patient get better. They will:
 - Help bring the person back to a normal weight





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- Treat any psychological issues related to anorexia
- Help the person get rid of any actions or thoughts that cause the eating disorder

These three steps will prevent "relapse" (relapse means to get sick again, after feeling well for a while).

Some research suggests that the use of medicines — such as antidepressants, antipsychotics, or mood stabilizers — may sometimes work for anorexic patients. It is thought that these medicines help the mood and anxiety symptoms that often co-exist with anorexia. Other recent studies, however, suggest that antidepressants may not stop some patients with anorexia from relapsing. Also, no medicine has shown to work 100 percent of the time during the important first step of restoring a patient to healthy weight. So, it is not clear if and how medications can help anorexic patients get better, but research is still happening.

Some forms of psychotherapy can help make the psychological reasons for anorexia better. Psychotherapy is sometimes known as "talk therapy." It uses different ways of communicating to change a patient's thoughts or behav-



Anorexia affects your whole body

Brain and Nerves

can't think right, fear of gaining weight, sad, moody, irritable, bad memory, fainting, changes in brain chemistry

Hair

hair thins and gets brittle

Heart

low blood pressure, slow heart rate, fluttering of the heart (palpitations), heart failure

Blood

anemia and other blood problems

Muscles, Joints, and Bones

weak muscles, swollen joints, fractures, osteoporosis

Kidneys

kidney stones, kidney failure

Body Fluids

low potassium, magnesium, and sodium

Intestines

constipation, bloating

Hormones

periods stop, problems growing, trouble getting pregnant. If pregnant, higher risk for miscarriage, having a C-section, baby with low birthweight, and post partum depression.

Skin

bruise easily, dry skin, growth of fine hair all over body, get cold easily, yellow skin, nails get brittle





http://www.womenshealth.gov I-800-994-9662 TDD: I-888-220-5446 ior. This kind of therapy can be useful for treating eating disorders in young patients who have not had anorexia for a long time.

Individual counseling can help someone with anorexia. If the patient is young, counseling may involve the whole family. Support groups may also be a part of treatment. In support groups, patients, and families meet and share what they've been through.

Some researchers point out that prescribing medicines and using psychotherapy designed just for anorexic patients works better at treating anorexia than just psychotherapy alone. Whether or not a treatment works, though, depends on the person involved and his or her situation. Unfortunately, no one kind of psychotherapy always works for treating adults with anorexia.

Is it safe for young people to take antidepressants for anorexia?

It may be safe for young people to be treated with antidepressants. However, drug companies who make antidepressants are required to post a "black box" warning label on the medication. A "black box" warning is the most serious type of warning on prescription drugs.

It may be possible that antidepressants make children, adolescents, and young adults more likely to think about suicide or commit suicide.

The latest information from the FDA — including what drugs are included in this warning and things to look for — can be found on their Web site at http://www.fda.gov.

Q: What is outpatient care for anorexia treatment and how is it different from inpatient care?

A: With outpatient care, the patient receives treatment through visits with members of their health care team. Often this means going to a doctor's office. Outpatients usually live at home.

Some patients may need "partial hospitalization." This means that the person goes to the hospital during the day for treatment, but sleeps at home at night.

Sometimes, the patient goes to a hospital and stays there for treatment. This is called inpatient care. After leaving the hospital, the patient continues to get help from her health care team and becomes an outpatient.

Q: Can women who had anorexia in the past still get pregnant?

A: It depends. When a woman has "active anorexia," meaning she currently has anorexia, she does not get her period and usually does not ovulate. This makes it hard to get pregnant. Women who have recovered from anorexia and are at a healthy weight have a better chance of getting pregnant. If you're having a hard time getting pregnant, see your doctor.

Q: Can anorexia hurt a baby when the mother is pregnant?

A: Yes. Women who have anorexia while they are pregnant are more likely to lose the baby. If a woman with anorexia doesn't lose the baby, she is more likely to have the baby early, deliver by C-section, deliver a baby with a lower birthweight, and have depression after the baby is born.

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Q: What should I do if I think someone I know has anorexia?

A: If someone you know is showing signs of anorexia, you may be able to help.

- 1. Set a time to talk. Set aside a time to talk privately with your friend. Make sure you talk in a quiet place where you won't be distracted.
- 2. Tell your friend about your concerns. Be honest. Tell your friend about your worries about her or his not eating or over exercising. Tell your friend you are concerned and that you think these things may be a sign of a problem that needs professional help.
- 3. Ask your friend to talk to a professional. Your friend can talk to a counselor or doctor who knows about eating issues. Offer to help your friend find a counselor or doctor and make an appointment, and offer to go with her or him to the appointment.

- 4. Avoid conflicts. If your friend won't admit that she or he has a problem, don't push. Be sure to tell your friend you are always there to listen if she or he wants to talk.
- 5. Don't place shame, blame, or guilt on your friend. Don't say, "You just need to eat." Instead, say things like, "I'm concerned about you because you won't eat breakfast or lunch." Or, "It makes me afraid to hear you throwing up."
- Don't give simple solutions. Don't say, "If you'd just stop, then things would be fine!"
- 7. Let your friend know that you will always be there no matter what.

Adapted from "What Should I Say? Tips for Talking to a Friend Who May Be Struggling with an Eating Disorder" from the National Eating Disorders Association.

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For more information

For more information on anorexia nervosa, please call womenshealth.gov at 1-800-994-9662 or contact the following organizations:

National Institute of Mental Health (NIMH), NIH, HHS Phone: (866) 615-NIMH (6464) Internet Address: http://www.nimh.nih.gov

National Mental Health Information Center, SAMHSA, HHS

Phone: (800) 789-2647 Internet Address: http://mentalhealth. samhsa.gov Academy for Eating Disorders Phone: (847) 498-4274 Internet Address: http://www.aedweb.org

National Association of Anorexia Nervosa and Associated Disorders Phone: (847) 831-3438 Internet Address: http://www.anad.org

National Eating Disorders Association Phone: (800) 931-2237 Internet Address: http://www.nationaleatingdisorders.org

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