

Risks in Adolescence: Eating Disorders

Eating disorders frequently develop during adolescence and are on the increase especially among teenage girls and young women. They involve serious disturbances in eating behaviour, such as an extreme reduction of food intake¹ or excessive overeating, as well as feelings of distress or extreme worries about body shape or weight.

- **Anorexia** is characterized by self-starvation² and excessive weight loss. A teenager with anorexia is typically a perfectionist and a high achiever³ in school. Desperately needing a feeling of mastery over his/her life, the teenager with anorexia experiences a sense of control only when she says “no” to the normal food demands of her body. This often reaches the point of serious damage to the body and, in some cases, may lead to death.
- **Bulimia** consists of a secretive cycle of binge eating⁴ followed by purging⁵. It includes eating large quantities of food in short periods of time, then getting rid of⁶ the food through vomiting, laxative abuse, or over exercising. The purging of bulimia presents a serious threat to the patient’s physical health, including dehydration, hormonal imbalance, the depletion⁷ of important minerals, and damage to vital organs.
- **Binge eating disorder** (also known as compulsive overeating) is characterized primarily by periods of uncontrolled impulsive or continuous eating beyond the point of feeling comfortably full. This disorder is different from bulimia because people usually do not purge afterward. While there is no purging, there may be occasional fasts⁸ or repetitive diets and often feelings of shame and self-hatred⁹ after a binge. Up to half of all people with binge eating disorder have a history of depression. Sadness, anger, anxiety or other negative emotions can cause a binge episode. Impulsive behaviour and certain other psychological problems (such as obsessive-compulsive behaviour, substance abuse, and **personality disorder**) may be more common in people with binge eating disorder.

Without treatment, up to twenty percent of people with serious eating disorders die. With treatment, the mortality falls to two or three percent. Mental health professionals that specialize in working with adolescents are trained to evaluate, diagnose, and treat these psychiatric disorders. This usually requires a team approach, including individual therapy, family therapy, working with a primary care physician, and working with a nutritionist. Hospitalization may be necessary if there is significant weight loss, low blood pressure, cardiac dysfunctions, dehydration, or severe depression.

KEYWORD

Personality disorders are mental illnesses like paranoia or schizophrenia.

Glossary

1 amount of food that you take into your body – **2** suffering caused by lack of food – **3** someone who is successful because he/she is determined and works hard – **4** eating too much

in a short period of time – **5** taking a laxative that makes your bowels empty – **6** expelling – **7** reduction – **8** periods during which someone does not eat – **9** dislike of oneself

activities

↓ READING COMPREHENSION

Answer the following questions.

- What are the three main categories of eating disorders?
- Who is especially affected by eating disorders?
- What type of teenager typically suffers from anorexia?
- What consequences can bulimia have for a person’s physical health?
- What is the main difference between bulimia and binge eating disorder?
- What kinds of emotions are likely to provoke a binge episode?
- Which professionals are able to treat eating disorders?
- When is hospitalization needed?

↓ VOCABULARY

Explain in your own words the meaning of the following terms.

- Overeating
- Body shape
- Excessive
- Perfectionist
- Mastery
- Dysfunction
- Self-hatred
- Nutritionist