

## Eating disorders are treatable

By Daniela Walder, Psy.D.

In the United States, as many as 10 million females and 1 million males are struggling with an Eating Disorder (ED), such as anorexia or bulimia nervosa. In addition, 25 million more are suffering from binge eating disorder (Crowther et al., 1992; Fairburn et al., 1993; Gordon, 1990; Hoek, 1995; Shisslak et al., 1995). You can be sure that there are untreated cases in your community.

Most individuals with ED are treated on an outpatient basis after a comprehensive evaluation. Outpatient treatment for EDs often involves a team approach involving a patient, a psychotherapist, a physician and a dietitian. Interpersonal psychotherapy, family therapy and cognitive behavioral therapy are helpful. What has been shown to be the most promising approach is tailored cognitive behavioral therapy and interpersonal psychotherapy that aids people to stop bingeing and purging, accept their appearance and develop healthier ways of coping with stressful situations.

Individual psychotherapy is effective in helping patients alter entrenched food behaviors and resolve the issues that underlie the disorder. In my own practice, I have worked with anorexic females who learn over time that refusing to eat has become a way of expressing unconscious anger toward their controlling mothers. This is just one example of many functions of an ED.

Recently, family therapy has been proven to be significant for treating anorexia, not only by helping the patient gain weight, but also by enlisting the parents' aid in getting their child to eat again and help to strengthen the individual's autonomy. Inpatient care is necessary when an ED has led to physical problems that may be life-threatening or when an ED has reached a level of severe psychological or behavioral problems.

What makes a clinician an ED expert? One could identify themselves as a specialist after acquiring a sequence of training and post graduate work, including course work, research, supervision and clinical practice with the ED population. Basically, to formally be called a "specialist in the field" can be quite consuming and costly. It requires the clinician to acquire continuing education units (which ranges anywhere from \$15 to \$40 per unit), have a significant amount of clinical experience with ED patients while supervised and also to conduct extensive research.

Most clinicians who have a general practice and want to focus on the treatment of EDs and seek out ED patients begin by attending ED continuing education courses and getting involved in ED associations and organizations in their

area. Professionals in the ED community often have weekly or monthly meetings focusing on a particular topic or featuring a guest speaker. This is an excellent opportunity to become acquainted with other treatment providers and get your name out there. As in acquiring patients in any field, networking is essential.

Becoming a member of national organizations via the web is also useful. Some websites are extremely resourceful for the general population, educating them about ED research, treatment, how to get help etc. Some of these include the [NationalEatingDisorderAssociation.com](http://NationalEatingDisorderAssociation.com), [EDreferral.com](http://EDreferral.com), [Anred.com](http://Anred.com) and [Something'sFishy.com](http://Something'sFishy.com). Membership costs can range anywhere from \$100 to \$125 a year. As a member, you can have your practice information listed and receive newsletters with updates within the ED world. This can be a great referral source for potential patients and other professionals to learn about your services.

Another great way to announce your services is by reaching out to other professionals in the community. A letter informing dentists about ED symptoms in their own practice may help them become aware of EDs and they will have a referral source. This is a great way to make them aware of ED patients who show up with changes in tooth enamel, swollen glands, acid-related scarring of the fingers (if used to induce vomiting) and inflamed esophagus. Medical practitioners can also be a target audience. Informing them about signs of EDs in their office will certainly alert them. These may include fatigue, depression, decreased concentration, constipation, hypothermia, cold intolerance, low body weight, amenorrhea and osteoporosis.

The good news is that, whether you are a specialist in the field or not, ED is treatable. However, it is a difficult process that can take seven to 10 years or even longer. Recovery involves restoring weight, medication to treat depression and anxiety, CBT, individual psychotherapy, nutritional counseling, family therapy, group therapy and a support group. Relapse is common during the process of recovery at any given stage.

There is hope – nearly one-half of patients with anorexia nervosa recover and approximately 50 percent of individuals with bulimia nervosa recover.

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