



# Eating Disorders Among Adolescents

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*The average weight of American population is increasing with just two percent of total population having supermodel type of body. In spite of this statistic, most women of normal weight see themselves as too heavy. Even elementary school children are not satisfied with their body make and go on unnecessary diet regimens. A recent study in New York showed that 50 percent of girls develop eating disorders sometime during teen years. On an average one percent of suburban teenage girls develop anorexia nervosa (significant weight loss and cessation of periods), and about 5 percent of college women develop bulimia (binging and purging). Teenagers love to do things in their own ways. They want to eat out most of the times. Recent research conducted out by Children's Hospital in Boston reflects that 4 to 19 percent of American kids eat outside gain up to six pounds every day. The obesity rate among teenagers has become three times in past twenty years. If this trend keeps up, obesity will soon be the nation's number one killer - overtaking smoking.*

Eating disorders are not caused by a single factor but there are many factors that come into play. Firstly, some teenagers inherit a susceptibility to eating disorders. Anorexia and bulimia occur more commonly in families with mood disorders like depression, anxiety disorder or alcoholism. Secondly, certain teens have a temperament such that they may be perfectionist, sensitive, accomplished, responsible and restrained. In contrast the young ones who become bulimic may be moody and impulsive.

The development demands of adolescence are the key catalysts for eating disorders. Anorexia commonly occurs around 10-12 years of age, right around puberty, the age, when girls begin developing physically. The body fat actually increases from 18 percent to 24 percent. Growth spurts cause a major increase in weight as well as in height. On the other hand, boys become leaner during puberty. Their body fat reduces from 18 percent to 15 percent. In addition to these physical changes teens also come across psychological demands. Separation from families, especially for children who are close to families, contributes to the second peak of anorexia around 17 years of age. Bulimia typically happens later, sometime in high school. This is the time when teenagers negotiate the challenges of greater independence, peer pressure and dating. At this time teenagers are under the wrong impression that losing a few pounds will make it easier for them to meet the challenges in life.

Some teenagers diet to an excessive degree thinking that they may become obese when they grow up to be adults. Some of the best and the brightest young people - the most gifted and accomplished students and athletes - have predisposition towards eating disorders. Anorexia nervosa has the highest mortality rate which is also associated with heart problems, development of osteoporosis and impaired fertility. There are few women, suffering from bulimia and delayed their treatment for some or the other reason that have lost their teeth in their thirties. Eating disorders also undermine confidence and mental development. Children undergo depression and a plaguing preoccupation with food. Some become isolated and have broken relationships. There are many incidences when sufferers committed suicide because of the misery inflicted.

## Symptoms

In case of anorexia, there are three cardinal symptoms to watch for as a parent, teacher or caretaker - weight loss, distorted body image and absence of periods.

**Weight loss:** Concerned parents should keep a record of the weight of their children. Weight under 15 percent of the ideal weight is a



matter of concern during teenage years. Preteens may grow taller but not be able to catch up in terms of the weight.

## Distorted body image:

The second cardinal symptom to look for is distorted body image. Your daughter may feel that she is fat even though actually she is underweight. Many teenagers continue to think that they are overweight because they think that they have fat on their stomach or have heavy thighs. Some anorexics may acknowledge that they are too thin and need to gain weight but they are unable to eat more food. They fear gaining weight and believe that just going from 88 pounds to 90 pounds will lead to obesity.

**Absence of periods:** For girls, this is very important for a parent to watch. This may actually happen even before there is any significant weight loss. It may also be caused by excessive exercise. Younger girls may have developed signs of puberty, like underarm hair but their periods do not arrive even after two more years. Boys, on the other hand, who become anorexic also lose hormones and have a very low level of testosterone.

Some more symptoms that parents may look for are increased exercise, a preoccupation with food and weight, sadness and irritability, and evasiveness or anger at the mention of restrictive eating

About half of all anorexics are also bulimic. Most children with

bulimia are in the normal weight range, though some have a history of being overweight. Bulimics share with anorexics an overvaluation of thinness. They think that it is a good way of gaining popularity, better relationships, more confidence and happiness. Bulimics binge-eat excessively and then feel guilty later. A binge may consist of a large portion of food, like a gallon of ice-cream, 5-6 burgers etc. After eating this much, because of their longing for thinness, bulimics try to compensate for the calories they have consumed. The typical measure they take are, fasting, extreme exercise for longer periods of time or purging. Most of them will induce vomiting, while others will abuse diet pills, water pills or take laxatives. They have a wrong notion that this will make them thinner.

There is far greater number of teens that experience mild or partial version of anorexia or bulimia. They may not be underweight or purging but they have a distorted body image and may have no menstrual periods. These teens may need early intervention and they can overcome eating disorders without any treatment.

Most of the teenagers suffering from eating disorders may be cured completely if they receive specialized, state-of-the-art and comprehensive treatment. The earlier the parents recognize the symptoms the better the intervention. Providing a through and intensive treatment reduces the likelihood for relapse and heightens the chance for complete and permanent recovery. For the treatment of eating disorders one needs the team effort comprising of medical, nutritional, psychological and pharmacological care with all experts working together. Full recovery often involves more than a resolution of the eating disorder symptoms. It seeks to help the teens improve their self esteem and develop better coping skills which ultimately help them with transitioning into a healthy adulthood. During recovery, vitamin and mineral supplementation is necessary. Vitamin deficiencies are particularly important because they don't



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show themselves when body is in a starved state. The main job of vitamin B is to help burn calories. The fewer the calories consumed, the smaller

the quantity of certain vitamin B necessary, but during rehabilitation, the calorie intake increases and the teen has to be supplemented with adequate amounts of vitamins, otherwise a full blown deficiency may occur.

Give your child a good nutritional guidance before he/she reaches puberty especially when they are at home.