

TREATMENT & RECOVERY

Most people with eating disorders, especially in the beginning, resist treatment and behavior change. They cling to the illusion that if they just lose enough weight, they will feel good about themselves, improve their lives, and enjoy self-confidence and success.

After a while, however, they begin to understand that the supposed benefits of thinness are only an illusion that will never bring them happiness. Starving, stuffing, purging, and other self-destructive behaviors will never lead to peace and a meaningful life. When people get to this point, and begin to look for better ways to build meaningful lives, recovery becomes a real possibility.

Unfortunately, even then there are challenges and obstacles to progress. Between 20 and 30 percent of people who enter treatment drop out too soon and relapse. Even those who stick with it usually have slips and lapses, leaving them discouraged, demoralized and feeling like failures. Wanting a quick and easy solution to their problems, they too often give up when they find that recovery can take many months, even years, of hard work before they are free of their destructive behaviors and in control of their lives. Recovery requires major commitments to (1) get into treatment, (2) stay in treatment, (3) make necessary lifestyle changes, and (4) resolve the underlying psychological and emotional issues that led to starving, binge eating, and/or purging in the first place.

Is recovery possible?

Yes, eating disorders are treatable, and lots of people recover from them.

Recovery, however, as noted above, is a difficult process that can take seven to ten years or even longer. Some people do better than others and make faster progress. The folks who do best, work with physicians and counselors who help them resolve both the medical and psychological issues that contribute to, or result from, disordered eating. (*International Journal of Eating Disorders* 1997; 22:339 and *Eating Disorders*, 2000; 8:189)

About 80 percent of people with eating disorders who seek treatment either recover completely or make significant progress. Sadly, the rest remain chronic sufferers or die.

What is recovery?

Recovery is much more than the abandonment of starving and stuffing. At minimum it includes the following:

- Maintenance of normal or near-normal weight
- In women, regular menstrual periods (not triggered by medication)
- A varied diet of normal foods (not just low-cal, non-fat, non-sugar items)
- Elimination or major reduction of irrational food fears
- Age appropriate relationships with family members
- Awareness of cultural demands for unrealistic thinness
- One or more mutually satisfying friendships with healthy, normal people. Such friendships involve mutual give-and-take and a minimum of caretaking and "parenting" behavior.

- Age-appropriate interest and participation in romantic relationships
- Strong repertoire of problem-solving skills
- Fun activities that have nothing to do with food, weight, or appearance
- Understanding of the process of choices and consequences
- Person has a sense of self, plus goals and a realistic plan for achieving them. Is moving towards building a meaningful, fulfilling, and satisfying life.
- Person has also learned to be kind to self and others, forsaking perfectionism and confronting flaws and disorder with grace and understanding. Person refuses to drive her/himself with criticism and demands for unrealistic performance.

What is the best treatment for an eating disorder?

Because many factors contribute to the development of an eating disorder, and since every person's situation is different, the "best treatment" must be custom tailored for each individual. The process begins with an evaluation by a physician or counselor. Recommendations include any or all of the following. In general, the more components included in the treatment plan, the faster the person makes progress.

- Hospitalization to prevent death, suicide, and medical crisis.
- Weight restoration to improve health, mood, and cognitive functioning. Note: An anorexic's fear of weight gain, especially forced weight gain in hospital, is a huge obstacle to treatment and recovery. Nevertheless, it is clear that the closer to normal weight is at the end of treatment, the better the chances of complete recovery. In study after study, low body weight is strongly correlated with treatment failure and relapse.
- Medication to relieve depression and anxiety
- Dental work to repair damage and minimize future problems
- Individual counseling to develop healthy ways of taking control of one's life. Cognitive behavioral therapy (CBT) has proved effective in treating bulimia and binge eating disorder. The counseling of choice for anorexia is determined by individual and family circumstances.
- Group counseling to learn how to manage relationships effectively
- Family counseling to change old patterns and create healthier new ones
- Nutrition counseling to debunk food myths and design healthy meals
- Support groups to break down isolation and alienation. However, support groups by themselves are not sufficient treatment for an eating disorder. To be effective, they must be integrated into a comprehensive treatment plan.

Cost of Treatment

- Treatment for anorexia nervosa and/or bulimia is often extremely expensive and can extend for several years.
- Cost of inpatient treatment can be \$30,000 or more a month.
- The cost of outpatient treatment, including therapy and medical monitoring, can extend to \$100,000 or more.

Source: Anorexia Nervosa and Associated Disorders

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