

Mental health services provide treatment and education for people whose lives are impacted by the disease of addiction.

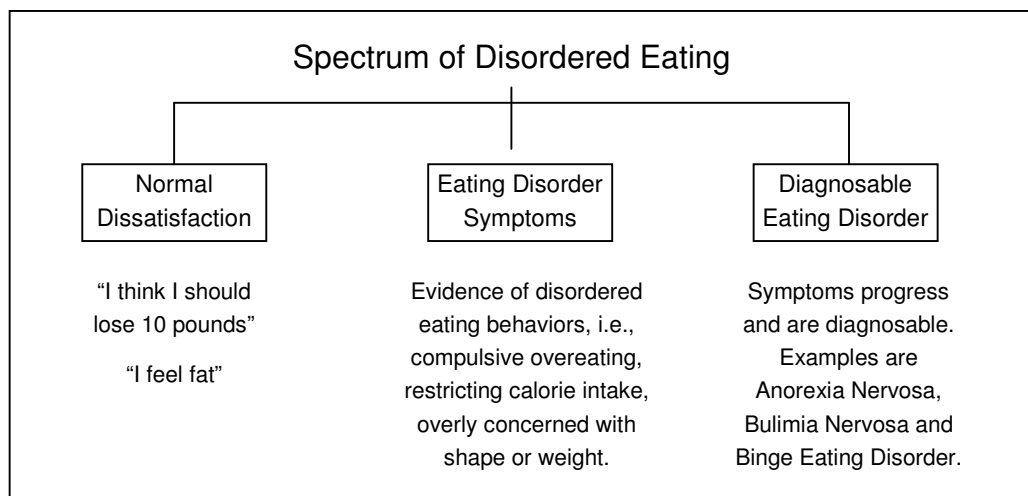
Facts about addiction and eating disorders

People with alcohol and other drug dependencies frequently have eating disorder behaviors.

Eating disorders and recovery

If eating disorder behaviors are not addressed, they may interfere with the recovery process. Not everyone who is preoccupied with weight or body image actually has an eating disorder. Some people experience normal amounts of dissatisfaction with their body image. Others may be dissatisfied and experience some disordered eating behaviors, such as restricting calorie intake. If left unchecked, these symptoms may progress to a diagnosable eating disorder.

The following chart shows examples of normal dissatisfaction, symptoms of disordered eating, and an eating disorder.



Types of Eating Disorders

Anorexia Nervosa

- Refusal to maintain minimum body weight.
- Intense fear of gaining weight or becoming fat even though underweight.
- Disturbance in experience of weight or shape; undue influence of weight or shape on self-image, or denial of a serious problem.
- Amenorrhea (female absence of menstruation).

Bulimia Nervosa

- Recurrent episodes of binge eating.
- Recurrent episodes of purging.
- Binge eating occurs at least two times a week for three months.
- Self-esteem is overwhelmingly influenced by body shape and weight.

Binge: Eating a large amount of food with a sense of loss of control.

Purge: Recurrent inappropriate behavior, such as self-induced vomiting, misuse of laxatives, diuretics or enemas, fasting or excessive exercise.

Binge Eating Disorder

- Eating more rapidly than normal.
- Eating until uncomfortably full.
- Eating large amounts when not hungry.
- Eating alone because of embarrassment about how much one is eating.
- Feeling disgruntled with oneself, depressed or guilty after overeating.
- Feeling distress regarding binge eating.
- Binge eating occurs at least two times a week for six months.

Prevalence

Eating disorders, particularly bulimia, are common among people with alcohol and drug problems, especially women. Most studies find that between 15-30% of women with alcohol/drug disorders meet the diagnosis criteria for an eating disorder at some time in their lives. Among bulimics the rate of alcohol abuse or dependence is between 14-49%, and the rate of other drug abuse or dependence range from 8-36%.²

Treatment interventions

There are several treatment options useful in treating eating disorders. The Twelve Steps have been proven to be an effective method in intervening with addictive behaviors. Other treatment interventions include cognitive behavioral therapy, family therapy, and interpersonal therapy. Some antidepressants can also be helpful in addition to individual and/or family therapy.³

About Mental Health Services

Mental health services at Hazelden are part of the internationally recognized Hazelden Foundation. Hazelden, a national nonprofit organization founded in 1949, helps people reclaim their lives from the disease of addiction. Built on decades of knowledge and experience, Hazelden's comprehensive approach to addiction addresses the full range of patient, family, and professional needs, including treatment and continuing care for youth and adults, research, higher learning, public education and advocacy, and publishing.

For more information about mental health services at Hazelden, please call 800-257-7800.

References

1. Diagnostic and Statistical Manual of Mental Disorders. Fourth Edition, Text Revision. (2000) American Psychiatric Association, Washington, D.C.
2. Lilenfeld, L.R & Kaye.W.H. (1996).The link between alcoholism and eating disorders. Alcohol Health and Research World, 20, 94-99.
3. Practice Guidelines for the treatment of patients with Eating Disorders (Revision). American Psychiatric Association. American J. Psychiatry 157:1. January 2000 supplement.