

# *Anorexia Nervosa:* **Learning to Cherish the Body**

By Cheryl H. Yanuck, MD

**P**eople with eating disorders are unsatisfied with their bodies. Their dysfunctional eating behaviors are intended to correct the physical imperfections they perceive. Sometimes their perception of their bodies is distorted and inaccurate, as in *Anorexia Nervosa*.

Anorexics perceive themselves as fat, although they are in fact at least 15 percent below their expected minimum healthy weight. They refuse to maintain a healthy weight due to their intense fear of fat. Females past the age of puberty also must have missed at least three consecutive menstrual periods due to weight restriction to meet the full criteria for *Anorexia Nervosa*. Some anorexics only restrict food intake, while others also “purge” calories by excessive exercise, vomiting, or use of laxatives or diuretics. The difference between a purging anorexic and a bulimic is that bulimics are not underweight, and don’t suffer the physiologic consequences of starvation. They do suffer from electrolyte (salt) imbalances, damage to the stomach, esophagus, salivary glands, and teeth from excessive vomiting, however. And their lives are just as derailed by preoccupation with body image as those with anorexia.

## **A CASE EXAMPLE**

*“Amy” is anorexic: she is 5’7” and weighs 102 pounds, and looks very thin. She is in her late 20s, and hasn’t had a menstrual period in*



*seven years due to her low body weight. She often believes that her thighs are too large, and out of proportion to the rest of her body. However, her perception of her body shifts when she exercises: for several hours after a run, she feels like her body is healthy and normal. This positive perception soon wears off, leading to the urge to exercise again to feel good about herself, which has become a destructive addictive cycle. She severely restricts her food intake, feeling she “doesn’t deserve to eat” unless she has exercised for at least an hour. She has had multiple stress fractures in her feet from running, as anorexia causes diminished bone density due to decreased calcium intake and low hormone levels.*

## **TREATING ANOREXIA NERVOSA**

The treatment of *Anorexia Nervosa* involves psychotherapy and refeeding. Food is the number one drug of choice for anorexics! Our brains and bodies need nourishment to function. Psychotherapy focuses on understanding the reasons patients feel unwilling to feed themselves, and supporting them in their efforts to eat more and get well. Sometimes hospitalization is required; approximately 5-15 percent of anorexics die of starvation. Medications are sometimes helpful for treating concurrent depression,

anxiety, or obsessive-compulsiveness that can cause rigid thought patterns. Drugs to strengthen bones are sometimes prescribed. These drugs all work better once the patient’s weight normalizes. Limiting exercise is also necessary as long as the patient is underweight. Patients often work with nutritionists to choose and stick to a food plan that has enough nutrients and calories. Vitamins can help replenish depleted stores of nutrients.

*Amy began intensive psychotherapy to try and understand why her self-image was so poor. She became aware of her family’s tendency to be a perfectionist and critical, especially related to weight and appearance. She realized that her father only paid attention to her and her sisters when he admired how they looked. Her mother was overweight and often on diets. The mother had a distant relationship with her husband, which she blamed on her weight.*

*Amy realized that she had “learned” that if you are overweight, you are unloveable. This false negative belief was resistant to change, so we added a low dose of Zyprexa, a medication that has been shown to help anorexics recover. With this, Amy was more able to recognize that her belief was false and harmful to her health. Amy met with a dietitian and struggled to stick to her meal plan. She limited her exercise to “strolls” that didn’t burn many calories. Over time, she gained weight slowly. When she reached 116 pounds, she had a menstrual period, a sign that her hormones were recovering. She also noticed that she was less preoccupied with exercise and counting calories, and could focus more easily on her work and personal relationships. She was able to care for and cherish her body, rather than scapegoating it. h&h*

*Cheryl H. Yanuck, M.D., is a psychiatrist who has practiced in Chapel Hill since 1992. She specializes in treating adults with mood and anxiety disorders, eating disorders, relationship and self-esteem problems, and in teaching stress management. She provides both psychotherapy and medication management as indicated.*

**To contact Dr. Yanuck:  
CHERYL YANUCK, MD  
101-B Cloister Court  
Chapel Hill, NC 27514  
Telephone: (919) 493-0406  
www.CherylYanuck.com**