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News

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****UTHSCD starts major eating disorders clinic to treat anorexia, bulimia**

DALLAS--A major clinic for patients with anorexia nervosa, bulimia and related eating disorders is now in operation at The University of Texas Health Science Center at Dallas. Co-directors of the clinic, sponsored by the Department of Psychiatry, are Dr. David Waller, associate professor of Psychiatry and head of Child and Adolescent Psychiatry, and Dr. Bettie Hardy, an instructor in Psychology.

The person with bulimia exhibits bizarre behavior, including the compulsive vomiting of food, usually coupled with regular use of diuretics and laxatives, says Waller. Although the disorders are usually associated with teenage and young women, victims can be of any age or either sex, says the psychiatrist, who has been working with these problems for 10 years.

Because these eating disorders "span psychiatry and medicine," a team approach is used with patients. Consultants with expertise in internal medicine, nutrition, dentistry and related research areas will work with the psychiatrists and psychologists on an individual case basis. The clinic also is working in close cooperation with the inpatient psychiatric unit at Children's Medical Center, under the direction of Dr. Graham Emslie, assistant professor of Clinical Psychiatry at the health science center. The directors also work closely with Dr. James Knoll, director of University Psychiatry Service at Presbyterian Hospital and associate professor of Clinical Psychiatry at the health science center.

With these services and associated research projects, the directors hope to bring to the Dallas area the same kind of services available in New York, Boston and Los Angeles, where major work is being done in the field.

Patients entering the clinic program will receive a psychiatric diagnostic interview, psychological testing, a family evaluation, a nutritional assessment and diagnostic laboratory tests.

"No one knows how widespread these problems are in our society. However, there are indications that they may be increasing or be much more common than we have suspected," says Waller. The current love affair with the movie star/model image may well be a contributing factor.

Nor are they to be taken lightly. Too many people think of these disorders as fad behavior, says Waller, when either can be life-threatening as well as severely impacting on a person's health. As serious as anorexia is, only about one-third of the patients are cured while one-third continue having problems, and the other third spend the rest of their lives with severe problems. A few die.

The clinic's directors are interested in researching new diagnostic indicators and medical treatments for these related eating disorders with colleagues in other areas in order to help their patients:

(OVER)

*Dr. Sandy Kiser, associate professor of Psychiatry, is already looking at relationships between the anorexic's "high" and activity of the morphine-like receptors in the brain. He is also interested in the "addictive" aspects of the syndromes. (Patients often report being "in the grip" of something.)

*Dr. Paul Orsulack, research associate professor of Psychiatry and Pathology is working with Waller and Hardy for clues to whether anorexia and bulimia might be classified as an atypical depressive disease. Many victims, especially those with bulimia, seem to be particularly sensitive to rejection, so the researchers think that some of them may be helped with monoamine oxidase inhibitors, an anti-depressive drug that inhibits the breakdown of certain neurotransmitters. Orsulack is using a new blood assay test in his VA Medical Center lab that may help determine which patients can be helped with the drug. It can also be used to monitor the dosage.

*Dr. Scott Grundy, director of the UTHSCD's Center for Human Nutrition, is interested in comparing lipid metabolism in anorexia and bulimia patients to those being seen in his obesity clinic.

Malnutrition, of course, is an immediate problem. However, many people do not realize the danger to the heart that can come from an eating disorder. Either extreme weight loss or malnutrition sets up the danger of low potassium levels, which can cause abnormal heart rhythms, sometimes leading to death.

Also, besides impaired female biologic function caused by immature patterns of luteinizing hormones, there are other serious metabolic disorders that may plague the anorexic patient. And there is often much pain from stomach cramping and abnormal conditions in the digestive tract.

Patients with bulimia are in danger of death by asphyxiation or aspiration pneumonia. Their bodies can easily be thrown out of metabolic balance. They may also develop severe stomach problems, as well as dental problems, caused by their out-of-control vomiting.

Psychologically, also, these disorders are devastating. The patient with anorexia sees the reaction of friends and family to her weight loss and compulsive behavior that centers around strange eating and exercise behavior as threatening. She then becomes deceitful and further isolates herself, drawing more and more into her rigid, compulsive inner-personal world. The home is thrown into game behavior where the family tries to force the victim to eat, and the victim resists with all her will.

The bulimic patients, whom Waller and Hardy believe to have special problems with sensitivity to certain kinds of pressures, seem to use bingeing as a way of relieving themselves of anxiety. Then they find themselves in the control of compulsive binge/purge behavior. "For people with this kind of problem," says Hardy, "stresses caused by new schools, new jobs or other life changes seem particularly hard to deal with and may lead to new episodes."

Besides a rapid weight loss of 20-30 percent of body weight, the anorexic person has certain attitudes and exhibits peculiar behaviors concerning food and weight, says Waller. These may include the following indicators of a problem:

- *No matter how thin, the anorexic victim has a fear, even a terror, of gaining weight.

- *No matter how thin, the anorexic victim will have a distorted body image and see herself (most are female) as fat.

- *The anorexic patient will diet selectively, usually choosing high protein foods and fresh vegetables while skipping carbohydrates, which she thinks of as "fattening."

- *Self-induced vomiting and use of purgatives.

*An internal urge toward increased activity that may express itself in excessive exercise or dance activities. (Anorexic patients are often athletes, joggers or dancers.)

*Deceitful behavior, including dressing in loosely fitting or layered clothing to conceal weight loss, hiding food or drinking water before weighing.

*Cessation of menses (menstrual periods) and/or other metabolic disorders that show up in medical testing. Some signs may include the victim's being cold when everyone else is comfortable, lower than normal pulse or blood pressure and an increase of downy, light-colored body hair.

*Appearance of symptoms often associated with other organic problems, such as panic attacks, headaches, failure to grow.

*Denial. The patient with anorexia will steadfastly deny that there is anything bizarre about her appearance or behavior.

Other symptoms may help with recognition of victims of bulimia:

*Binge eating, which may follow stretches of dieting. Possible loss of weight, which can be as little as 5-10 pounds. (Other bulimia victims may lose no weight if they are totally unable to control their eating binges and vomit all their food up immediately.)

*Some distortion in body image.

*Secretive behavior. The victim of bulimia seems to suffer a deep sense of shame about her lack of control and attempts to hide her eating/purging pattern. These activities may be under her control when she starts them, but they soon become compulsive and even more shameful.

Consultants working with the eating disorders clinic include Dr. Daniel Foster, professor of Internal Medicine; Dr. Kathleen Zeller, assistant professor of Clinical Internal Medicine; Marilyn Haschke, chairman of Nutrition and Dietetics; Kathy Sedlett, instructor in Nutrition and Dietetics, and Dr. Robert Walker, head of Oral Surgery.

For information about the UT eating disorders clinic, call 214-688-2218.

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