

Midlife Eating Disorders on the Rise

Natural therapies show promise for addressing a troubling trend

While eating disorders such as anorexia and bulimia are more common during the teens and early 20s, a study from the Eating Disorder Center of Denver found that increasing numbers of women in midlife (ages 30 to 65) are struggling with these serious conditions. In the study, 94 percent of the participants suffered from eating disorders (ED) when they were younger, and a stressful event or situation led to a relapse or a worsening of the condition. Common midlife triggers are divorce, menopause, and a child's departure from the family home. Societal pressures around aging and appearance also play a role. In fact, study author Tamara Pryor, PhD, calls this trend the “*Desperate Housewives* syndrome,” as some middle-aged women try to emulate the slim, young-looking actresses in this popular television show.

Certain personality traits and psychological issues can put women at risk. Pryor found that both midlife and younger ED patients contended with anxiety, low self-esteem, and body loathing, and felt little control over their lives. Carolyn Coker Ross, MD, MPH, a Denver-based eating disorders consultant, says other contributing traits include perfectionism, resistance to change, fear of risk, and basing self-worth on appearance.

PROMISING TREATMENTS

To treat ED, I recommend that people work with an experienced professional. Dr. Ross agrees: “This is so pervasive,” she says. “It’s hard for [ED patients] to see that they’re doing something harmful.” If you suspect that you or a loved one has an eating disorder, talk to your doctor and ask how to proceed.

Treatment for midlife and younger women is often the same, since many of the underlying issues are similar. However, older women may have medical complications (such as diabetes, high blood pressure, heart disease, and osteoporosis), especially with chronic ED. During recovery, women with children may also feel guilt about setting a poor example concerning body image and food.



Dr. Ross says long-term studies of medications for ED don't show much benefit. But she's had success treating ED with natural therapies in addition to conventional approaches. Here are some methods she's found most effective:

Nutrition Undernourished people are prone to mood disorders and health problems. Addressing nutritional deficits improves mood and health—an important first step for ED patients. Key nutrients include B vitamins, omega-3 fats, zinc, magnesium, and calcium. B vitamins (especially B-6, B-12, and folic acid) help convert the amino acid tryptophan to the mood-boosting neurotransmitter serotonin. Omega-3s may ease depression, reduce suicide risk (anorexics are at high risk), and protect the heart. Zinc can restore appetite and help normalize weight, and it works synergistically with omega-3s. Magnesium and calcium help protect bones from osteoporosis and improve bowel function, mood, and sleep. Dr. Ross notes that most ED patients have digestive problems, especially when they start eating again, so she often suggests probiotics and digestive enzymes.

Movement and touch therapies

Acupuncture, chiropractic, yoga, and other therapies involving movement and touch can reconnect patients with their bodies by promoting body awareness, changing body image, and boosting mood. Massage has been shown to improve body image and reduce stress in ED patients.

Mind-body medicine “Anyone who has an eating disorder doesn't have a healthy relationship with their body,” says Dr. Ross. Mind-body methods, such as hypnotherapy, mindfulness meditation, and cognitive-behavioral therapy, can help restore that relationship by teaching ED patients how to identify the body's physical manifestations of their emotional suffering. She also encourages patients to practice mindfulness around mealtimes and with exercise, so they begin to view these activities as ways to reconnect with the body.

For more, see nationaleatingdisorders.org and Dr. Ross's book *Healing Body, Mind, and Spirit* (Outskirts Press, 2007).

Helpful Supplements

In addition to a good multivitamin, these supplements (with suggested daily dose) may benefit ED patients as part of an overall treatment plan.

B vitamins

1 B-50 B-complex supplement

Omega-3s

2 to 3 grams of fish oil

Zinc*

60 mg of zinc gluconate for anorexics; zinc in a multi suffices for others

Calcium/magnesium

500 mg of calcium plus 250 to 500 mg of magnesium

Probiotics & digestive enzymes follow package directions

* Zinc supplements can deplete copper stores, so take 2 mg of copper as well.