Anorexia Nervosa in Adolescents

COUN 775

University of Tennessee at Martin
Since she was just a toddler, Jenny, sixteen years old, has been involved with a very prestigious ballet studio and has even competed on a national level. This particular studio is incredibly competitive and following a very strict diet and exercise plan is necessary to remain a part of the company. Jenny has always followed the studio’s plan and has maintained a low, but healthy, body weight. In the past year she has started menstruating, which has resulted in many changes occurring in her body including larger hips and breasts. She also transferred schools this year due to a change in county lines and is having trouble fitting in with other girls in her class. Between the already strict diet and the other stressors that she is now facing, Jenny’s self-esteem has plummeted and her body perception has become drastically distorted. Due to this new inaccurate self-awareness she has gained, Jenny has basically completely stopped eating. Her diet currently consists of between three hundred and four hundred calories and there are even days where she will eat nothing at all. She has dropped to an extremely low weight for her height range and constantly worries about her weight and has an irrational and unhealthy fear of gaining even a single pound. Even though she is currently the thinnest girl in her class, by far, she consistently worries that she is too fat and believes this is why the other girls don’t like her, therefore leading her to obsess even further and throwing her into a cycle of unhealthy and destructive behavior. Although the majority of her time spent with this eating disorder has been consumed by eating nothing or barely anything, the cycle began by her purging the large amounts of food she was eating in secret. The
binge sessions were due to her rebelling against her dance company but she found she had more trouble purging than she would like so she decided it was more effective just to not eat at all.

Jenny meets all the criteria currently listed by the Diagnostic and Statistical Manual of Mental Disorders for Anorexia Nervosa. The DSM-IV-TR lists the criteria as refusal to maintain body weight at or above a minimally normal weight for age and height, intense fear of gaining weight or becoming fat, and, in postmenarcheal females, the absence of at least three menstrual cycles. Patients’ views of their symptoms are complex and variable, often combining feelings of being “too fat” with pride in the achievement of thinness and restraint. Patients are intensely fearful of losing control and becoming overweight; over time, nearly half succumb to binge eating (Wilson, Grilo & Vitousek, 2007). Also listed as a criterion is a disturbance in the way one’s body shape or weight is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight. There are also two different types within the Anorexia Nervosa diagnosis including the restricting type and the binge-eating/purging type. Purging refers to self-induced vomiting and/or the mistreatment of laxatives or diuretics and, therefore, the restricting type would be one who has not regularly engaged in binge eating and purging.

The majority of those who suffer form Anorexia Nervosa are females, but only approximately one percent of those females meet the full criteria for the disorder. Although some males do suffer from this disorder, they only make up about ten percent of the cases. The large amount of female sufferers versus the small amount of male sufferers can mostly be attributed to varying pressures and expectations. Regardless of
sex, the average age of onset is between 14 and 18 years of age, which correlate, for the most part, with the years a person is in high school. These years are extremely formative and can prove to be extremely difficult for many leading to many issues that may have been unthinkable just a year or two before, including eating disorders.

Jenny is not untypical but also has some differences from the majority of anorexia sufferers. She is sixteen and facing many new stressors in high school, which are typical of most who are diagnosed. However, she does actually meet all of the diagnostic criteria listed and she actually began by binging and purging and later changed to dangerously low caloric intake. Typically this takes place the other way around.

There are biological, psychological, social and cultural causations of this disorder and although one could prove enough to produce anorexia or anorexic tendencies, it’s usually a combination of all that result in a diagnosis. Biological causations are those that most of us are born with. We all come with certain genetic predispositions that could easily attribute to a disorder such as anorexia. One common biological factor that often contributes to a bevy of mental disorders, anorexia included, is an imbalance of neurotransmitters. One of these neurotransmitters, Serotonin is often associated with appetite, while another, Cortisol, has been found in high levels in sufferers of Anorexia Nervosa. The high levels can be attributed to stress, which releases the Cortisol. There are many other brain chemicals involved, however research on these and others is relatively new and not much is known about these imbalances.

Psychological causes can range from depression to issues with low self-esteem. Most of these factors are related to one another and, often times, go hand in hand. Low self-esteem is a pretty obvious contributor in that if a person is suffering from it, they
may go to extremes to help them feel better about themselves. While they believe these extremes are affecting their confidence positively, realistically it is only damaging them even more possibly leading them into a tailspin. If a person is unhappy with their life and struggling with a low self-esteem, depression could easily take over. In fact, a person could first struggle with depression, which could later lead to the eating disorder itself. Another psychological factor that is mentioned as an attribute to Anorexia Nervosa is a struggle for perfectionism. Striving to be perfect can definitely lead to many positive things but it can also lead to issues like depression, obsessive-compulsive disorder and eating disorders among many. A perfectionist is, naturally, often let down and these, as they may see them, failures can directly contribute to serious internal struggles and, often times, the development of serious disorders.

A third set of causes are those of the social nature. A major social factor that can have serious effects on an adolescent is the onset of puberty. Although this could also be considered a biological factor, it’s being placed in this category due to its social consequences. Puberty results in a lot of body changes that can seriously affect a teen in a negative way. For example, a girl may develop large breasts much earlier than her other teen counterparts or a young boy may no stop growing taller while his other male peers shoot up right past him. These and many other effects of puberty can take a toll on a teen quite possibly leading to confidence or body issues. Peer pressure and a desire to fit in are also major social factors that can contribute to the development of Anorexia Nervosa. If an adolescent struggles to fit in or refuses to fall to peer pressure, the results could be detrimental to their self-esteem, once again, possibly resulting in the development of a disorder.
Finally, there are cultural contributors to Anorexia Nervosa, as well. Many cultures place certain expectations on their populations, specifically the females. Some are more accepting of curvier, fuller body types while others are more accepting of those who fit a certain mold that is anything but average. Take the United States for example. Our celebrity representation is unrealistic and, for most people, entirely unattainable, yet our adolescents are constantly striving to be something that usually only exists in pictures and is incredibly impractical and unhealthy. Although we’ve been alerted to these issues over the last decade or so, the expectations put on our teens by the media continue to prove impossible and are driving our teens to dangerous lengths to achieve these results. As separate categories, each of these – biological, psychological, social and cultural – are considered contributors, but when two or more of them are combined, serious issues can develop like Anorexia Nervosa.

Many disorders are often accompanied by another disorder and, more times than not, Anorexia Nervosa does not come alone. The most common comorbid disorders are Depression, Bipolar Disorder, Obsessive Compulsive Disorder and Anxiety Disorder. Many of these involve the same factors contributing to their development but, a lot of times, one will cause the other. If an adolescent suffers from Obsessive Compulsive Disorder, they may become so ritualistic and obsessed that an eating disorder could develop without even really trying. It works the other way, as well. A person with Anorexia Nervosa becomes so caught up with body image and fitting a certain unattainable mold that it could lead to the development of an Anxiety disorder or Depression. Other issues that could accompany Anorexia are substance abuse, obesity and even infertility.
Anorexia Nervosa is a tough disorder to battle and it usually takes years to successfully beat it. Treatments include pharmacotherapy, or medication, and psychotherapy but the most effective treatment is a combination of both. Medical therapies for anorexia nervosa include both generally accepted and more experimental treatments. The generally accepted therapeutic modalities include (a) nutritional rehabilitation, with the use of supplemental liquid feeding, nasogastric tube feeding or total perenteral nutrition if the condition is life-threatening, and (b) pharmacotherapy (Kaplan & Woodside, 1987). Although there are no medications clinically proven to treat Anorexia Nervosa, antidepressants are helpful in assisting the recovery. Because Anorexia Nervosa is often accompanied by depression and anxiety, treating the comorbid disorders could greatly benefit the person suffering from Anorexia. Selective Serotonin Uptake Inhibitors work to improve mood and also can help with weight gain but they won’t actually treat the Anorexia, but hopefully the improvement in mood will aid in the recovery. However, many antidepressants have been shown to cause suicidal thoughts and tendencies in children and teens and so this must be taken into serious consideration before prescribed. Other medications that may be used in the treatment of this disorder are certain antihistamines that help stimulate the appetite. In certain dire situations where a sufferer may be hospitalized due to their dangerously low body weight, these medications can be crucial in just keeping the patient alive.

Psychotherapy is an extremely effective form of treatment for Anorexia Nervosa, especially in the form of Cognitive Behavioral Therapy. Cognitive Behavioral Therapy replaces negative and unrealistic thoughts with positive and more realistic ones. This is effective for sufferers of Anorexia because their distorted views are, just that, distorted,
and if they can realize that these beliefs about their body are actually false then, hopefully, they can begin to change their behaviors. It can be very empowering for the adolescent girl to recognize increasingly that her despair has arisen in a context beyond her own intrapsychic difficulties, and that she can reclaim her own voice and validate her feelings and needs (Manley & Leichner, 2003). Current research offers little guidance about the form psychological treatment should take. The sole replicated finding is that family involvement can enhance response in young, nonchronic cases (Wilson, Vitousek & Loeb, 2000). Family Therapy is a helpful form of therapy considering Anorexia Nervosa can have a detrimental effect on an entire family. It’s also important for the other family members to understand the disorder in order to help the teen in their recovery. If a parent or other family member misunderstands the disorder or how to aid the sufferer, they may end up hurting more than helping them. A combination of the two, medication and therapy, is really the most effective route in treating a person suffering from Anorexia. Other things such as a nutritional plan, dietary supplements and herbs and other natural remedies can also prove helpful on the road to recovery.

The recovery process, as mentioned before, is a long one and even after someone is “cured”, many times they still struggle with certain symptoms for the rest of their lives. Striving for perfectionism and keeping a lower than average body weight are not abnormal for someone who has battled and beat Anorexia Nervosa and so it is crucial that treatments are continued, especially therapy. The probability of relapsing for survivors of Anorexia is high at around thirty five percent.

Jenny, the ballerina, was eventually hospitalized and started undergoing treatment through medications and therapy. The road to recovery was long and hard but she
eventually returned to an average body weight and began accepting herself the way she is. She learned that it was most important to be healthy and that her happiness was not dependent on how much she weighed on the scale. While in treatment she met many girls her age, some suffering from the same disorder as her and others there for different reasons. She began realizing that no one is perfect and found that the differences between and her new friends were what made them so special and that the way their bodies looked had nothing to do with what kind of person they were. Jenny continued dancing but not on the competitive level. She joined the ballet club at her school and continued to meet and enjoy even more of her peers. Even with her new found confidence and all the new changes she has made in her life, Jenny continues her therapy and plans to continue for as long as she and her family can afford it. She feels confident that she has beat Anorexia and feels comfortable in her body but she also knows there is still always a chance that she could relapse and believes the therapy can help her remain healthy.

Anorexia Nervosa is a serious issue and an extremely frightening disorder. Eating disorders, whether Anorexia, Bulimia or obesity, plague our country and are especially taking a toll on our children and adolescents. The pressures on our younger generations are stronger than ever today, and it’s vital that each of them, as individuals, is prepared to take on these pressures. We, as a society, must do more to, not only, help those who suffer from Anorexia Nervosa and other eating disorders, but also to prevent these disorders before they ever have the chance to evolve.
Treatment Plan

Problem List:

1. Doesn’t eat.
2. Depressed mood.
4. Withdrawn from family and friends.
5. Declining grades.

Immediate Goals (within the next week):

1. Increase intake of calories.

   Plan:
   a. Start with higher caloric liquids and easier to eat vegetables and fruits.
   b. Client seen every day for an hour at a time to begin Cognitive Behavior therapy.
   c. Start medication.

Short-Term Goals (within the next 8 weeks):

1. Daily mood will increase from an average of 2 to 3 to and average of 5 to 6.

   Plan:
   a. Continue therapy every other weekday for an hour at a time.
   b. Continue medication (possibly re-asses dosage).
   c. Join an extracurricular activity.

2. Begin gaining weight.

   Plan:
   a. Meet with nutritionist and develop healthy diet plan.
   b. Focus on addressing self-awareness.

Long-Term Goal (within 15 weeks):

1. Enter healthy/normal weight range.

   Plan:
   a. Diet journal evaluations.
   b. Add in dietary supplements.

2. Improve grades.

   Plan:
a. Attend peer tutoring.
b. Meet with guidance counselor and develop school/study plan.

3. Daily mood increase from average of 5 to 6 to an average of 8 to 9.

Plan:
a. Re-assess dosage.
b. Try to add in an additional extra-curricular or interest activity.

References


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Name: __________

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Protocol For Term Paper: The term paper will be 10 plus full content pages with a minimum of 10-15 plus references from the UT-Martin Library full-text electronic databases.

Rubric For Evaluation of Term Paper: **Excellent:** 100 points possible-relevant and complete, accurate information and research-based; overall impression including presentational/writing style (APA) is strong.

Points: _____

**Acceptable:** 50 plus points possible-most of the information is relevant and appears complete, accurate information but research literature appears incomplete; overall impression including presentation/writing style (APA) is acceptable.

Points: _____

**Unacceptable:** 0-10 points possible-information is either irrelevant or incomplete, information is not sufficiently research-based, overall impression including presentation/writing style (APA) is unsatisfactory.

Points: **10**