



Criticism may trigger eating disorders

Remember the childhood saying, "sticks and stones can break my bones, but words will never hurt me?" This, of course, is not always true. It has become very clear that sometimes comments about food, fat and body weight can have a tremendous impact.

This is especially true when the comments are directed toward children, teen-agers and young adults.

It's no secret that current American culture places great worth on physical appearance. The salaries of top fashion models are a good example. Consequently, there is a strong tendency to include body shape in our personal assessment of self-worth. As we get older, we tend to realize how superficial it is to judge others by appearance and may even become more accepting of our own "self-perceived" physical imperfections.

As children move into their teens, they often become much more self-conscious, especially about appearance. It is during these years that a thoughtless comment about a child's weight or fatness can have a devastating impact on the child's sense of self-worth. Too often, this can be the key factor that triggers an eating disorder such as anorexia (starving) or bulimia (binge-eating and purging). Both of these eating disorders can have serious effects on

nutrition as well as physical and mental health.

These eating disorders have become fairly common among the general population, but especially among female athletes engaged in sports that require low levels of body fat. Many athletes, but especially gymnasts, ballet dancers, ice skaters, and endurance athletes experience great pressure to prevent the increased body weight and fat that is part of normal female development.

The pressure can come from parents, coaches, judges, or friends. One poorly timed comment from an individual can be the final trigger that tips an individual into an eating disorder. Some of you may remember the story of Christy Henrich, a very talented American Olympic hopeful gymnast who went into serious anorexia right after a comment from a judge that she was too fat. She later died from the condition despite a significant amount of treatment.

About five years ago, a study of college-age female athletes found that 15 percent of swimmers, 62 percent of gymnasts and 32 percent of all varsity athletes exhibited disordered eating patterns. A syndrome now referred to as the "Female Athlete Triad" has become all too common. The triad includes disordered eating, amenorrhea (lack of menstrual periods or de-

layed onset of menses), and low bone density.

It seems that the amenorrhea is associated with reduced levels of female hormones, most notably estrogen. With low levels of estrogen, the bones lose calcium, resulting in an increased incidence of stress fractures. Unfortunately, recent studies indicate that much of the lost bone mineral density may be irreversible. The seriousness of this is apparent from the fact that some young female athletes have spinal bone density similar to that of women in the 70s and 80s and may never return to normal bone density.

Because the condition is psychological, nutritional and medical in nature, treatment is complex and requires a team of well-trained health professionals. The team typically includes medical, psychological and nutritional health professionals who specialize in treating eating disorders.

Children (both male and female) who feel valued for who they are rather than for who they look or perform are less likely fall into this trap. However, in today's culture, the pressures are complex and multiple. Parents need to realize that successful treatment is more likely if the disorder is caught early.

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