

“If I Could Just Lose Five More Pounds . . .”

Q&A with Dr. Andrea Vazzana, Clinical Co-director of NYU Langone’s Eating Disorder Service

About 11 million Americans suffer from one of the two most common eating disorders: anorexia (refusal to maintain minimally normal body weight and an intense fear of gaining weight) and bulimia (recurrent binge eating followed by inappropriate compensatory behaviors, such as self-induced vomiting). Most are adolescent girls, whom Andrea Vazzana, PhD, clinical assistant professor of child and adolescent psychiatry and psychiatry, counsels at the NYU Child Study Center as they grapple with intense self-scrutiny and potentially fatal attitudes and impulses toward food. She recently shared her insights with news & views.



Dr. Andrea Vazzana stands next to a figure whose outer lines, drawn in black by one of her patients, show how the young woman perceives her body. The inner lines, drawn in purple by Dr. Vazzana, reflect the actual outline of her patient's body. Dr. Vazzana uses this exercise to correct patients' distorted perceptions of their shape and weight, which are common features of eating disorders.

Are eating disorders primarily an American phenomenon?

Western countries have similar rates of these disorders. Eating disorders are less common in non-Western countries, but they are becoming more prevalent with increased globalization and exposure to Western media.

Eating disorders have been on the rise for decades, and so has obesity. Are the two related?

The disparity between our culture's beauty ideal, which favors thinness, and the abundance of food available to us sends mixed messages that can lead to unhealthy eating patterns.

How and when do eating disorders tend to develop?

It's rare for eating disorders to begin prior to puberty. Bulimia usually begins in late adolescence and early adulthood. The average age of onset for anorexia is a bit earlier, at age 17, with peaks at ages 14 and 18. If you think about what's happening at those two ages, it coincides with the beginning of high school and college. The onset of the disorder is

often associated with these kinds of transitions, or some other stressful event.

Are there personality differences between people with anorexia and those with bulimia?

People who develop bulimia tend to be more outgoing, emotionally reactive, and impulsive, whereas people with anorexia tend to be socially and emotionally restrained, risk avoidant, and perfectionistic. Anorexia has a 5 to 10% mortality rate. It's the deadliest of all psychiatric disorders. Among patients who survive, about half regain most or all of their weight, 30% show some improvement with periodic relapses, and 20% have a chronic course.

What treatments are available?

Bulimia is usually treated with a combination of antidepressants and about a five-month course of cognitive-behavioral therapy (CBT). Anorexia is treated with CBT, interpersonal therapy, or with teens, the Maudsley Method, which is a family-based therapy. The first phase of the Maudsley Method focuses on coaching parents

to refeed their child in spite of her protests. During the second phase, the patient begins to resume responsibility for eating, and weight is restored. Finally, when the teen has reached a healthy, stable weight, lingering adolescent issues and family dynamics are addressed. Within that, therapy can look at issues that may have sparked the onset of the disorder, including the patient's core beliefs that underlie the disorder—for example, that everything would be perfect if she could just lost another five pounds.

What drew you to this specialty?

My college roommate struggled with bulimia at the same time that I was taking a class in abnormal psychology. I wanted to learn more about the disorder so that I could better understand what she was going through. As a woman, eating disorders were also something I could relate to in terms of the pressure in our society to be thin.

What can parents do to prevent their children from developing an eating disorder?

It's important for parents to intervene early because the longer the illness lasts, the more entrenched it becomes. Eating disorders usually begin with dieting. Parents should discourage their children from dieting and promote having a healthy body that has enough energy to do the things they love doing. Parents should also monitor their own unhealthy eating patterns and critical comments they make about their bodies.

What are common misconceptions about eating disorders?

It's important to separate the person from the illness. More and more, research is showing that there's a genetic component to these disorders. So it's much more complicated than someone saying to herself, "I want to be really skinny, so I'm going to stop eating."

When someone with an eating disorder looks in the mirror, what does she typically see?

It's likely that she hyperfocuses on what she considers to be relative imperfections. I remember one patient who was disgusted by the way the skin under her arms jiggled. The problem was that she'd lost so much weight that she had loose skin. But to her, it was: "I'm too fat. Look at all this skin here—it's gross." Like other people with eating disorders, this patient then judged her self-worth primarily on her body shape and weight, rather than her other attributes. One of our main treatment goals is to challenge such beliefs. Eventually, patients are able to catch and counter their irrational thoughts on their own.

For more information or to make an appointment, please call 212-263-8916.

Web Extra: for an article about an art exhibit, recently mounted on NYU Langone's campus, that portrays eating disorders in all their complexity, see "Now You See Her—Now You Don't" at <http://newsandviews.med.nyu.edu/>.