

SPECIAL REPORT

eating disorders

not just about food



Dr Nicholas Scull

Eating disorders are not primarily about food. Disordered eating is usually symptomatic of underlying emotional, social, biological and/or mental health problems. People then use food as a maladaptive way of coping with uncomfortable emotions and problems

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BIOGRAPHY

Dr Nicholas Scull
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Dr Nicholas Scull is licensed in the United States, as both a psychologist and clinical social worker. He has many years of clinical experience working across a range of different institutions and organizations, including the University of California, Los Angeles (UCLA), the University of Wisconsin-Madison, Swarthmore College, as well as a number of public schools and community mental health centers. He has specialized training in providing culturally competent psychotherapy, clinical supervision, and psychoeducational assessment.

Dr Scull is a member of the American Psychological Association, and Divisions 17 (Counseling Psychology) & 52 (International Psychology). He currently also holds an academic appointment at the American University of Kuwait as an Assistant Professor of Psychology and serves as the Assistant Dean of the College of Arts and Sciences.

Dr Scull was trained and educated in the United States, receiving his Master's degree in Clinical Social Work from Bryn Mawr College, and his Doctorate in Counseling Psychology (with a minor specialization in Educational Psychology) from the University of Wisconsin-Madison. He also completed an APA-accredited doctoral internship and post-doctoral fellowship at UCLA, holds a professional certificate in Internet Addiction & the Psychology of the Web, and has a certificate in Aging and Mental Health from Boston University.

Eating in a balanced way and appreciating our bodies is becoming a growing challenge for many today. Emotions and the way we eat are closely interlinked and the use of food to control negative feelings has contributed to the development of different types of eating disorders.

Eating disorders are complex mental health problems that are frequently misunderstood and carry a great deal of stigma. They have the highest mortality rate of all mental disorders and should not be taken lightly. These serious mental illnesses can affect people of every age, gender, ethnicity, and socioeconomic group. While they can be successfully and fully treated, unfortunately not all who suffer seek out treatment.

In this interview, Dr Nicholas Scull, Clinical Director and Licensed Psychologist at Fawzia Sultan Rehabilitation Center discusses the primary eating disorders, the associated risk factors, commonly held misconceptions, treatment options available and effective support that can be given to loved ones who suffer from such illnesses.

Arab Times: It is often said that an eating disorder isn't primarily about food. Do you agree with this statement? Can you explain it to our readers?

Nicholas Scull: The three primary eating disorders are anorexia, bulimia, and binge eating. Anorexia is characterized by severe and obsessive restriction of food. Bulimia is a disordered pattern of eating normal to large quantities of food followed by self-induced vomiting, severe fasting, or use of laxatives. Binge eating disorder is when people regularly (at least once a week of three months) eat excessively large quantities of food to the point where they feel uncomfortable. During the binges, people often feel like they can't stop eating and continue even though they aren't hungry.

Yes, I agree with the statement that eating disorders are not primarily about food. Disordered eating is usually symptomatic of underlying emotional, social, biological and/or mental health problems. People then use food as a maladaptive way of coping with uncomfortable emotions and problems.

AT: Eating disorders have the highest mortality rate of any mental disorder. Can you provide us with the important figures behind this?

NS: Eating disorders do in fact have the highest mortality rate of any mental illness, including major depression. A study by the National Association of Anorexia and Associated Disorders in the United States reported that 5-10% of people with anorexia die within 10 years of developing the disorder and 18-20% will die after 20 years. Fortunately, when people get proper treatment, the mortality rate decreases significantly — to 2-3%. Keep in mind that these statistics do not include deaths stemming from obesity (often associated with binge eating disorder), a disease that afflicts nearly 40% of Kuwaitis. Unfortunately, 90% of people with an eating disorder never get treatment and only half of the people who receive treatment do so with a comprehensive treatment program. Proper treatment can save lives, which is why it is essential that we have comprehensive treatment programs in Kuwait.

AT: What are the main types of eating disorders? How prevalent are they in Kuwait today and how does the incidence differ according to age, gender and other socio-economic demographics?

NS: We don't have prevalence rates for eating disorders (i.e., anorexia, bulimia, and binge eating) in Kuwait yet, but we have reason to believe that they are at least as common as rates in the United States and other countries. In the US, up to 8 million people have eating disorders (about 3% of the total population). In the US, binge eating disorder is the most common eating disorder, afflicting almost 3 million people. This makes binge eating disorder more common than breast cancer, HIV, and schizophrenia. Given the high rate of obesity in Kuwait, the number of people with binge eating disorder is likely to be very high.

Eating disorders afflict people of all ages, income groups, and nationalities. Girls and women in their teens and 20s are most at-risk for eating disorders. For example, 85-90% of people with anorexia are female. However, men can also develop eating disorders and, for men, binge eating disorder is the most common.

AT: What is the difference between someone who has an eating disorder and someone who may just be disorderly in their eating habits or a picky eater?

NS: Simply being a picky eater may not be a problem, and it would cer-

tainly not meet the criteria for an eating disorder. Eating disorders are characterized by entrenched and chronic patterns of disordered eating habits that lead to pervasive personal, social, and health problems.

AT: How would you rate the current awareness levels of eating disorders in Kuwait? Are there any associated stigmas?

NS: There is not enough awareness and understanding of eating disorders in every country, including Kuwait. Lack of awareness often causes people to not recognize the symptoms and/or underestimate the severity of the situation. Compounding this problem is the stigma of seeking psychological help. I think the stigma of mental health care is decreasing in Kuwait as people are beginning to see that this is really a medical issue just like any other that requires medical and psychological treatment. There is no shame in seeking health care.

AT: What is the root of the problem? What are the risk factors and warning signs?

NS: Eating disorders are caused by a number of social, cultural, psychological, and biological factors.

People often feel social pressure from friends, family, and popular culture to have a "perfect" body, which is often a thin ideal for women and a muscular ideal for men.

Psychological risk-factors include low self-esteem, anxiety, depression, being teased for their size/weight, poor body image, and experiencing a traumatic life event such as abuse or a sudden loss or abandonment.

There is also a strong biological component and it appears to run in families. People with a close relative (e.g., sibling or parent) who has suffered or is suffering from an eating disorder are up to 11 times more likely to develop the disorder.

It is important to be aware of some of the signs and symptoms of eating disorders in order to make sure your loved one gets the help they need.

Here are some common signs and symptoms:

1. Strict dieting even when at normal or lower weight levels.
2. Being overly-focused or preoccupied with weight and body size.
3. Restricting food-intake and being obsessive about caloric intake.
4. Frequent trips to the bathroom immediately following meals.
5. Ordering large amounts of food and eating alone.
6. Drastic weight gain or weight loss.

AT: Is body dysmorphia a cause or a symptom of an eating disorder?

NS: Body dysmorphic disorder is a psychological disorder where someone can't stop thinking about a perceived defect or flaw in their physical

appearance. Usually, these flaws are unnoticeable to others but causes great embarrassment and shame in the individual. Body dysmorphic disorder is a separate disorder but can be associated with eating disorders.

AT: How has social media affected the prevalence of eating disorders? How can social platform users better navigate through this?

NS: There is no one cause of an eating disorder, but psychologists are finding that popular culture (e.g. fashion magazines, television, and so on) and social media do contribute to body dissatisfaction and disordered eating. Often times these outlets reinforce certain ideals for how one should appear and often times these ideals are unattainable. Moreover, social media often exacerbates thoughts and behaviors associated with disordered eating including obsessions, social comparisons and competition. To make matters worse, there are social media hashtags and groups that actually promote eating disorders.

AT: What are the commonly held misconceptions about eating disorders?

NS: Often times, people think that eating disorders afflict only women and this isn't true. Many men have eating disorders as well. Moreover, people often minimize the seriousness of these disorders and think that their loved one will somehow "snap out of it" or that is only a "phase" — this isn't true. People with eating disorders require comprehensive medical and psychological treatment and without it, people tend to get worse.

AT: What does the road to recovery look like for someone suffering from eating disorders? Can you tell us about FSRI's new treatment program?

NS: Eating disorders can be effectively treated with proper medical, nutritional, and psychological care. In severe cases, some people need to go to residential treatment settings; however, most of the time, people can be treated on an outpatient basis. Probably more so than any other disorder, eating disorders require a comprehensive treatment team including a dietician, physicians, and psychotherapists. Unfortunately, until recently Kuwait has not had a dedicated intensive and multidisciplinary outpatient eating disorders treatment program — this is why FSRI endeavored to establish one.

FSRI just launched a multidisciplinary intensive outpatient eating disorders treatment program that provides patients with the necessary care. Patients will undergo an intensive program of initial assessments by a team of physicians including a General Practitioner and a Cardiologist; a Dietician; and a comprehensive psychological evaluation by one of our Clinical Psychologists. The treatment team will then meet and develop a comprehensive treatment plan including individual, group, and family psychotherapy; regular meetings with our Dietician to develop and monitor meal plans; and regular monitoring of weight and vitals by our medical staff. To the best of my knowledge, this is the most comprehensive eating disorder treatment program in Kuwait and this level of care closely matches international standards.

AT: What is the biggest challenge to treating an eating disorder?

NS: The main challenge is that not enough people actually get the treatment they need. Often they don't seek treatment or the treatment only consists of psychotherapy when it really requires a multidisciplinary approach.

AT: What is the likelihood of a relapse? How can patients cope with this?

NS: Relapse is always a risk with any psychological disorder and disordered eating can be a life-long battle. However, intensive treatment, like the program offered at FSRI, will decrease the likelihood of relapse.

AT: How can people support their loved ones who are afflicted with eating disorders?

NS: They should start by educating themselves about eating disorders, including recognizing the signs and symptoms. If someone suspects that their loved one has an eating disorder, they should not delay in getting them treatment. There are a number of good resources online where people can learn more about eating disorders. People are also welcome to consult with one of our specialists at FSRI, and they can learn more on our website www.fsrikuwait.org.

AT: How do you assure patients that their condition is serious but not hopeless?

NS: It is not hopeless at all. In fact, the vast majority of people who get the appropriate treatment recover. The key is making sure that people are treated in a comprehensive way with a multidisciplinary team of health care providers.

health

Obesity-related tumors rising, threatening gains

40 pct of US cancers linked to excess weight

CHICAGO, Oct 4, (Agencies): The rates of 12 obesity-related cancers rose by 7 percent from 2005 to 2014, an increase that is threatening to reverse progress in reducing the rate of cancer in the United States, US health officials said on Tuesday.

According to the US Centers for Disease Control and Prevention, more than 630,000 people in the United States were diagnosed with a cancer linked with being overweight or obese in 2014.

Obesity-related cancers accounted for about 40 percent of all cancers diagnosed in the United States in 2014. Although the overall rate of new cancer diagnoses has fallen since the 1990s, rates of obesity-related cancers have been rising.

"Today's report shows in some cancers we're going in the wrong direction," Dr Anne Schuchat of the CDC said on a conference call with reporters.

According to the International Agency for

Research on Cancer, 13 cancers are associated with overweight and obesity. They include meningioma, multiple myeloma, adenocarcinoma of the esophagus, and cancers of the thyroid, postmenopausal breast, gallbladder, stomach, liver, pancreas, kidney, ovaries, uterus and colon and rectum (colorectal).

In 2013-2014, about two out of three US adults were considered overweight or obese. CDC researchers used the US cancer statistics database to see how obesity was affecting cancer rates. Although cancer rates rose in 12 of these cancers from 2005 to 2012, colorectal cancer rates fell by 23 percent, helped by increases in screening, which prevents new cases by finding growths before they turn into cancer.

Cancers not associated with overweight and obesity fell by 13 percent.

About half of Americans are not aware of this link, according to Schuchat. The findings suggest

that US healthcare providers need to make clear to patients the link between obesity and cancer, and encourage patients to achieve a healthy weight.

"The trends we are reporting today are concerning," Schuchat said. "There are many good reasons to strive for a healthy weight. Now you can add cancer to the list."

She said the science linking cancer to obesity is still evolving, and it is not yet clear whether losing weight will help individuals once cancer has taken root.

What is clear is that obesity can raise an individual's risk of cancer, and that risk may be reduced by maintaining a healthy weight, Schuchat said.

In a nation where 71 percent of adults are either overweight or obese, the findings by the US Centers for Disease Control and Prevention "are a cause for concern," said the agency's director Brenda Fitzgerald.

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