

# NEDC e-Bulletin

## Issue 17 | November 2013



### Introduction

Welcome to the November edition of the NEDC e-Bulletin. This month we are exploring research, information and resources relevant to eating disorders in midlife.

We hope you enjoy this month's edition and if you would like to suggest topics or events to be featured in future editions of the e-bulletin, please contact us at [info@nedc.com.au](mailto:info@nedc.com.au).

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## Feature Article: Eating disorders in midlife women



Much of the existing research on body image and eating disorders has focused on adolescent and young adult women. Relatively little attention has been paid to exploring body image concerns and eating problems in middle-aged women (40-65). And yet, eating disorders are increasingly being identified in older age groups and it is important to gain an understanding of eating pathology in middle aged and older women.

Regardless of age, women are urged by physicians to avoid the societal surge in obesity by staying physically active and maintaining an average weight. In doing so, physicians believe that women will live longer and healthier lives by decreasing the risks of adult-onset diabetes, cardiovascular disease, and some cancers. However, clinicians and researchers also identify that eating disorders appear in women in all stages of life. In fact, several studies have reported substantial increases in inpatient admissions of middle-aged women over the last decade, suggesting that eating disorders may be on the rise in this population (Cumella & Kally, 2008a).

Emerging epidemiological and clinical reports of women during midlife suggest that eating disorders present in one of three ways; a chronic presentation of an earlier-onset disorder without a period of recovery; a relapse of a remitted disorder that occurred earlier in life; or a late-onset presentation, with no past history (Gagne et al., 2012).

Qualitative reports suggest that midlife women, similar to their younger counterparts, may use disordered eating behaviours to cope with sociocultural pressures, developmental challenges, and psychological distress (Kally & Cumella, 2008).

Body dissatisfaction has been shown to be remarkably constant across the adult female lifespan. Findings consistently indicate that midlife women desire to be thinner, diet despite being a healthy weight, and engage in avoidant behaviour associated with body image (McLean, Paxton, & Wertheim, 2011). Sociocultural pressures to be thin may be compounded in midlife by age-related concerns about the body. In particular, the media tends to depict older women and the aging process in quite critical, negative terms, sending the message that aging leads to a loss of attractiveness and desirability.

The transition into middle age is associated with biological changes similar to, in certain respects, the developmental stresses of puberty, including natural weight gain. Life transitions in middle age may constitute a form of stress that can combine with predisposing risk factors to trigger eating disorders (Midlarsky & Nitzburg, 2008).

Research also indicates that loss is an important variable in the development and maintenance of eating problems in women in midlife. Struggling to deal with issues such as death of a loved one, divorce, a loss of youthfulness, a change of appearance, physical deterioration, and the empty nest syndrome have all been implicated as precipitants of an eating disorder (Forman & Davis, 2005). If one is not able to process grief effectively they may draw on other, less adaptive, strategies and behaviours to cope which may include developing symptoms of an eating disorder or body image problem.

While developmental factors are likely to contribute to body dissatisfaction and disordered eating in midlife, some of these may operate in a protective fashion. Having children, being in a stable, long-term relationship and having a secure career may divert attention away from body image and eating, or reduce pressure to attain the thin ideal appearance (McLean et al., 2011). Women who are accepting of the physical aging process may be somewhat protected from thin idealised media, while those who are anxious about aging may be more vulnerable to the media's negative effects.

In some midlife women, making time for themselves, taking care of their needs, and not feeling guilty for doing so, are associated with lower levels of body image and eating concerns (McLean et al., 2011). An attitude conducive to caring for the body, and engaging in such practices, may be incompatible with body dissatisfaction, which is characterised by body disparagement and resisting physical needs such as hunger. Applying appropriate self-care implies acceptance of the body in its current state and responding to its needs.

Future research needs to identify factors that may protect middle-aged women against the development of body dissatisfaction and disordered eating. These protective factors could then become the focus of prevention efforts in clinical and community settings.

Furthermore, investigations of eating pathology among men and women over the age of 65 are needed to see if body image variables remain the best predictors of eating pathology in these older age groups, or whether the dynamics of eating pathology change from middle to older adulthood.

## **Bibliography**

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# Interview: Treating midlife eating disorders



## An Interview with Dr Anthea Fursland

*Dr. Anthea Fursland is the Principal Clinical Psychologist of the Eating Disorders Programme at the Centre for Clinical Interventions. She has 29 years of experience in eating disorders, and has worked in both the UK and the US. In addition to her clinical work, Anthea's role at CCI includes service development, training and education (of doctors, mental health practitioners, consumer and carer organisations), clinical supervision, and applied clinical research.*

### Are there elements of treatment that can be tailored to the needs of middle-aged people with an eating disorder?

When I looked at the data, at the typical patient versus the people who are over thirty, they had almost identical presentation in body concerns and their depression levels to younger people. When we looked at the presentation and treatment outcomes, they were similar to the younger group. So yes, we can tailor them to specific developmental stages; I don't think we need to provide a completely different treatment. Having said that, I think there's room for improvement.

I'm certainly against saying everyone who has a long-term illness should just not be given treatment simply because they've had it so long. I want everyone to be given the chance to fully recover from the eating disorder. I think for people who have managed an eating disorder for a long time treatment can also be tailored to harm minimisation and improvement of quality of life, such as the recent research by Stephen Touyz.

### How are families incorporated into treatment when a parent presents with an eating disorder?

This relates to a patient's wishes; once someone's over eighteen we cannot insist they bring their family in. I have had many patients with children and usually those children are a young age and the parent wants to protect their children from the eating disorder so doesn't wish to involve them. I think with older children who have an awareness of their parent's circumstances it might be very helpful to include them in treatment.

**The research links eating disorders in midlife to developmental changes related to menopause in women (amongst other things). Are there equivalent unique (middle-age-related) risk factors for this group of men?**

I don't think there is a direct equivalent, although issues of body image can affect everyone and the pressures on middle aged men to look a certain way are increasing.

There are three stages in life when a woman's body changes outside of her control; one is puberty, one is pregnancy and one is menopause. These create significant change in body shape and function and there are significant expectations in society about the way women should look and behave at these times.



# Midlife Eating Disorders: The Recovery Journey for Adults and their Partners



## A midlife eating disorders resource

Dr Cynthia Bulik distinguished Professor of Eating Disorders at the Department of Psychiatry University of North Carolina presented a keynote at the recent [At Home with Eating Disorders](#) conference on midlife eating disorders.

A video of this keynote has been placed on the [At Home With Eating Disorders website](#). Please note that the presentation can be accessed at no cost as its purpose is to provide the information to those unable to attend the conference. However, provisions have been made by the conference convenors to make a donation as part of the access process should you wish to do so.

**Abstract:** Although crisp epidemiological data are lacking, treatment centers around the world are witnessing a rise in the number of women and men in midlife and beyond who are presenting for treatment of eating disorders. In this presentation Dr. Bulik reviews both biological and environmental factors that may be contributing to the apparent rise in midlife eating disorders, discusses the specific challenges faced by adults with eating disorders, and elaborates on the critical role that partners can play in recovery with reference to the new treatment developed at the University of North Carolina, Uniting Couples in the treatment of Anorexia Nervosa or UCAN.

[Access the presentation](#)

# Opportunities to get involved



## Become a member

In November the NEDC launched the **Members Lounge**, a new online space that allows NEDC Members to contribute and engage in project activities and collaborate, discuss, network and learn with other people and organisations with expertise and/or an interest in eating.

If you are not yet a member, now is a good time to **join the collaboration**. NEDC is all inclusive: there are no professional or qualification based criteria and membership is free. Visit the join the collaboration page to get involved.

To find out more about the National Eating Disorders Collaboration and NEDC membership read the **NEDC Guide to Collaboration**.

## Bunbury Forum

NEDC are running a free information and professional development forum for those providing services to people with or at risk of developing an eating disorder in the South West WA area.

Attendees will explore:

- **How to identify, assess and manage eating disorders**
- **Service models for evidence-based treatment and how to implement them in the local area**
- **Opportunities to workshop issues for the Bunbury area's service and workforce needs**
- **Professional networking and support**

We will be providing two separate training streams for community and education professionals who provide services to those with or at risk of an eating disorder (eg. social works, teachers, sport and fitness professionals) and clinical professionals who provide treatment.

More information and event registration can be found in our **event calendar**. Registrations close 3rd December so book now.

General information about our regional eating disorders forum series can be found on our **Regional Forum page**. Dates and Venues for next year's forums will be announced in mid December.